LRAPA
Lane Regional Air Protection Agency

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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: Lane County	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)		0	

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 ☐ No ☐ N/A ☐
Copy of Permit on site	Yes ☐ No ☐
Maintenance log and equipment repair records	Yes ☐ No ☐
Monthly and 12-consecutive calendar month totals of gasoline throughput.	Yes ☐ No ☐
No topping off sign posted	Yes ☐ No ☐
Complaint log	Yes ☐ No ☐
Submerged fill pipe compliant length/distance	Yes ☐ No ☐ N/A ☐
Pressure Vacuum Vent Valve Compliant Settings	Yes ☐ No ☐ N/A ☐
Pressure Vacuum Vent Valve manufacturer recommended maintenance	Yes ☐ No ☐ N/A ☐
Annual inspections	Yes ☐ No ☐
Records of all permanent changes to vapor-related control equipment	Yes ☐ No ☐ N/A ☐

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**

SUBMISSION INSTRUCTIONS:

Email this completed form to the Environmental Coordinator at **permitting@lrapa-or.gov**

Call (541) 736-1056 with any questions