



**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: _____

I have read and understand the Lake County Air Quality Management District's (District) List and Criteria for Authority to Construct Permits. I understand that I am responsible for any information listed herein or requested pursuant to this application. Based on information and belief formed after reasonable inquiry, the statements and information presented in this application and supplemental documentation are true, accurate, and complete. Applicant shall defend, indemnify and hold harmless the District and its agents, including consultants, officers and employees from any claim, action or proceeding against the District or its agents, including consultants, officers or employees to attack, set aside, void, or annul the approval of this application or adoption of the environmental document which accompanies it. This indemnification obligation shall include, but not be limited to, damages, costs, expenses, attorney's fees, or expert witness costs that may be asserted by any person or entity, including the applicant, arising out of or in connection with the approval of this application, including any claim for private attorney general fees claimed by or awarded to any party against the District, and shall also include the District's costs incurred in preparing the administrative record which are not paid by the petitioner. The District shall promptly notify the applicant of any claim, action or proceeding. Notwithstanding the foregoing, the District shall control the defense of any such claim, action or proceeding unless the settlement is approved by the applicant and that the applicant may act in its own stead as the real party in interest in any such claim, action or proceeding.

Date: _____

Signature of authorized representative of firm

Contractor Name: _____

Name: _____ Phone: _____ Address: _____

Title: _____

Email: _____ 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.

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 _____