



**Lake County Air Quality  
Management District**  
2617 South Main Street  
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

Contact the Lake County AQMD at 707-263-7000 for the current fee schedule.

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.

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### 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 \_\_\_\_\_

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RGS P/O or A/C# \_\_\_\_\_ Date of Issuance \_\_\_\_\_