



**Lake County Air Quality
Management District**
885 Lakeport Blvd.
Lakeport, CA 95453
707-263-7000 / fax 263-0421

Douglas G. Gearhart
Air Pollution Control Officer
doug@lcaqmd.net

Gasoline Dispensing Facility

Application for: New Facility Modification Authority to Construct Permit to Operate

Facility Name: _____ Contact: _____
Address: _____ Legal Owner: _____
_____ Address: _____
_____ _____

Lat•N: _____ Long•W: _____ Permit #: _____

Type of Facility: Retail Vehicle Marine Aircraft Business Fleet

<u>Fuel Type</u>	<u>Tank Capacity</u>	<u># Nozzles</u>	<u>Annual Sales (gallons)</u>
UL	_____	_____	_____
UL+	_____	_____	_____
PUL	_____	_____	_____
D2	_____	_____	_____
Other	_____	_____	_____
_____	_____	_____	_____

Phase I Vapor Recovery (type): Two-Point CoAxial Make: _____

ARB Executive Order No.: _____ Model: _____

Vent Height (ft): _____ Distance from vent to nearest neighbor (ft): _____

P/V Valve(s) Make: _____ Model: _____

Phase II Vapor Recovery (type): Balance Vacuum Bootless Aspriator Assist Exempt

ARB Executive Order No.: _____ None - explain _____

Dispenser(s): Make: _____ Model: _____

Vapor Valve(s): Make: _____ Model: _____

Nozzle(s): Make: _____ Model: _____

Hose(s): Make: _____ Model: _____

Project Description: _____

Date: _____

Signature of authorized representative of firm Contractor Name: _____

Name: _____ Phone: _____ Address: _____

Title: _____ FAX: _____

Phone: _____

INSTRUCTIONS

- 1) Please note your Permit number and reference that number on any future correspondence.
- 2) If this application is for a Authority to Construct or modification, the following are required submittals:
 - a) Plot Plan for the facility showing the location of all gas tanks, piping, nozzles, vents, the nearest street intersection and the distance to the nearest residence.
 - b) Diagram of the vapor collection, tank, and vent piping layout and all equipment specifications including size, slope, submerged fill, check valves, pressure/vacuum valves, and vents.
 - c) Make and model of the certified vapor recovery equipment (Phase I & II) including dispensers, nozzles, hoses, swivels, and if applicable, the vacuum supply or processing equipment. Specify the applicable ARB Executive Order Exhibit #, for reference.
- 3) Permit processing cannot commence until the application is complete and all application fees are paid. Please make checks payable to the Lake County AQMD.
- 4) A piping leak test and slope inspection by the District is required before pipe burial.
- 5) Prior to operating, the equipment must pass pressure decay and backpressure blockage tests. Bootless systems must pass A/L ratio tests. Copies of test results shall be provided the District.

FEES

- 1) Facilities requiring Phase II vapor recovery systems or having an estimated annual throughput of 440,000 gallons or more of gasoline.
 - Authority to Construct or Modify, and Permit to Operate Fee:
 - Application/Modification Fee: \$187.90 + \$37.58 Per Nozzle.
 - Renewal Fee: \$187.90 + \$18.78 Per Nozzle.
- 2) Gasoline Retail Service Stations exempt from Phase II Vapor Recovery.
 - Authority to Construct or Modify, and Permit to Operate Fee:
 - Application/Modification Fee: \$187.90
 - Renewal Fee: \$93.95
- 3) Transfer of Ownership Fee = 20% of Application Fee.

Notwithstanding other District requirements, annual permit fees shall be due and payable on March 1 of each year and based on the previous calendar year gasoline throughput. Provisions of Section 660 (CCPI Adjustment) shall apply to fees.

1 Throughput as reported on State, Local & District Sales and Use Tax Return Form BT-401-GS, Schedule G, (Motor Vehicle Fuel (Gas) Sellers Supplement or equal.

FOR DISTRICT USE ONLY

Received Date _____ Received By _____ Fees Due \$ _____ Paid Date _____
Complete _____ Incomplete _____ Letter _____ Drawings/Diagrams Submitted (y/n) _____
Piping Inspection (date) _____ Blockage Test (date) _____ A/L Test (date) _____
Inspector _____ Comments _____

RGS P/O or A/C# _____ Date of Issuance _____