SAN DIEGO AIR POLLUTION CONTROL DISTRICT
COMPLIANCE DIVISION
10124 OLD GROVE ROAD
SAN DIEGO CA 92131-1649
PHONE (858) 586-2650 FAX (858) 586-2651

ATTACHMENT C: MONTHLY GASOLINE THROUGHPUT

Facility Name: _____ ID #: _____

Address: _____

This sheet covers period from: _____ to _____
(Day/Month/Year) *(Day/Month/Year)*

Date (Month)	Column A[1] Amount of Gasoline Dispensed (Gallons)
Sum of 12-Month Period[2] (Gallons)	

[1] *Column A: Total monthly amount of gasoline dispensed in gallons. Column A shall not exceed 2,000 gallons of gasoline in any month if Phase II vehicle fueling vapor control system is not installed.*

[2] *Sum of 12-month period: Sum of Column A.*