

Loading Rack



<u>Equipment</u>				
	<u>Manufacturer</u>	<u>Model</u>	<u>Size (in)</u>	
1				
2				
3	Storage tank fill adapter	_____	_____	_____
4	Dust cap for adapter	_____	_____	_____
5	Truck fill adaptor	_____	_____	_____
6	Dust cap for adapter	_____	_____	_____
7	Storage tank vapor adapter	_____	_____	_____
8	Dust cap for adapter	_____	_____	_____
9	Truck vapor adaptor	_____	_____	_____
10	Dust cap for adapter	_____	_____	_____
11	Dry break nozzle	_____	_____	_____
12	Dry break nozzle dust cap	_____	_____	_____
13	Product hose(s)	_____	_____	_____
14	Vapor hose(s)	_____	_____	_____
15	<u>Manufacturer</u>	<u>Model</u>	<u>Pres (psig)</u>	<u>Vac (psig)</u>
16	Primary emergency vent	_____	_____	_____
17	Secondary emergency vent	_____	_____	_____
18	Pressure vacuum valve	_____	_____	_____
19	Pressure vacuum gauge	_____	_____	_____
20	Tank truck capacity max	_____ (gal)		
21				
22	<u>Manufacturer</u>	<u>Model</u>	<u>Size (in)</u>	
23	Storage tank fill adapter	_____	_____	_____
24	Number of loading arms	_____		
25	Product	_____		
26	Number of nozzles	_____		
27	Number of valves	_____		
28	Number of pump seals	_____		
29	Number of others (compressors and others)	_____		
30	Number of fittings (connectors and flanges)	_____		
31	<u>Number of vapor recovery arms</u>	_____		
32	Fuels in service	_____		
33	Additives	_____		
34	<u>Operations</u>			
35	Transfer occurs between tanker trucks		<input type="checkbox"/> YES	<input type="checkbox"/> NO
36	Fuel enters compartments within 6 inches from the bottom of the compartment		<input type="checkbox"/> YES	<input type="checkbox"/> NO
37	Rule 1200 Toxics Evaluation supplemental application is attached		<input type="checkbox"/> YES	<input type="checkbox"/> NO
38	A maintenance plan is attached		<input type="checkbox"/> YES	<input type="checkbox"/> NO
39	Product line(s) is(are) equipped with a dual automatic shutoff overfill prevention system		<input type="checkbox"/> YES	<input type="checkbox"/> NO
40	ARB certification number	_____		
41	Control device used	_____		
42	Control device permit number	_____		
43	Max fuel to intermediate refueler truck(s)	_____ (gal/hr)	_____ (gal/month)	
44	Name of preparer	_____	Title	_____

45 Phone _____ email _____ date _____

Before acting on an application for Authority to Construct or Permit to Operate, the District may require further information, plans, or specifications. Forms with insufficient information may be returned to the applicant for completion, which will cause a delay in application processing and may increase processing fees. The applicant should correspond with equipment and material manufacturers to obtain the information requested on this supplemental form.

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