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).

<table>
<thead>
<tr>
<th>Tank #</th>
<th>Fuel Type/Grade (e.g., Gasoline/87)</th>
<th>Tank Capacity (gallons)</th>
<th>Submerged Fill Pipe Used?</th>
<th>Phase I Used?</th>
<th>New</th>
<th>Existing</th>
<th>Removed</th>
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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:

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Model #</th>
<th>Series #</th>
<th># of Dispensers</th>
<th>Blending Valve Used?</th>
<th>Gasoline Nozzles per Dispenser</th>
<th>New</th>
<th>Existing</th>
<th>Removed</th>
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### Section II - General Equipment Information (Continued)

2.5. 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 be 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