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_____ ANNUAL REPORT – TANK TRUCK OFFLOADING

(enter year here)

Company Name: _____ **Permit #:** _____
Facility Address: _____
Facility Contact: _____ **Facility Contact Title:** _____
Phone Number: _____ **E-Mail:** _____

Instructions:

- List throughput, the number of components and leaks, and if available, emission factors and emission.

Ethanol:

Annual throughput: _____ gallons/yr.; Number of Tanker Trucks Operations: _____

Off-Spec Fuel:

Annual throughput: _____ gallons/yr.; Number of Tanker Trucks Operations: _____

Tank Truck Offloading Components	Number of Units	Number of leaks		Emission Factor (lbs./yr.-unit)*	Emission (lbs./yr.)*
		<10,000 ppmv	≥10,000 ppmv		
Valves					
Pump Seals					
Fittings					
Others (please specify)					

* If available

Any information presented must be true and correct to the best of your knowledge. California Health and Safety Code 42400.3.5 and 42402.4 establish separate criminal and civil penalties for any person who, knowingly and with intent to deceive, falsifies any document required to be kept pursuant to any rule, regulation, permit, or order from the Sacramento Metropolitan Air Quality Management District. By signing below, I certify that all information is true and accurate, and complete to the best of my knowledge and ability.

Name: _____ Signature: _____ Date: _____