AIR POLLUTION CONTROL DISTRICT
10124 OLD GROVE ROAD
SAN DIEGO, CA 92131
PHONE: (858) 586-2600
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ATTACHMENT C: MONTHLY GASOLINE THROUGHPUT

Facility Name: _____ ID #: _____

Address: _____

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