

**Supplemental Application Form
GASOLINE DISPENSING**

This form must be accompanied by a completed Application for Authority to Construct and Permit to Operate form

Permit to be issued to:			
Facility Owner /Operator's Name:		Phone No.:	
Current Permit to Operate No. (if applicable):			
I request that this project be processed in an expedited manner and waive my right to receive a written estimate of the evaluation fee, as required by District Rule 3010, Section 3.1.1. <input type="checkbox"/> Yes <input type="checkbox"/> No			

Instructions

- Complete a separate form for each tank and dispensing system which has a different type of Phase I or Phase II vapor recovery system with as much information as possible.
- Attach a copy of the site plan showing underground fuel and vapor lines and location of dispenser islands. You may submit the drawings in electronic format.

Note: Information on Vapor Recovery Executive Orders is available online at: www.arb.ca.gov/vapor/vapor.htm

Gasoline Storage Tanks and Nozzles

Quantity of Tanks	Type of Tanks <i>(Check One for Each Tank)</i>	Capacity in Gallons <i>(Indicate if Split Tank)</i>	Type and Grade of Fuel
	<input type="checkbox"/> Underground <input type="checkbox"/> Aboveground*		
	<input type="checkbox"/> Underground <input type="checkbox"/> Aboveground*		
	<input type="checkbox"/> Underground <input type="checkbox"/> Aboveground*		
	<input type="checkbox"/> Underground <input type="checkbox"/> Aboveground*		
	<input type="checkbox"/> Underground <input type="checkbox"/> Aboveground*		
Total Number of Gasoline Dispensers:			
Total Number of Gasoline Fueling Points:		<i>(Maximum number of vehicles which can be fueled at one time, normally two vehicles per dispenser)</i>	
Total Number of Gasoline Dispensing Nozzles:		<i>(Do not include Diesel)</i>	
Number of Gasoline Grades Dispensed per Nozzle:			
Total Number of Vapor Recovery Instruction Signs:		<i>(Should be clearly readable from every fueling point)</i>	
Maximum Facility Gasoline Throughput:		Gallons per Month	Gallons per year
Facility Type:		<input type="checkbox"/> Retail <input type="checkbox"/> Non-Retail	
*Aboveground Tanks			
Manufacturer:			
CARB Executive Order Number:			

Phase I Vapor Recovery System

Phase I Vapor Recovery System			
Manufacturer:			
CARB Executive Order Number:	VR-		
For VR-101 and VR-102 indicate fill configuration: <input type="checkbox"/> Single Fill <input type="checkbox"/> Double Fill			
The proposed piping configuration is found in: Page <input type="text"/> Exhibit <input type="text"/> of Executive Order <input type="text"/>			
Component	Manufacturer	Model Number	Component Verified? (District Use Only)
Spill Containment Bucket (Product)			<input type="checkbox"/>
Spill Containment Bucket (Vapor)			<input type="checkbox"/>
Debris Bucket (Product)			<input type="checkbox"/>
Debris Bucket (Vapor)			<input type="checkbox"/>
Rotatable Adaptor (Product)			<input type="checkbox"/>
Rotatable Adaptor (Vapor)			<input type="checkbox"/>
Drop Tube			<input type="checkbox"/>
Dust Cap (Product)			<input type="checkbox"/>
Dust Cap (Vapor)			<input type="checkbox"/>
Pressure/Vacuum Vent Valve			<input type="checkbox"/>
Extractor Fitting			<input type="checkbox"/>
Ball Float Vent Valve			<input type="checkbox"/>
Emergency Vent <small>(for below-grade vaulted ASTs only)</small>			<input type="checkbox"/>
Additional Equipment Not Listed Above			
			<input type="checkbox"/>
			<input type="checkbox"/>

Phase II Vapor Recovery System

Phase II Vapor Recovery System			
ORVR Phase II Exempt	<input type="checkbox"/> Attach a list of the current vehicle fleet (include EVAP family number, make, model and year) Low Permeation Conventional Hose (Mfg/Model): Enhanced Conventional (ECO) Nozzle (Mfg/Model):		
CARB Executive Order Number:	VR-	ISD System:	<input type="checkbox"/> Veeder-Root <input type="checkbox"/> INCON
Manufacturer:			
System Type:	<input type="checkbox"/> Balance* <input type="checkbox"/> Vacuum Assist		
*If Underground Balance system, which type of Balance system?	<input type="checkbox"/> Healy Clean Air Separator <input type="checkbox"/> Vapor Polisher <input type="checkbox"/> Green Machine <input type="checkbox"/> Hirt Burner <input type="checkbox"/> Membrane Processor		
Aboveground Tank (ASTs) only:	<input type="checkbox"/> Remote Dispenser (greater than 2 feet from tank)		
Component	Manufacturer	Model Number	Component Verified? (District Use Only)
Nozzle			<input type="checkbox"/>
Coaxial Hose			<input type="checkbox"/>
Breakaway Fitting			<input type="checkbox"/>
Dispenser			<input type="checkbox"/>
Additional Equipment Not Listed Above			
			<input type="checkbox"/>