**Supplemental Application Form**

**GASOLINE DISPENSING**

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

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| **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. | **[ ] Yes** | **[ ] No** |

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| **Instructions** |
| **1.** | **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.** |
| **2.** | **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.ht**m*](http://www.arb.ca.gov/vapor/vapor.htm) |

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

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| **Northern Regional Office**4800 Enterprise WayModesto, CA 95356-8718(209) 557-6400 \* FAX (209) 557-6475 | **Central Regional Office**1990 East Gettysburg AvenueFresno, CA 93726-0244(559) 230-5900 \* FAX (559) 230-6061 | **Southern Regional Office**34946 Flyover CourtBakersfield, CA 93308(661) 392-5500 \* FAX (661) 392-5585 |
| **Phase I Vapor Recovery System** |
| **Manufacturer:**  |  |
| **CARB Executive Order Number:** | **VR-** |  |
| **For VR-101 and VR-102 indicate fill configuration:** | **[ ]  Single Fill [ ]  Double Fill** |
| **The proposed piping configuration is found in:** | **Page** |  | **Exhibit** |  | **of Executive Order** |  |
| **Component** | **Manufacturer** | **Model Number** | Component Verified?(District Use Only) |
| Spill Containment Bucket (Product) |  |  | **[ ]**  |
| Spill Containment Bucket (Vapor) |  |  | **[ ]**  |
| Debris Bucket (Product) |  |  | **[ ]**  |
| Debris Bucket (Vapor) |  |  | **[ ]**  |
| Rotatable Adaptor (Product) |  |  | **[ ]**  |
| Rotatable Adaptor (Vapor) |  |  | **[ ]**  |
| Drop Tube |  |  | **[ ]**  |
| Dust Cap (Product) |  |  | **[ ]**  |
| Dust Cap (Vapor) |  |  | **[ ]**  |
| Pressure/Vacuum Vent Valve |  |  | **[ ]**  |
| Extractor Fitting |  |  | **[ ]**  |
| Ball Float Vent Valve |  |  | **[ ]**  |
| Emergency Vent(for below-grade vaulted ASTs only) |  |  | **[ ]**  |
| **Additional Equipment Not Listed Above** |
|  |  |  | **[ ]**  |
|  |  |  | **[ ]**  |

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| **Phase II Vapor Recovery System** |
| **ORVR Phase II Exempt** | **[ ]  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:** | **[ ]  Veeder-Root** | **[ ]  INCON** |
| **Manufacturer:** |  |
| **System Type:** | **[ ]  Balance\*** | **[ ]  Vacuum Assist** |  |
| \*If Underground Balance system, which type of Balance system? | **[ ]  Healy Clean Air Separator****[ ]  Hirt Burner** | **[ ]  Vapor Polisher****[ ]  Membrane Processor** | **[ ]  Green Machine** |
| **Aboveground Tank (ASTs) only:** | [ ]  **Remote Dispenser (greater than 2 feet from tank)** |
| **Component** | **Manufacturer** | **Model Number** | Component Verified?(District Use Only) |
| Nozzle |  |  | **[ ]**  |
| Coaxial Hose |  |  | [ ]  |
| Breakaway Fitting |  |  | [ ]  |
| Dispenser |  |  | [ ]  |
| **Additional Equipment Not Listed Above** |
|  |  |  | [ ]  |