## 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 II GASOLINE STATIONS AND OTHER GASOLINE DISPENSING FACILITIES

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

See Consolidated Fee Schedule (Table 9)

(For combined Stage I and Stage II applications - both applications must be submitted) (Stage I and Stage II requirements do not apply to diesel, natural gas or kerosene storage tanks)

APPLICANT NAME	ADDRESS		PHONE	FAX
OWNER (OPER ATION VALUE)	ADDDEGG		WANT	
OWNER/OPERATOR NAME	ADDRESS		PHONE	FAX
STATION NAME	ADDRESS		PHONE	FAX
	TYPE OF INSTALLATION  ☐ New ☐ Relocate ☐ Replace ☐ Expand ☐	Upgrade		
INSTALLED COST OF EQUIPMENT ESTIMATED START DATE ESTIMATED COMPLETION DATE OPERATING SCHEDULE (circle appropriate days)				
INSTALLATION CONTRACTOR: Name	Address		AM TOP. Phone	M SMTWTFS Fax
Total Storage Capacity gallo	ns Annual Throughput	gallons Stag	e I previously installed? ☐ yes	s 🗆 no
Spill / Overfill Protection Provided: □ no	☐ yes	Model	Size	gallons
Dispenser Style: ☐ Balance Style ☐ W	ith High Hang, or ☐ Side Mount	☐ Balance System	n □ Vacuum Assist	
DISPENSING EQUIPMENT: Manufactu	nrer Model	Quant	ity Notes:	
Vapor Recovery System Name: Only CARB certified equipmen be used as originally tested and				
Nozzles:			certified in th	e CARB configuration.
Hoses:			if used, they n	e optional;however, nust be approved.
Splitter:			while breakay	not dispense gasoline way is disconnected.
Dispensers:				on of hose clamps s must be maintained
Breakaways:			at all times.	
Vacuum Pump:			<u></u>	
Swivels/Elbows:				
Retractors:				
Pressure/Vacuum Valve			<u> </u>	
AUTHORITY USE ONLY			AUTHORITY USE ONLY	
SWCAA ID #:	NOC #:			
Application Fee:	SIC #:		Date Stamp	
Review Fee:	Receipt #:		Date Stamp	

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1. Submit only one copy of the Stage II application; if Stage I equipment is to be replaced at the time of Stage II upgrade, include a Stage I application with the Stage II application.

- 2. Indicate if storage tanks are being replaced; if so include a Stage I application. Indicate if dispensers are being replaced; indicate type, manufacturer and model of spill/overfill containers; if none provided, so state. Indicate manufacturer and model of any tank monitoring equipment.
- 3. Include a description of the project along with one set of drawings, a list of equipment to be installed, and a scope of work.
- 4. Payment must be made with the application and the application must be complete before the application can be processed.
- 5. Include with the submittal a completed SEPA determination. If no determination has been made, then submit a completed SEPA checklist.
- 6. Construction may commence after the final Air Discharge Permit is issued.

#### EMISSION ESTIMATES FOR FACILITIES EQUIPPED WITH STAGE I AND STAGE II CONTROLS \*

Estimated annual gasoline throughput for the facility: \_\_\_\_\_\_ gallons (not including diesel, natural gas or kerosene)

### FACILITIES WITH NO STAGE I OR STAGE II CONTROLS

#### **EMISSION RATES FOR:**

Emissions calculations:

$$\frac{20.0 \, lb}{1000 \, gal} x \frac{gal}{year} x \frac{1 \, ton}{2000 \, lb} = \frac{1 \, tons/yr}{year}$$

Emissions from stations with Stage I controls are based on 13.0 lb/1000 gal - see Stage I application.

#### FACILITIES WITH STAGE I AND STAGE II CONTROLS

#### **EMISSION RATES FOR:**

Balanced submerged filling = 0.3 lb / 1000 galUnderground tank breathing and emptying = 1.0 lb / 1000 galVehicle refueling = 1.1 lb / 1000 galVehicle refueling - spillage = 0.7 lb / 1000 gal

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) (Representing) (Date)

Emissions calculations:

$$\frac{3.1 \, lb}{1000 \, gal} x \frac{gal}{year} x \frac{1 \, ton}{2000 \, lb} = \frac{tons/yr}{year}$$

<sup>\*</sup> Emission factors are from EPA AP-42, Section 5.2, "Transportation and Marketing of Petroleum Liquids", 1/95