Air Pollution Control District
Annual Survey Form
Source Type - Gasoline Retail Station/Private Refueling

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 tubes	_____
Unleaded gasoline tanks	_____	_____	Stage I vapor recovery	_____
Premium gasoline tanks	_____	_____	Stage II vapor recovery	_____
Diesel tanks	_____	_____	None	_____
Waste oil tanks	_____	_____		
Dispenser's	_____	_____		
Nozzles	_____	_____		

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) Supplier of gasoline: _____

13) Gasoline delivered from: tanker truck with vapor recovery _____ bobtail truck_____

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