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_____
Email_____
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	_____	_____		
Nozzels	_____	_____		
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.