



ANNUAL REPORT: GASOLINE DISPENSING FACILITIES

Company Name: _____ Facility ID#: _____
 Contact Name: _____ Permit #: _____
 Address: _____ Phone #: _____
 City/State/Zip Code: _____

Facility Name/Location: _____

Operating Schedule: Year _____ Hours/Day: _____ Days/Week: _____ Weeks/Year: _____

Please review your permit's annual reporting requirements and provide any other information that you are required to submit with this report. Indicate the fuel type, facility type, and tank type below. List the total gallons of fuel dispensed. Use a duplicate sheet if you dispensed more than one type of fuel. Refer to the back of this sheet for further instructions.

- 1. Fuel Type: Unleaded Gasoline AV Gas Jet A Diesel 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 of the fuel checked above.

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): _____ Gallons			
Annual Throughput Limit (see your permit): _____ Gallons			

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,
P.O. BOX 6447, SANTA BARBARA CA 93160 or FAX (805) 961-8801**

ANNUAL REPORT INSTRUCTIONS **FOR GASOLINE DISPENSING FACILITIES**

1. Fuel Type: Indicate whether the product is Unleaded Gasoline, Aviation Gasoline, Jet A, or Diesel. 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. This is meant to be an aid in order to determine compliance. If you need to change your throughput limit, contact the Engineering and Compliance Division at (805) 961-8800.
5. **CHECK YOUR PERMIT** (under reporting requirements), there may be additional information needed to be submitted with this annual report.