Tuolumne County
Air Pollution Control District
Annual Reporting Form
Gasoline Retail Station / Cardlock

(Please complete all of the following information)

Company Name: _____

Company Location: _____

Mailing Address: _____

Company Contact: _____

Company E-mail: _____

Company Phone/Fax: _____

1) Calendar year (CY) of the information reported: 2023
2) Operating Schedule: Hrs/Day:_____ Days/Week:_____ Weeks/Yr:_____
3) Total hours of operation during the calendar year:_____

Indicate the number of gallons of gasoline sold and process. In addition, indicate the number of control equipment that the company owns and/or operates at this facility:_____

_____

4) Total CY 2023 gasoline sales / throughput (gals/yr):_____
5) Gasoline tank sizes (fuel grade & gals/tank):_____

_____

6) Type of Phase II vapor recovery (✓): Balance:_____ Assist:_____ ISD:_____
7) Supplier of gasoline:_____
8) Gasoline delivered from (✓): tanker truck with vapor recovery_____ bobtail truck_____
9) Any changes to vapor recovery equipment in CY 2023 (please explain):_____

_____

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