

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
AIR DIVISION

AIR PERMIT APPLICATION
FOR
GASOLINE DISPENSING FACILITIES

FACILITY NUMBER:

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DO NOT WRITE IN THE ABOVE SPACES

PLEASE TYPE OR PRINT IN INK

1. Purpose of Application (check one):

- Change of Ownership or Company Name
- Initial Application for an Existing Gasoline Dispensing Facility
- Initial Application to Construct a New Gasoline Dispensing Facility
- Modification of Equipment

2. Name of Gasoline Dispensing Facility: _____

3. Type of Gasoline Dispensing Facility (check one): Retail Station Non-Retail

4. Mailing Address to which Environmental Correspondence is to be sent:

NAME OF CONTACT PERSON

CONTACT BUSINESS NAME

STREET ADDRESS OR P.O. BOX

CITY

STATE

ZIP CODE

(____) _____
TELEPHONE NO.

(____) _____
FAX NO.

EMAIL ADDRESS

5. Physical Address of the Gasoline Dispensing Facility:

STREET ADDRESS

CITY

ZIP CODE

COUNTY

(____) _____
TELEPHONE NO.

6. **Name of the owner of the gasoline storage tanks:** _____
7. **Type of ownership (check one):** _____ Individual _____ Partnership _____ Corporation
 _____ Government Entity _____ Other (*please explain*) _____
8. **Name of the trucking company supplying gasoline:** _____
9. **Brand name of fuel dispensed:** _____
10. **Name of operator (dealer) if different from the tank owner:** _____
11. **Storage Tank Information:**

Tank Number	1	2	3	4	5	6
Product Stored <i>(Ex: Reg, Super, Plus, Diesel)</i>						
Tank Capacity <i>(Gallons)</i>						
Above or Below Ground						
Date Tank Installed <i>(Month/Day/Year)</i>						

12. **If the tanks were installed before October 1, 1990, have they been modified or upgraded since that date?**

Please Check One. _____ Yes* _____ No

*** If "Yes" is checked, please describe the modification or upgrade and include applicable dates.**

13. **In the space below, sketch the location of the gasoline dispensing facility in relation to nearby roads and highways, the location of the storage tanks, and the location of the vapor vent lines.**

16. What is the total number of gallons of gasoline dispensed for the months of June, July, and August of last year? Do not include Diesel or Kerosene. If this is a new facility, give an estimate.

_____ gallons of gasoline

17. What is the total number of gallons of gasoline dispensed for any 12 month period? If this is a new facility, give an estimate.

_____ gallons of gasoline

18. Could this facility have any 30-day periods (rolling average) that the total volume of gasoline loaded into all gasoline storage tanks is greater than or equal to 100,000 gallons?

Please Check One. Yes* No

* If "Yes" is checked, your facility may be subject to 40 CFR Part 63, Subpart CCCCC, effective January 10, 2008. Please complete ADEM Form 378 and submit with this application.

19. "I certify to the accuracy of the plans, specifications and supplementary data submitted with this application. It is my opinion that any new equipment installed in accordance with these submitted plans and operated in accordance with the manufacturer's recommendations can meet emission limitations specified in the Alabama Department of Environmental Management Air Pollution Control Rules and Regulations".

Signature: _____ Printed Name: _____

Title: _____

Company: _____

Date: _____