

**San Joaquin Valley Unified Air Pollution Control District
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 Number:
Current Permit to Operate number (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	
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.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*		
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>	
# Grades of Gasoline 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
*For Aboveground Tanks (includes tanks in underground vaults)			
Manufacturer:			
CARB Executive Order Number:			

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		Exhibit	
		of Executive Order	
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"/>
Additional Equipment Not Listed Above			
			<input type="checkbox"/>

Phase II Vapor Recovery System

Manufacturer:			
System Type:	<input type="checkbox"/> Balance	<input type="checkbox"/> Vacuum Assist	<input type="checkbox"/> Burner
CARB Executive Order Number:			
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"/>
			<input type="checkbox"/>