

Annual Reporting Form: Stage I Gasoline Dispensing Facilities

AQGP-R022

1. Source Number: _____ 2. Reporting period: (calendar year): _____

3. Company information:

Legal Name:	Other Company Name (if different than legal name):		
Mailing Address:	Site Address (if different than mailing address):		
City, State, Zip Code:	City:	County (required)	Zip Code:

4. Site Contact Person:

Name:	Telephone number:
Title:	Email / Fax Number:

5. Gasoline Throughput in Gallons:

Month	Throughput (gallons)	Month	Throughput (gallons)
January		July	
February		August	
March		September	
April		October	
May		November	
June		December	
Total throughput for the year (gallons)			

6. Confirm that you are meeting the following recordkeeping requirements of your permit by indicating whether the following records are retained on site or otherwise readily available for expeditious review during the course of an onsite inspection:

Record	Retained on site or available for expeditious review? (Check One)
Air Quality test reports	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Copy of Permit on site	Yes <input type="checkbox"/> No <input type="checkbox"/>
Maintenance log and equipment repair records	Yes <input type="checkbox"/> No <input type="checkbox"/>
Monthly and 12-consecutive calendar month totals of gasoline throughput.	Yes <input type="checkbox"/> No <input type="checkbox"/>
No topping off sign posted	Yes <input type="checkbox"/> No <input type="checkbox"/>
Complaint log	Yes <input type="checkbox"/> No <input type="checkbox"/>
Submerged fill pipe compliant length/distance	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Pressure Vacuum Vent Valve Compliant Settings	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Pressure Vacuum Vent Valve manufacturer recommended maintenance	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Annual inspections	Yes <input type="checkbox"/> No <input type="checkbox"/>
Records of all permanent changes to vapor-related control equipment	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

7. For facilities without a complete Stage 1 Vapor Balance system installed, did any 12-month period throughput exceed 5,000,000 gallons of gasoline? (Check one) Yes No N/A .
8. For facilities with a complete Stage 1 Vapor Balance system installed, did any 12-month period throughput exceed 16,000,000 gallons of gasoline? (Check one) Yes No N/A .
9. If you answered yes to number 7 or 8, attach monthly VOC calculations.
10. Were any air pollution, odor, or nuisance-related complaints received during the calendar year? (Check one) Yes No . If yes, include a summary below:

11. Were there any changes to facility processes, equipment changes, or pollution control equipment? (Check one) Yes No . If yes, include a summary below and identify which changes may have affected air emissions:

12. Was any major maintenance performed on vapor control equipment during the calendar year? (Check one) Yes No . If yes, include a summary below:

13. Were there any malfunctions during the previous calendar year? (Check one) Yes No . If yes: attach a separate page that provides the number, duration, and a brief description of each type of malfunction. This must also include the actions taken to minimize emissions and correct the problem.

14. By signing below, I hereby certify that I have personally examined and am familiar with the information submitted in this report and that the information contained in this report is true, accurate and complete to the best of my knowledge and belief.

Name of Responsible Official

Title of Responsible Official

Signature of Responsible Official

Date

Submit reporting form to the appropriate Regional Office by selecting the county where the facility is located.

Select County:
Oregon Department of Environmental Quality