



## South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178

(909) 396-2000 [www.aqmd.gov](http://www.aqmd.gov)

### Compliance Reminder to Operators of Gasoline Dispensing Facility

### Submittal of Monthly Throughput Data Annually

January 26, 2022

Dear Gasoline Dispensing Facility Owners/Operators:

South Coast Air Quality Management District (SCAQMD) Rule 461 – Gasoline Transfer and Dispensing requires owners or operators of gasoline dispensing facilities to submit their facility's monthly gasoline throughput data for the previous calendar year to the Executive Officer by March 1 of the following year.

**Failure to submit the required monthly gasoline throughput for the previous year by March 1 of the following year constitutes a violation of SCAQMD Rule 461 and your facility may be issued a violation notice and could be subject to penalties.**

You may submit a copy of the monthly records you keep regularly with a signed statement, similar to the statement on the attached form, verifying the accuracy of the data. Alternatively, you may complete the attached form, and have it signed by a person who owns or operates the gasoline dispensing facility. Please note that this requirement only applies to gasoline throughput. Therefore, the data you submit should NOT include any diesel throughput. Please submit the data by facsimile to (909) 396-3761 or by email to [Rule461throughput@aqmd.gov](mailto:Rule461throughput@aqmd.gov). The form has been revised to include contact information for the person signing the form. The contact information may be used to communicate if there were errors in the fax transmission.

If you are the owner or operator of 20 or more stations and wish to submit the throughput data for all your facilities at once, please contact the SCAQMD at (909) 396-3546 or email at [Rule461assistance@aqmd.gov](mailto:Rule461assistance@aqmd.gov) for further instructions on how to submit the data since they will require additional handling.

**Facility Monthly Gasoline Throughput Data**

Facility Name: \_\_\_\_\_ SCAQMD Facility ID: \_\_\_\_\_

Facility Location: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Calendar Year \_\_\_\_\_

Month	Gasoline Dispensed (Gallons)
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total	

I certify under penalty of perjury that I am the owner or operator of the gasoline dispensing facility identified above and that the data provided above accurately reflects the amount of gasoline dispensed at the above identified facility for the stated periods.

Signature<sup>1</sup>: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup> The signer must be a person who owns or operates the gasoline dispensing facility.

**Please complete the information above and submit via FAX to 909-396-3761 or EMAIL to [Rule461throughput@aqmd.gov](mailto:Rule461throughput@aqmd.gov). Please contact [Rule461assistance@aqmd.gov](mailto:Rule461assistance@aqmd.gov) or 909-396-3546 for assistance.**