



## ANNUAL REPORT: GASOLINE DISPENSING FACILITIES

Company Name: \_\_\_\_\_ Facility ID#: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Permit #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_  
 Facility Name/Location: \_\_\_\_\_  
 Reporting Year: \_\_\_\_\_  
 Operating Schedule: Year \_\_\_\_\_ Hours/Day: \_\_\_\_\_ Days/Week: \_\_\_\_\_ Weeks/Year: \_\_\_\_\_

1. Fuel Type:  Unleaded Gasoline  AV Gas  Jet A  Other \_\_\_\_\_
2. Facility Type:  Retail  Non Retail  Not Applicable
3. Tank Type:  Under Ground  Above Ground

**Please list the total gallons dispensed per month and the annual total for just the above selected fuel type. Please complete a separate form for each different fuel dispensed.**

January	_____ Gallons	July	_____ Gallons
February	_____ Gallons	August	_____ Gallons
March	_____ Gallons	September	_____ Gallons
April	_____ Gallons	October	_____ Gallons
May	_____ Gallons	November	_____ Gallons
June	_____ Gallons	December	_____ Gallons
Total Annual Fuel Throughput: _____ Gallons			
Monthly Throughput Limit (see your permit, if applicable): _____ Gallons			
Annual Throughput Limit (see your permit): _____ Gallons			

Does this annual report contain confidential information?  Yes  No

All information claimed as confidential must be submitted in accordance with APCD Policy & Procedure 6100-020 (Handling of Confidential Information): <http://www.ourair.org/wp-content/uploads/6100-020.pdf>. Failure to follow the required procedures shall be deemed a waiver by the applicant of the right to protect such information from public disclosure.

I certify that the above and/or attached information is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name/date

**PLEASE RETURN THE COMPLETED ANNUAL REPORT TO:**

AIR POLLUTION CONTROL DISTRICT, 260 N. SAN ANTONIO RD., SUITE A, SANTA BARBARA CA 93110-1315  
 or E-mail [annualreport@sbcapcd.org](mailto:annualreport@sbcapcd.org) (FAXES NOT ACCEPTED)



## **ANNUAL REPORT INSTRUCTIONS** **FOR GASOLINE DISPENSING FACILITIES**

1. **FUEL TYPE:** Indicate whether the product is Unleaded Gasoline, Aviation Gasoline, Jet A, or another fuel type. Also, indicate if this facility is for retail or non-retail use and whether the storage tank was above ground or underground.
2. **ANNUAL FUEL THROUGHPUT:** Total gasoline throughput from January to December (or however long the fueling facility or gas station has been operating, if less than a year). The meter on the pump should record actual amounts of throughput.
3. **MORE THAN ONE FUEL:** If your facility dispenses more than one type of fuel, then please provide separate copies of this form for each type of fuel.
4. **MONTHLY and ANNUAL THROUGHPUT LIMIT:** Check your permit for this information. Monthly throughput is not applicable for retail gas stations. This is meant to be an aid in order to determine compliance. If you need to change your throughput limit, contact the Engineering Division at (805) 961-8800.
5. **CHECK YOUR PERMIT:** Check the *Reporting* condition of your permit, there may be additional information that needs to be submitted with this report. Please provide any additional information that you are required to submit.
6. **SUBMITTAL:** Submit by mail or e-mail. When submitting via e-mail, if you do not receive a response within 72 hours confirming that the District has received your submittal, please assume the annual report was not received and contact us at (805) 961-8800.  
*Faxes Not Accepted.*