

GASOLINE DISPENSING FACILITIES

General Instructions for Completion of Permit Application Forms

The regulations for the control and abatement of air pollution require that a permit be obtained prior to the time construction, installation, alteration, or operation of an air contaminant source or facility is begun. In addition, a permit must be obtained when an emission source is:

- (a) to be replaced or altered in such a manner as to have an effect (either an increase or decrease) on the production or control of emissions;
- (b) to be moved to a new location;
- (c) to be operated by a new lease holder or owner.

The attached permit application forms are intended to be self explanatory, and should, if properly completed, include the information necessary for the Division of Natural Resources and Environmental Management to adequately process an application in a timely manner.

Any information included on the forms, other than emission data, that divulges production or sales figures, methods, processes or production techniques unique to such person, or would otherwise tend to affect adversely the competitive position of such person, should be noted by inserting the word "confidential" in the margin next to the appropriate item. Any information that is requested to be kept in confidence must be justified by a written statement setting forth the reasons for the request. Information not marked confidential will be available for public inspection.

Applicants are encouraged to contact the Director of the Division of Natural Resources and Environmental Management at (256) 427-5750 if there are any questions. Personnel of the Division will be happy to assist applicants in completing the required forms.

DIVISION OF NATURAL RESOURCES AND ENVIRONMENTAL MANAGEMENT
CITY OF HUNTSVILLE
P.O. Box 308 - HUNTSVILLE, AL 35804-0308

PERMIT APPLICATION FOR GASOLINE DISPENSING FACILITIES

1. Name of Gasoline Dispensing Facility: _____

2. Type of Gasoline Dispensing Facility: Retail Station Non- Retail

3. Physical Address of the Gasoline Dispensing Facility:

Street Address	City	Zip	Telephone
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4. Mailing address and contact to whom Environmental Correspondence is to be sent:

Name of Contact Person

Contact Business Name

Street Address or P. O. Box	City	State	Zip
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Telephone	Fax	E-mail Address
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5. Name of the owner of the gasoline storage tanks: _____

6. Type of ownership (*check one*) Individual Partnership Corporation
 Government Entity Other (*please explain*) _____

7. Name of the operator (dealer) if different from the storage tank owner _____

8. Name of trucking company that supplies gasoline: _____

Brand name of fuel dispensed: _____

9. Purpose of this application (*check one*):
- _____ Change of Ownership, or Company Name
 - _____ Initial Application for an Existing Dispensing Facility
 - _____ Initial Application to Construct a New Facility
 - _____ Modification of Equipment
 - _____ Application for Renewal of Permit

10. Storage Tank Information:

Tank Number	1	2	3	4	5	6
Product Stored <i>(Ex. Reg., Super, Plus, Diesel, etc)</i>						
Tank Capacity <i>(gallons)</i>						
Above or Below Ground						
Date Tank Installed <i>(Month/Day/Year)</i>						

11. If the tank(s) were installed before October 1, 1990 have they been modified or upgraded since that date?
(Please check one)

_____ Yes* _____ No

*If "yes", please briefly describe the modification or upgrade and include applicable dates.

12. Please check one for each of the following questions:

Is this facility equipped with:

a. Stage I Vapor Balance system? *A Stage I Vapor Balance System is a vapor tight system that transfers the vapors displaced from the stationary storage tanks to the gasoline tank truck. COHRAR Part 8.8.1(c)*

Yes No* If no, when will it be installed? _____

b. Submerged fill pipes? *A gasoline storage tank equipped with a submerged fill pipe has a drop tube with a discharge opening that is no higher than six inches from the bottom of the tank. COHRAR Part 1.3*

Yes No

c. Vapor vent line(s) with pressure relief valves? *Vapor vent lines equipped with pressure relief valves allow for the controlled release of vapors during periods of increased vapor pressure within the gasoline storage tanks.*

Yes No

13. This facility is operated in a manner that prevents unnecessary evaporation of gasoline by: a) minimizing gasoline spills; b) cleaning up spills as expeditiously as practicable; c) not storing gasoline in open containers and; d) not discharging gasoline to open waste collection systems.

Yes No *Please Check one.*

14. Please check the type of vapor balance system installed, or to be installed:

Coaxial* *Coaxial systems consist of one (tube-in-tube) tank port opening. In this type of system, the fill and vapor hoses are connected to the coaxial port opening by a single adaptor. During loading, the gasoline product is simultaneously delivered through the inner tube as the displaced vapors are being returned to the tank truck through the outer tube.*

***NOTE: After November 9, 2006 the coaxial system is NOT approved for gasoline dispensing facilities. Subject to 40 CFR Part 63, Subpart CCCCCC §63.11118**

Dual Point *Dual point systems consist of two separate tank port openings. In this type of system, the vapor port opening has a spring loaded valve that maintains a tight seal when not in use. During loading, one hose is connected to the fill port opening to allow for gasoline product delivery, and the other hose is connected to the vapor port opening to allow for the displaced vapors to be returned to the tank truck.*

Manifold Dual Point *Manifold dual point systems are the same as dual point systems (description above) except this system utilizes a single vapor port connection for multiple gasoline storage tanks. Displaced vapors from multiple gasoline storage tanks are recovered through one vapor port connection. (Please describe how the tanks are manifold.)*

15. What is the total number of gallons of gasoline dispensed for the months of June, July, and August of last year? Do not include Diesel or Kerosene. If this is a new facility, give an estimate.

_____ Gallons of gasoline

16. What is the total number of gallons of gasoline dispensed for any 12 month period? If this is a new facility give an estimate.

_____ Gallons of gasoline

NOTE: Gasoline dispensing facilities with a monthly throughput greater than or equal to 10,000 gal/month are subject to 40 CFR Part 63, Subpart CCCCCC §63.11117.

17. Could this facility have any 30-day periods (rolling average) that the total volume of gasoline loaded into all gasoline storage tanks is greater than or equal to 100,000 gallons?

Yes No *Please Check one.*

NOTE: Gasoline dispensing facilities with a monthly throughput greater than or equal to 100,000 gal/month are subject to 40 CFR Part 63, Subpart CCCCCC §63.11118.

18. In the space below, sketch a layout indicating the location of storage tanks, dispensing pumps, vapor vent lines and vapor recovery connections for which this application is made. Include nearby roads or highways on the sketch.

19. I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in this application are true, accurate and complete.

Signature of Responsible Official

Date

Title