

Southwest Clean Air Agency

11815 NE 99th Street, Suite 1294, Vancouver, WA 98682-2454 Voice: (360) 574-3058 Fax: (360) 576-0925

AIR DISCHARGE PERMIT APPLICATION - STAGE I GASOLINE DISPENSING FACILITIES

TOTAL ENCLOSED FEE: \$ _____ (to be submitted with application)

See Consolidated Fee Schedule (Table 9) <http://www.swcleanair.org/fees/index.asp>

APPLICANT NAME	ADDRESS	PHONE	e-mail
OWNER/OPERATOR NAME	ADDRESS	PHONE	e-mail
STATION NAME	ADDRESS	PHONE	
STATION ID	WASHINGTON UBI #		
TYPE OF INSTALLATION <input type="checkbox"/> New <input type="checkbox"/> Replace <input type="checkbox"/> Expand <input type="checkbox"/> Upgrade <input type="checkbox"/> Other _____			
INSTALLED COST OF EQUIPMENT	ESTIMATED START DATE	ESTIMATED COMPLETION DATE	
_____	_____	_____	
OPERATING SCHEDULE (circle appropriate days) _____ AM TO _____ PM <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S			

<u>TANK NO.</u>	<u>CAPACITY</u>	<u>PRODUCT</u>	<u>ESTIMATED THROUGHPUT</u>	<u>TANK MATERIAL</u>	<u>DUAL WALL</u>
Tank 1	_____ gallons	_____	_____ gallons per year	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank 2	_____ gallons	_____	_____ gallons per year	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank 3	_____ gallons	_____	_____ gallons per year	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank 4	_____ gallons	_____	_____ gallons per year	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank 5	_____ gallons	_____	_____ gallons per year	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated annual gasoline throughput for the facility: _____ gallons per year					
Are any tanks dual or triple compartment such that they can store more than one product in separate compartments? <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, explain: _____					
Is storage tank monitoring provided? <input type="checkbox"/> No <input type="checkbox"/> Yes Manufacturer: _____ Model: _____					

I do hereby certify that the information contained in this Air Discharge Permit application is, to the best of my knowledge, accurate and complete.

_____ (Signature) _____ (Title) _____ (Date)

_____ (Printed Name) _____ (Representing)

AGENCY USE ONLY	
SWCAA ID #: _____	NOC #: _____
Application Fee: _____	SIC #: _____
Review Fee: _____	Receipt #: _____

AGENCY USE ONLY
Date Stamp

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<u>Fittings</u>	MANUFACTURER	MODEL NO.		
Fill Tube	_____	_____	Note: All systems and components must be CARB approved System Name _____ <input type="checkbox"/> Two Point System <input type="checkbox"/> Coaxial System (concentric) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> All new Stage I systems must use two point vapor recovery. New coaxial systems are prohibited. </div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Where the tank is filled from the top, the end of the discharge pipe or nozzle must be totally submerged when the liquid level is six inches from the bottom of the tank. </div>	
Fill Adapter	_____	_____		
Fill Cap	_____	_____		
Vapor Adapter	_____	_____		
Vapor Cap	_____	_____		
Extractor Assembly	_____	_____		
Float Vent Valve	_____	_____		
<u>Dispensers</u>			Quantity	Gas Hoses Per Side
Gas Only	_____	_____	_____	_____
Gas + Diesel	_____	_____	_____	_____
<u>Hanging Hardware</u>				
Gas Hoses	_____	_____	_____	
Gas Nozzles	_____	_____	_____	
Diesel Nozzles (quantity only)			_____	
Pressure/Vacuum Valve(s)	_____	_____	_____	
<u>Spill Containers</u>			Capacity	Drain Valve
Product Fill	_____	_____	_____ gallons	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vapor Return	_____	_____	_____ gallons	
<u>Tank Pressure Management System / Vapor Processor</u>				
	_____	_____		

INSTRUCTIONS

1. Submit only one copy of the Stage I application along with supporting information from below.
2. Include a description of the project along with one set of drawings, a list of equipment to be installed, and a scope of work.
3. If this is an existing facility, indicate what equipment will be new or replaced.
4. Include the SEPA checklist and SEPA determination from the lead agency for the project.
5. Payment must be made with the application and the application must be complete before the application can be processed.
6. Construction/installation may only commence after the final Air Discharge Permit is issued.