

<b>Internal Use Only</b>
App# APCD2015-APP-

**Gas Stations with Phase I and Phase II Controls  
Or  
E85 Stations with Phase I Controls**



- A. GENERAL INFORMATION**
- 1 Is this a retail gasoline dispensing facility.....  YES  NO
- 2 Will tanks will be added, removed, or replaced.....  YES  NO
- 3 Will 50% or more of the underground vapor piping be added removed or replaced.....  YES  NO
- 4 Will dispensers be replaced.....  YES  NO

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

6 Describe the proposed scope of work: \_\_\_\_\_

**B. VAPOR RECOVERY SYSTEM**

	<u>NEW</u>	<u>EXISTING</u>	<u>System Name</u> (e.g. Phil-Tite, OPW, etc.)	<u>ARB Executive Order</u> (e.g. VR-101-XX, VR-102-XX, etc.)
Phase I:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Phase II:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
ISD Mfr.: INCON <input type="checkbox"/> Veeder-Root <input type="checkbox"/> 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: (\_\_\_\_) \_\_\_\_\_

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.