GASOLINE STORAGE & TRANSFER SUPPLEMENTAL FORM

1.1.	Section I - Gasoline Dispensing Facility (GDF) Information										
	GDF Type	:	[] Retail Stat	ion [] Non-Re	tail	[]C	Other:			
1.2.	Purpose of	Applie	cation (Check	all that appl	y):						
[] 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.	.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 s	tation	co-located wit	h a bulk fue	l plant?	[] Yes	[] No			
1.5.	Is this s	station	co-located wit	th card-lock	equipmer	.t? [] Yes	[] No			
Sect	ion II - G	ener	al Equipmo	ent Inforn	nation						
2.1.	Tank Infor	mation	(check one ty	pe only):	[] Undergr	ound	[] Abov	eground	1	
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 #		Type/Grade , Gasoline/87)	Tank Capacit (gallons	y l	ibmerged Fill Pipe Used?	Phase Used	New	Ex	tisting	Removed
2.2.	If applicab	le, Pha	se I Vapor Re	covery CAF	RB Execut		#:				
			se I Vapor Re d tank, is it ec	·		ive Order		[]Yes	[] No		
2.3.		egroun	d tank, is it ec	·		ive Order			[] No		
2.3.	If an Abov	egroun Inform	d tank, is it ec	·		ive Order Loss Cor Ble			[] No New	Existing	Removed
2.3.	If an Abov Dispenser	egroun Inform	ad tank, is it eo	quipped with	1 Standing # of	ive Order Loss Cor rs Ble	ntrol?	[] Yes Gasoline Nozzles per			
2.3.	If an Abov Dispenser	egroun Inform	ad tank, is it eo	quipped with	1 Standing # of	ive Order Loss Cor rs Ble Valve	ntrol? nding e Used?	[] Yes Gasoline Nozzles per	New	Existing	Removed

GASOLINE STORAGE & TRANSFER SUPPLEMENTAL FORM

Section II - General Equipment Information (Continued)						
2.5.	.5. If applicable, Phase II Vapor Recovery CARB Executive Order #:					
Check the appropriate Phase II Vapor Recovery System: [] Balance [] Assist						
2.6.	Will a Vapor Processor	be used? [] Yes	[] No			
	If Yes, list type:	[] Clean Air Separator	[] Membrane Processor [] Carbon Canister			
		[] Vapor Burner	[] Other:			
2.7.	Will a condensate trap b	e used? [] Yes	[] No			

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:

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

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: 08/12/14