

_____ ANNUAL REPORT – LOADING RACK

(enter year here)

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

Instructions:

- List throughput and monthly activity for each fuel type.
- Provide data on the APC Vapor Processing unit.
- Provide emissions for diesel, jet kerosene, or other unpermitted organic liquid storage tanks.

1. APC VAPOR PROCESSING UNIT

DATE OF THE LAST SOURCE TEST: _____ (Please attach a summary of the test result)
APC UNIT CONTROL EFFICIENCY: _____%; **VOC (THC) Mass Emission Rate:** _____ lbs./1000gals

Please provide NOx, CO, SOx and PM10 emission factors (lbs./1000gals) if available:

NOx _____ CO _____ SOx _____ PM10 _____

Was there any equipment failure or unusual event which resulted in excess emissions? YES/NO)? _____
 If YES, what percentage of emissions which should have been controlled was uncontrolled? _____%

2. PETROLEUM LOADING RACK

A. Annual GASOLINE throughput: _____ gallons/yr.

Monthly Activity:

Uniform ___ or indicate % activity below for each month. (Total monthly activity should add up to 100% for the year.)

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

B. Annual AVGAS throughput: _____ gallons/yr.

Monthly Activity:

Uniform ___ or indicate % activity below for each month. (Total monthly activity should add up to 100% for the year.)

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

C. Annual Diesel #2 throughput: _____ gallons/yr.

Monthly Activity:

Uniform ___ or indicate % activity below for each month. (Total monthly activity should add up to 100% for the year.)

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

D. Annual Ethanol throughput: _____ gallons/year

Monthly Activity:

Uniform ___ or indicate % activity below for each month. (Total monthly activity should add up to 100% for the year.)

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

E. Annual Transmix throughput: _____ gallons/year

Monthly Activity:

Uniform ___ or indicate % activity below for each month. (Total monthly activity should add up to 100% for the year.)

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

F. Annual Jet Kerosene throughput: _____ gallons/year (Specify: _____)

Monthly Activity:

Uniform ___ or indicate %activity below for each month. (Total monthly activity should add up to 100% for the year.)

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

G. Annual Other throughput: _____ gallons/year (Specify: _____)

Monthly Activity:

Uniform ___ or indicate %activity below for each month. (Total monthly activity should add up to 100% for the year.)

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

3. DIESEL AND JET KEROSENE STORAGE TANKS

Use the Storage Tank form to report throughput and emissions from diesel, jet kerosene, and other unpermitted organic liquid storage tanks at the facility.

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: _____