

GASOLINE STORAGE & TRANSFER (Rules 3.8, 3.12)
SUPPLEMENTAL FORM

Section I - Gasoline Dispensing Facility (GDF) Information

1.1. GDF Type: Retail Station Non-Retail Other: _____

1.2. Purpose of Application (Check all that apply):

New Facility

Existing facility not previously permitted: Date of Installation: _____

Modification to Existing Permit: District Permit #: P- _____

Vapor Recovery System Conversion/Upgrade: Phase I System Phase II System

***For Phase II EVR Upgrade (Due April 1, 2009) If no other modifications, you may skip to SECTION V**

Franklin Fueling/Healy without ISD (VR-201) with ISD (VR-202)

Vapor Systems Tech (VST) without ISD (VR-203) with ISD (VR-204)

Veeder-Root Vapor Polisher (carbon canister) VST ECS Membrane Processor

Other Modification to Existing Facility: _____

1.3. Yes No Are there both aboveground and underground fuel storage tanks located at this station? If yes, a separate supplemental form must be completed for each group of tanks.

Yes No Is this station co-located with a bulk fuel plant?

Yes No Is this station co-located with card-lock equipment?

Section II - General Equipment Information (Complete all items)

2.1. Tank Information: Location: Underground Aboveground (check one type only)

Tank #	Fuel Type/Grade (e.g., Gasoline/87)	Tank Capacity (gallons)	Submerged Fill Pipe Used?	Phase I Used?	New	Existing	Removed
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes No Do any of these tanks have multiple compartments? If yes, provide information for each compartment above as a separate line item and label using the following example: (1A, 1B).

Phase I Vapor Recovery CARB Executive Order No: _____

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Section II - General Equipment Information (Continued)

2.2. Dispenser Information:

Manufacturer	Model #	Series #	# of Dispensers	Blending Valve Used?	Gasoline Nozzles per Dispenser ¹	New	Existing	Removed
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.3. Nozzle Information (specify for gasoline dispensing nozzles only):

- _____ New Nozzles (list the number of new nozzles that will be added)
- _____ Existing Nozzles (list the number of existing nozzles that will remain after permit is used)
- _____ Removed Nozzles (list the number of existing nozzles that will be removed)

2.4. Phase II Vapor Recovery CARB Executive Order No: _____

- Check the Appropriate Phase II Vapor Recovery System: Balance Assist Hirt
- Other: _____

2.5. Will a Vapor Processor be used? Yes No. If Yes, list type:

Clean Air Separator Membrane Processor Carbon Canister Vapor Burner

Other: _____

2.6. Will a condensate trap be used? Yes No

2.7. Are any of the tanks ethanol compatible? Yes No. If Yes, indicate which tanks: _____

Section III - Operation Information

3.1. Maximum Annual Gasoline Throughput: _____
 (this value will be placed on your permit as an operational limit)

3.2. Will In-Station Diagnostics (ISD) be used at the facility? Yes No. If Yes, indicate which type:

¹ There shall be only one hose and nozzle for dispensing gasoline on each side of a multi-product dispenser (MPD). This does not apply to facilities installed prior to April 1, 2003 unless the facility replaces more than 50 percent of the dispensers or if there are facility modifications that meet ARB's definition of a "major modification" for a Phase II System (see [D-200 - Definitions for Vapor Recovery Procedures](#)).

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Section IV – Receptor Information

- 4.1. Description of Nearest Receptor (i.e. Residential Area, business, school, etc.): _____
- 4.2. Facility Distance to the Nearest Receptor: _____ feet
- 4.3. Name of Nearest School (K-12): _____
- 4.4. Facility Distance to the Nearest School: _____ feet

If facility is within 1,000 feet of a school site, and if the application will result in an increase in hazardous emissions, a public notice will be required at the expense of the applicant. (CH&S 42301.6)

Section V - Applicant Certification Statement

THE ABOVE INFORMATION IS SUBMITTED TO DESCRIBE THE DESIGN AND USE OF THE EQUIPMENT FOR WHICH APPLICATION FOR AUTHORITY TO CONSTRUCT IS BEING MADE.

EQUIPMENT MANUFACTURER CERTIFIED INSTALLER ID (WHEN APPLICABLE)

MANUFACTURER _____ INSTALLER ID# _____

SIGNATURE OF RESPONSIBLE

OFFICIAL: _____ DATE: ____/____/____

TYPE OR PRINT NAME AND OFFICIAL TITLE OF PERSON SIGNING THIS DATA FORM

NAME: _____ TITLE: _____

GDF_Supplemental: Date of Revision: 01/01/09