



ANNUAL REPORT: *BULK FUEL LOADING PLANTS*

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 additional information that you're required to submit. Indicate the fuel 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 form for additional instructions.

- 1. Fuel Type: Unleaded Gasoline AV Gas Jet A Diesel Other _____
- 2. Storage 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 (refer to your permit): _____ Gallons

Annual Throughput Limit (refer to your permit): _____ Gallons

I certify that the information provided is accurate and complete 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 to annualreport@sbcapcd.org

ANNUAL REPORT INSTRUCTIONS FOR BULK FUEL LOADING PLANTS

1. **FUEL TYPE:** Indicate whether the product is Unleaded Gasoline, Aviation Gasoline, Jet A, Diesel, or another fuel type. If your facility dispenses more than one type of fuel, then please provide separate copies of this form for each type of fuel.
2. **STORAGE TANK TYPE:** Indicate whether the storage tank was above ground or underground.
3. **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.
4. **MONTHLY and ANNUAL THROUGHPUT LIMIT:** Refer to 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 annual reporting requirements), there may be additional information that needs to be submitted with this report.
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.