

## GASOLINE STORAGE & TRANSFER 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
- Other Modification to Existing Facility: \_\_\_\_\_
- 1.3. Are there both aboveground and underground fuel storage tanks located at this station?      Yes      No  
If yes, a separate supplemental form must be completed for each group of tanks.
- 1.4. Is this station co-located with a bulk fuel plant?      Yes      No
- 1.5. Is this station co-located with card-lock equipment?      Yes      No

### Section II - General Equipment Information

- 2.1. Tank Information (check one type only):      Underground      Aboveground
- Do any of these tanks have multiple compartments?      Yes      No  
If yes, provide information for each compartment as a separate line item and label (ex: Tank 1A, 1B).

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"/>

- 2.2. If applicable, Phase I Vapor Recovery CARB Executive Order #: \_\_\_\_\_
- 2.3. If an Aboveground tank, is it equipped with Standing Loss Control?      Yes      No
- 2.4. Dispenser Information:

Manufacturer	Model #	Series #	# of Dispensers	Blending Valve Used?	Gasoline Nozzles per Dispenser	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"/>

