



El Dorado County Air Quality Management District
330 Fair Lane, Placerville, CA 95667
Phone: (530) 621-7501 Fax: (530) 295-2774

**Gasoline Dispensing Instructions For Completing
2024 Calendar Year THROUGHPUT/PRODUCTION**

Reports are due by April 1, 2025

A separate Throughput Report is required for each permit to operate. Ensure that the reported usage corresponds to the correct permit number. Make sure to specify the permit number on each report. The form must be completed each calendar year whether the permitted equipment is used or not. This information is necessary to track emission inventory within the District. Report your ACTUAL usage, not your maximum throughput limit(s) listed on the permit.

Email the completed report **on page 2** to aqmd@edcgov.us to receive a confirmation of receipt. We also accept faxes at (530) 295-2774, mail or hand delivery.

1. **REPORT YEAR** - Print the report year, for example, 2024 is the report year for the 2025 submittal.
2. **COMPANY NAME** - Print the complete name of the company. The company name placed on the Throughput Report must match the company name listed on the permit.
3. **SITE ADDRESS** - Print the street address where the equipment is located.
4. **PERMIT TO OPERATE #** - You can find this number located on the first page of your permit. The number will look like Permit to Operate # XX-XXXX.
5. **PROCESS DESCRIPTION** - This is a gasoline dispensing facility specific form, therefore this section can be left blank.
6. **RESPONSIBLE PERSON** - Print the name of the person responsible for the permitted operation.
7. **TITLE** - Print the title of the responsible person listed.
8. **E-MAIL ADDRESS** - Print the e-mail address of the responsible person listed.
9. **PHONE NUMBER** - Print the area code and phone number of the responsible person listed.
10. **FUEL USAGE** - Report the total gasoline throughput in gallons. If the permit has quarterly limits, the quarterly usage must be reported.

Please contact Cory Gutierrez, Air Quality Engineer, at (530) 621-7571 or email: cory.gutierrez@edcgov.us for general questions.

1.Report Year:

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CALENDAR YEAR THROUGHPUT/PRODUCTION REPORT GASOLINE DISPENSING FACILITY

2. COMPANY NAME LISTED ON PERMIT:	3. SITE ADDRESS:	4. PERMIT TO OPERATE #:(one form per permit):
5. PROCESS DESCRIPTION:	6. RESPONSIBLE PERSON'S NAME: (print)	7. TITLE:
8. E-MAIL ADDRESS:	9. PHONE NUMBER:	

10. Actual Fuel Usage

Type	1st Qtr (Jan-Mar)	Units	2nd Qtr (Apr-Jun)	Units	3rd Qtr (Jul-Sep)	Units	4th Qtr (Oct-Dec)	Units	Total Annual Product*	Units
Total Gasoline (all grades combined)		gallons		gallons		gallons		gallons		gallons

**Review your calculations before submitting. Total annual throughput covers the previous calendar year commencing on January 1 and ending on December 31.*

It is a violation of Health and Safety Code 42303.5 to make a false statement: "No person shall knowingly make any false statement in any application for a permit, or in any information, analyses, plans, or specifications submitted in conjunction with the application or at the request of the air pollution control officer."

Under penalty of perjury, I certify that based on information and belief formed after reasonable inquiry, that the information provided is true and accurate.

Signature:

Date:

Email: aqmd@edcgov.us (Preferred) • Fax: (530) 295-2774 • Mail: 330 Fair Ln, Placerville, CA 95667