

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

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**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. **Underground Storage Tank Facility ID Number:** \_\_\_\_\_

12. **Storage Tank Information:**

- **Total Number of Storage Tanks** \_\_\_\_\_

<b>Tank Number</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Number of Compartments</b>					
<b>Products Stored in Tank/Compartment</b> <i>(Ex: Reg, Super, Plus, Diesel, Kerosene, Ethanol)</i>					
<b>Tank/Compartment (Capacity of each)</b> <i>(Gallons)</i>					
<b>Above or Below Ground</b>					
<b>Date Tank Installed</b> <i>(Month/Day/Year)</i>					

13. **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.**

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14. **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.**

**15. Please check one for each of the following questions:**

**Is this facility equipped with:**

- a. **Stage 1 Vapor Balance System?** *ADEM Admin. Code R. 335-3-6-.07(1)(c) states that a Stage 1 Vapor Balance System is a vapor tight system that transfers the vapors displaced from the stationary storage tanks to the gasoline tank truck.*

\_\_\_\_\_ Yes

\_\_\_\_\_ No\*

\*If "No" is checked, when will it be installed? \_\_\_\_\_

- b. **Submerged Fill Pipe(s)?** *A gasoline storage tank equipped with a submerged fill pipe has a drop tube with a discharge opening that is no higher than six inches from the bottom of the tank.*

\_\_\_\_\_ Yes

\_\_\_\_\_ No

- c. **Vapor vent line(s) with pressure relief valves?** *Vapor vent lines equipped with pressure relief valves allow for the controlled release of vapors during periods of increased vapor pressure within the gasoline storage tanks.*

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**16. Please check the type of vapor balance system installed or to be installed:**

\_\_\_\_\_ Coaxial\*

*Coaxial systems consist of one (tube-in-tube) tank port opening. In this type of system, the fill and vapor hoses are connected to the coaxial port opening by a single adaptor. During loading, the gasoline product is simultaneously delivered through the inner tube as the displaced vapors are being returned to the tank truck through the outer tube.*

*\*NOTE: The coaxial vapor balance system is NOT approved for gasoline dispensing facilities subject to 40 CFR Part 63, Subpart CCCCCC, effective January 10, 2008.*

\_\_\_\_\_ Dual Point

*Dual point systems consist of two separate tank port openings. In this type of system, the vapor port opening has a spring loaded valve that maintains a tight seal when not in use. During loading, one hose is connected to the fill port opening to allow for gasoline product delivery, and the other hose is connected to the vapor port opening to allow for the displaced vapors to be returned to the tank truck.*

\_\_\_\_\_ Manifold Dual Point

*Manifold dual point systems are the same as dual point systems (description above) except this system utilizes a single vapor port connection for multiple gasoline storage tanks. Displaced vapors from multiple gasoline storage tanks are recovered through one vapor port connection.*

- \* If "Manifold Dual Point" is checked, please describe the manner in which the tanks are manifolded.

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17. 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

18. 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

19. 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.

20. "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: \_\_\_\_\_