RFS2 Biogas Producer Closed Distribution System – Dispensing Site Report (Report Form ID: RFS5100): Instructions for Completing

Who must report

- Generally, a RNG RIN-less producer generating RINs must comply with the reporting requirement found at 40 CFR § 80.150(f).

Reporting Deadlines

- Biogas Closed Distribution System must submit on a quarterly basis.

Production Calendar Quarter	Time Period Covered	Quarterly Report Deadline
Quarter 1	January 1 – March 31	June 1
Quarter 2	April 1 – June 30	September 1
Quarter 3	July 1 – September 30	December 1
Quarter 4	October 1 – December 31	March 31

Please check the RFS reporting web site for updated instructions and templates:
https://www.epa.gov/fuels-registration-reporting-and-compliance-help/reporting-fuel-programs

For information on submitting this report using EPA's Central Data Exchange (CDX) visit:
https://www.epa.gov/fuels-registration-reporting-and-compliance-help/user-guides-otaqdcfuel-central-data-exchange-cdx

Field Instructions:

Field	Field Name	Units	Field Formats, Codes & Special Instructions
1.	Report Form ID		**AAAAAAA**; *Character*. **RFS5100:** Form ID for the RFS Biogas Closed Distribution System Dispensing Site Report.
2.	Report Type		**A**; *Character*. Indicate whether this is the original report or a resubmission. Submit only one Original report, submit any corrections or updates as Resubmission(s): **O**: Original **R**: Resubmission
3.	CBI		**A**; *Character*. Specify if the data contained within the report is being claimed as Confidential Business Information (CBI) under 40 CFR Part 2, subpart B: **Y**: Confidential Business Information **N**: Non-Confidential Business Information
4.	Report Date		**MM/DD/YYYY**; *Character*. Enter the date the original or resubmitted report is submitted.

Field	Field Name	Units	Field Formats, Codes & Special Instructions
5.	Report Year		**YYYY**; *Character*. Indicate the compliance period (year) of the report.
6.	Company/Entity ID		**AAAA**; *Character*. Enter the four-*digit*, EPA-assigned company/entity ID.
7.	Company Name		**AAAAAAA…;** *Character (125 Max).* The reporting party's name (Your company name).
8	Facility ID		**AAAAA**; *Character.* Enter the five-*digit* EPA-assigned ID of the biogas closed distribution system facility or reporting ID.
9	Compliance Period Code		**AA**; *Character*. Indicate the compliance period for which the information is being reported. Month ranges are provided below to assist in labeling quarters: **Q1**: First Quarter (January – March) **Q2**: Second Quarter (April – June) **Q3**: Third Quarter (July – September) **Q4**: Fourth Quarter (October – December)
10	Dispensing site name		**AAAA…**; *Character.* Enter the dispensing site name.
11	Dispensing site street address		**AAAA…**; *Character.* Enter the dispensing site street address.
12	Dispensing site city		**AAAA…**; *Character.* Enter the dispensing site city.
13	Dispensing site state		**AAAA…**; *Character.* Enter the dispensing site state.
14	Dispensing site zip code		**AAAA…**; *Character.* Enter the dispensing site zip code.
15	Volume used at site		**999999999999;** *Number.* Enter the total volume used at site.
16	Comments		**AAAAAAA...;** *Character (1000 Max). Optional.* Enter any necessary comments or recordkeeping information.

Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.