

Southwest Clean Air Agency

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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	FAX
OWNER/OPERATOR NAME	ADDRESS	PHONE	FAX
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 (circle appropriate days) _____ AM TO _____ PM S M T W T F S

TANK NO.	CAPACITY	PRODUCT	ESTIMATED THROUGHPUT	TANK MATERIAL	DUAL WALL
Tank 1	_____ gal	<input type="checkbox"/> Regular <input type="checkbox"/> Mid-grade <input type="checkbox"/> Super	_____ gal/yr	<input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Composite	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank 2	_____ gal	<input type="checkbox"/> Regular <input type="checkbox"/> Mid-grade <input type="checkbox"/> Super	_____ gal/yr	<input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Composite	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank 3	_____ gal	<input type="checkbox"/> Regular <input type="checkbox"/> Mid-grade <input type="checkbox"/> Super	_____ gal/yr	<input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Composite	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank 4	_____ gal	<input type="checkbox"/> Regular <input type="checkbox"/> Mid-grade <input type="checkbox"/> Super	_____ gal/yr	<input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Composite	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank 5	_____ gal	<input type="checkbox"/> Regular <input type="checkbox"/> Mid-grade <input type="checkbox"/> Super	_____ gal/yr	<input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Composite	<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL	_____ gal Capacity		TOTAL _____ gal estimated throughput for 200____ (year)		

Are any tanks dual or triple compartment such that they can store more than one product in separate compartments? No Yes If yes, explain: _____

Is there Spill / Overfill Protection? No Yes Manufacturer: _____ Model: _____ Size: _____ gallons

Is storage tank monitoring provided? No Yes Manufacturer: _____ Model: _____

FITTINGS	MANUFACTURER	MODEL NO.	VAPOR BALANCING SYSTEM (check one)
Fill Tube	_____	_____	<input type="checkbox"/> Two Point System <input type="checkbox"/> Coaxial System (concentric) Note: All systems and components must be CARB approved. 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; or, where the tank is filled from the side, the discharge pipe or nozzle must be totally submerged when the liquid level is eighteen inches from the bottom of the tank.
Fill Adapter	_____	_____	
Fill Cap	_____	_____	
Vapor Adapter	_____	_____	
Vapor Cap	_____	_____	
Extractor Assembly	_____	_____	
Float Vent Valve	_____	_____	
Dispensers	_____	_____	<input type="checkbox"/> Single Hose <input type="checkbox"/> MPD <input type="checkbox"/> Dual Hose <input type="checkbox"/> Other

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)

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

AUTHORITY USE ONLY
Date Stamp

1. Submit only one copy of the Stage I application along with supporting information from below.
2. Indicate if storage tanks are being replaced; 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. Construction/installation may commence after the final Air Discharge Permit is issued.
6. All applications need to be accompanied with a completed SEPA checklist or SEPA determination.

EMISSION ESTIMATES FOR FACILITIES EQUIPPED WITH STAGE I CONTROLS ONLY *

Estimated annual gasoline throughput for the facility: _____ gallons

FACILITIES WITH NO STAGE I 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:

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

FACILITIES WITH STAGE I CONTROLS

EMISSION RATES FOR:

Balanced submerged filling	=	0.3 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
		=====
		13.0 lb / 1000 gal

Emissions calculations:

$$2 \quad \frac{13.0 \text{ lb}}{1000 \text{ gal}} \times \frac{\text{_____ gal}}{\text{year}} \times \frac{1 \text{ ton}}{2000 \text{ lb}} = \text{_____ tons/yr}$$

REDUCTION AS RESULT OF STAGE I CONTROLS:

No Stage I control emissions - Stage I control emissions = reduction in emissions

(_____) - (_____) = _____ tons / yr

* Emission factors are from EPA AP-42, Section 4.4, "Transportation and Marketing of Petroleum Liquids", 9/85