

Southwest Clean Air Agency

5101 NE 82nd Ave., Ste. 102, Vancouver, WA 98662 Phone: (360) 574-3058

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) <http://www.swcleanair.org/fees/index.asp>

(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 | EMAIL |
| OWNER/OPERATOR NAME | ADDRESS | PHONE | EMAIL |
| STATION NAME | ADDRESS | PHONE | FAX |
| STATION ID | TYPE OF INSTALLATION <input type="checkbox"/> New <input type="checkbox"/> Relocate <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 (check 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 |

| | | | |
|---|---------------------|--------------|--|
| INSTALLATION CONTRACTOR: | ADDRESS | PHONE | EMAIL |
| Total Storage Capacity _____ gallons Annual Throughput _____ gallons Stage I previously installed? <input type="checkbox"/> yes <input type="checkbox"/> no | | | |
| Spill / Overfill Protection Provided: <input type="checkbox"/> no <input type="checkbox"/> yes Manufacturer: _____ Model _____ Size _____ gallons | | | |
| Dispenser Style: <input type="checkbox"/> Balance Style <input type="checkbox"/> With High Hang, or <input type="checkbox"/> Side Mount <input type="checkbox"/> Balance System <input type="checkbox"/> Vacuum Assist | | | |
| DISPENSING EQUIPMENT: | Manufacturer | Model | Quantity |
| Vapor Recovery System Name: | _____ | _____ | _____ |
| Nozzles: | _____ | _____ | _____ |
| Hoses: | _____ | _____ | _____ |
| Splitter: | _____ | _____ | _____ |
| Dispensers: | _____ | _____ | _____ |
| Breakaways: | _____ | _____ | _____ |
| Vacuum Pump: | _____ | _____ | _____ |
| Swivels/Elbows: | _____ | _____ | _____ |
| Retractors: | _____ | _____ | _____ |
| Pressure/Vacuum Valve | _____ | _____ | _____ |
| | | | Notes: Only CARB certified equipment shall be used as originally tested and certified in the CARB configuration. All swivels are optional; however, if used, they must be approved. Station must not dispense gasoline while breakaway is disconnected. Proper location of hose clamps and retractors must be maintained at all times. |

| | |
|---------------------------|------------------|
| AUTHORITY USE ONLY | |
| SWCAA ID #: _____ | NOC #: _____ |
| Application Fee: _____ | SIC #: _____ |
| Review Fee: _____ | Receipt #: _____ |

| |
|---------------------------|
| AUTHORITY USE ONLY |
| Date Stamp |

INSTRUCTIONS

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/overflow 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:

| | | |
|---|---|--------------------|
| Submerged filling | = | 7.3 lb / 1000 gal |
| Underground tank breathing and emptying | = | 1.0 lb / 1000 gal |
| Vehicle refueling | = | 11.0 lb / 1000 gal |
| Vehicle refueling - spillage | = | 0.7 lb / 1000 gal |
| | | ===== |
| | | 20.0 lb / 1000 gal |

Emissions calculations:

$$\frac{20.0 \text{ lb}}{1000 \text{ gal}} \times \frac{\text{_____ gal}}{\text{year}} \times \frac{1 \text{ ton}}{2000 \text{ lb}} = \text{_____ tons/yr}$$

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 gal |
| Underground tank breathing and emptying | = | 1.0 lb / 1000 gal |
| Vehicle refueling | = | 1.1 lb / 1000 gal |
| Vehicle 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) _____

=====
3.1 lb / 1000 gal

Emissions calculations:

$$\frac{3.1 \text{ lb}}{1000 \text{ gal}} \times \frac{\text{_____ gal}}{\text{year}} \times \frac{1 \text{ ton}}{2000 \text{ lb}} = \text{_____ tons/yr}$$

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