

YOLO-SOLANO AIR QUALITY MANAGEMENT DISTRICT

GASOLINE STORAGE & DISPENSING INSTRUCTIONS FOR COMPLETING THE 2016 CALENDAR YEAR THROUGHPUT / PRODUCTION REPORT -Calendar Year 2018 Reports are due by March 31, 2019-

Need Assistance? Contact the District at (530) 757-3650 or email throughput@ysaqmd.org for general questions. Ensure you email the completed form to throughput@ysaqmd.org to receive a confirmation of receipt. We also accept faxes (530) 757-3670, mail or hand delivery.

A separate Throughput Report is required for each permit to operate. You may photocopy or download (www.ysaqmd.org) a blank form for each permit. Make sure to specify the permit number on each report.

Ensure that the reported usage corresponds to the correct permit number. It is very important to report your actual usage, not your Permitted Process Limits listed on the permit.

1. **COMPANY NAME** - Print the complete name of the company. The company name placed on the Throughput Report must match the company name listed on the permit.
2. **SITE ADDRESS** - Print the street address where the equipment is located.
3. **PERMIT TO OPERATE #** - You can find this number located on the first page of your permit. The number will look like P-XX-XX.
4. **PROCESS DESCRIPTION** - This is a standard process, therefore this section has been completed.
5. **RESPONSIBLE PERSON** - Print the name of the person responsible for the permitted operation.
6. **TITLE** - Print the title of the responsible person listed.
7. **PHONE NUMBER** - Print the area code and phone number of the responsible person listed.
8. **FUEL USAGE** - Report the actual throughput for each fuel listed in the Permitted Process Limits table on the permit. If the permit has quarterly limits, the actual quarterly usage must be reported.

2018

YOLO-SOLANO AIR QUALITY MANAGEMENT DISTRICT
1947 Galileo Court, Suite 103; Davis, CA 95618 • (530) 757-3650
CALENDAR YEAR THROUGHPUT/PRODUCTION REPORT
GASOLINE DISPENSING

1. COMPANY NAME LISTED ON PERMIT:	2. SITE ADDRESS:	3. PERMIT # (one form per permit): P-
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4. PROCESS DESCRIPTION:	5. RESPONSIBLE PERSON'S NAME: (print)	(Signature)
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6. TITLE:	7. PHONE NUMBER:
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8. Actual Fuel Usage

Type	1st Qtr (Jan-Mar)	Units	2nd Qtr (Apr-Jun)	Units	3rd Qtr (Jul-Sep)	Units	4th Qtr (Oct-Dec)	Units	Total Annual Product*	Units
Gasoline (all grades combined)		gallons		gallons		gallons		gallons		gallons
Diesel		gallons		gallons		gallons		gallons		gallons

**Review your calculations before submitting*

THIS FORM IS DUE BY MARCH 31, 2019

Email: Throughput@ysaqmd.org (Preferred) • Fax: (530) 757-3670 • Mail: 1947 Galileo Court, Suite 103; Davis, CA 95618