**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 Way  Modesto, CA 95356-8718  (209) 557-6400 \* FAX (209) 557-6475 | | | **Central Regional Office**  1990 East Gettysburg Avenue  Fresno, CA 93726-0244  (559) 230-5900 \* FAX (559) 230-6061 | | | | | | | **Southern Regional Office**  34946 Flyover Court  Bakersfield, 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** | | | | | | | |
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