# general information

Is this a retail gasoline dispensing facility YES  NO

Will tanks will be added, removed, or replaced YES  NO

Will 50% or more of the underground vapor piping be added removed or replaced YES  NO

Will dispensers be replaced YES  NO

**Please attach site plan including the vapor line material, slope, and internal diameter**

Describe the proposed scope of work:

1. **vapor RECOVERY system**

**NEW EXISTING** System Name ARB Executive Order

(e.g. Phil-Tite, OPW, etc.) (e.g. VR-101-XX, VR-102-XX, etc.)

Phase I        

Phase II

ISD Mfr.: INCON  Veeder-Root  Software Version (e.g. INCON 1.1.0, Veeder-Root 1.05):

Vapor Processor Type (e.g. canister, CAS, etc.).:

**C. NUMBER OF NOZZLES (gasoline or E85 only)**

Existing Nozzles:

Nozzles added:

Nozzles removed:

FINAL TOTAL NOZZLES:

Number of grades per nozzle:

**D. GASOLINE storage TANK CAPACITY (EACH) IN GALLONS (gasoline or E85 only)**

Existing tanks:

Tank change is proposed: Yes  No  (If no, continue at line 28)

Tanks Added

Tanks Removed

FINAL TANKS:

**E. ABOVEGROUND TANKS (AST) ONLY (For underground storage tanks, continue at line 32):**

ARB Standing Loss Control Executive Order:

Standing Loss Control for new tanks VR-302-XX  Standing Loss Control for existing tanks VR-301-XX

AST Manufacturer:

AST Model:       AST Serial No:

Est. total throughput: annual:       gal. Monthly:       gal.

**Name of Preparer**:       **Title:**

**E-Mail:**       **Phone No.:**

**Signature:**       **Date:**

**NOTE TO APPLICANT:**

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.