

**Air Pollution Control District
Annual Survey Form
Source Type - Gasoline Bulk Plant**

Please answer all of the following questions

Company Name _____
 Company Location _____
 Mailing Address _____
 Company Contact _____ Telephone _____
 E-mail _____

- 1) Calendar year of the information reported: 20_____
- 2) Operating schedule: Hrs/Day_____ Days/Week _____ Weeks/Yr _____
- 3) Total hours of operation during the calendar year _____

Indicate the number and type of equipment that your company owns or operates at this site and which production equipment is vented to controls:

4) Production Equipment	5) Controlled	6) Pollution control equipment
Regular gasoline tanks _____	_____	Submerged fill _____
Unleaded gasoline tanks _____	_____	Bottom loading _____
Premium gasoline tanks _____	_____	Top loading _____
Diesel tanks _____	_____	Stage I vapor recovery _____
Waste oil tanks _____	_____	Stage II vapor recovery _____
Dispensers _____	_____	
Nozzles _____	_____	
Delivery trucks _____	_____	

- 7) Total gasoline sales throughput (gals/year) _____
- 8) Gasoline tanks are: underground _____ aboveground _____
- 9) Gasoline tank sizes _____
- 10) Type of stage I vapor recovery (coaxial or two pipe) _____
- 11) Type of stage II vapor recovery (balance, vacuum, aspirator assist) _____
- 12) Types of delivery trucks: (bobtail trucks or tanker trucks) _____
- 13) Percentage of accounts (%): retail _____ commercial _____ agricultural _____
- 14) Supplier of gasoline _____
- 15) Supplies delivered from: tanker with vapor recovery _____ bobtail truck _____

Use the back of this form for additional comments or clarification.