ADEM Form 197
Air Permit Application for Gasoline Dispensing Facilities

The Stage 1 Air Permit Application for Gasoline Dispensing Facilities is available through ADEM's Alabama Environmental Permitting and Compliance System (AEPACS) at https:\\adem.alabama.gov/AEPACS. Submissions of Form 197 should now be made through AEPACS. Instructions for use of AEPACS are available at https://adem.alabama.gov/egov/aepacs.cnt

AEPACS allows for dynamic smart forms to be developed. Therefore, ADEM Form 197 has been transformed into multiple variations suited for the specific purpose of the submission. There are minimal differences between the electronic versions of the form due to the availability of conditionality and the ability to prefill data fields. This form package includes the following variations of this form in human readable format:

1. Air Permit Application for Gasoline Dispensing Facilities – New (Form 197)
2. Air Permit Application for Gasoline Dispensing Facilities – Modification (Form 197)

If an applicant is unable to submit through AEPACS, they may use the hardcopy form provided at the end of this form package.

Air Permit Application for Gasoline Dispensing Facilities – New (Form 197)

Requirements for obtaining an Air Permit for your Stage 1 Gasoline Dispensing Facility:

- If one or more gasoline storage tanks at your facility is new or has been replaced, upgraded, modified, reconstructed, or altered since October 1, 1990; AND
- One or more of the gasoline storage tanks has a capacity of 3000 gallons or more; AND
- The total amount of gasoline dispensed from all of your gasoline storage tanks is, or is expected to be, an average of 4000 gallons or greater per month for the months of June, July and August;

Then you will be required to obtain an Air Permit for Stage I gasoline dispensing facility. If the above requirements are met, please complete the following form to obtain an Air Permit prior to operating each new gasoline dispensing facility constructed in the State of Alabama except for facilities in **Jefferson County** and the **City of Huntsville**. Please reference the contacts below for more information regarding facilities constructed in those areas. All applicable sections of this application must be completed. Incomplete or incorrect answers will delay processing. Fees required for the process of applications and issuance of permits will be assessed during the review of this submittal. Notification of fees due will post on the dashboard of your AEPACS account.

CONTACT INFORMATION

MAIN ADDRESS

Mailing Address:
ADEM- Air Division
Attn: Petroleum Unit
P.O. Box 301463
Montgomery, AL 36130-1463

Overnight Address:
ADEM- Air Division
Attn: Petroleum Unit
1400 Coliseum Blvd
Montgomery, AL 36110-2400

CONTACTS

Phone : 334-271-7861
E-mail : PetroleumUnit@adem.alabama.gov

National Emission Standards for Hazardous Air Pollutants (NESHAP) - 40 CFR 63 Subpart CCCCCC

ADEM Air Division does not require the submittal of the initial or triannual pressure testing of gasoline storage tanks which have a monthly throughput of 100,000 gallons or more of gasoline products, as required by EPA's National Emission Standards for Hazardous Air Pollutants (NESHAP) - 40 CFR 63 Subpart CCCCCC. Please submit any initial/triannual pressure testing directly to EPA.

For sites in Jefferson County or the City of Huntsville

Please contact the following:

Jefferson County Department of Health
Air and Radiation Protection Division
(205) 933-9110

City of Huntsville
Natural Resources Department
(256) 427-5750

Air Permit Application for Gasoline Dispensing Facilities – New (Form 197)

This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form

Owner Information

CLEAR SECTION

Owner, in the context of this application, refers to the owner of the gasoline storage tanks, not the gasoline dispensing facility.

Owner

Prefix | First Name | Last Name

* Name/Company/Organization Name

* Phone Type | * Phone Number

ADD PHONE

* Email

Fax

OWNER MAILING ADDRESS

* Address Line 1

Address Line 2

* City | * State/Area | * Postal Code

Country

VALIDATE ADDRESS

Additional Owner Role

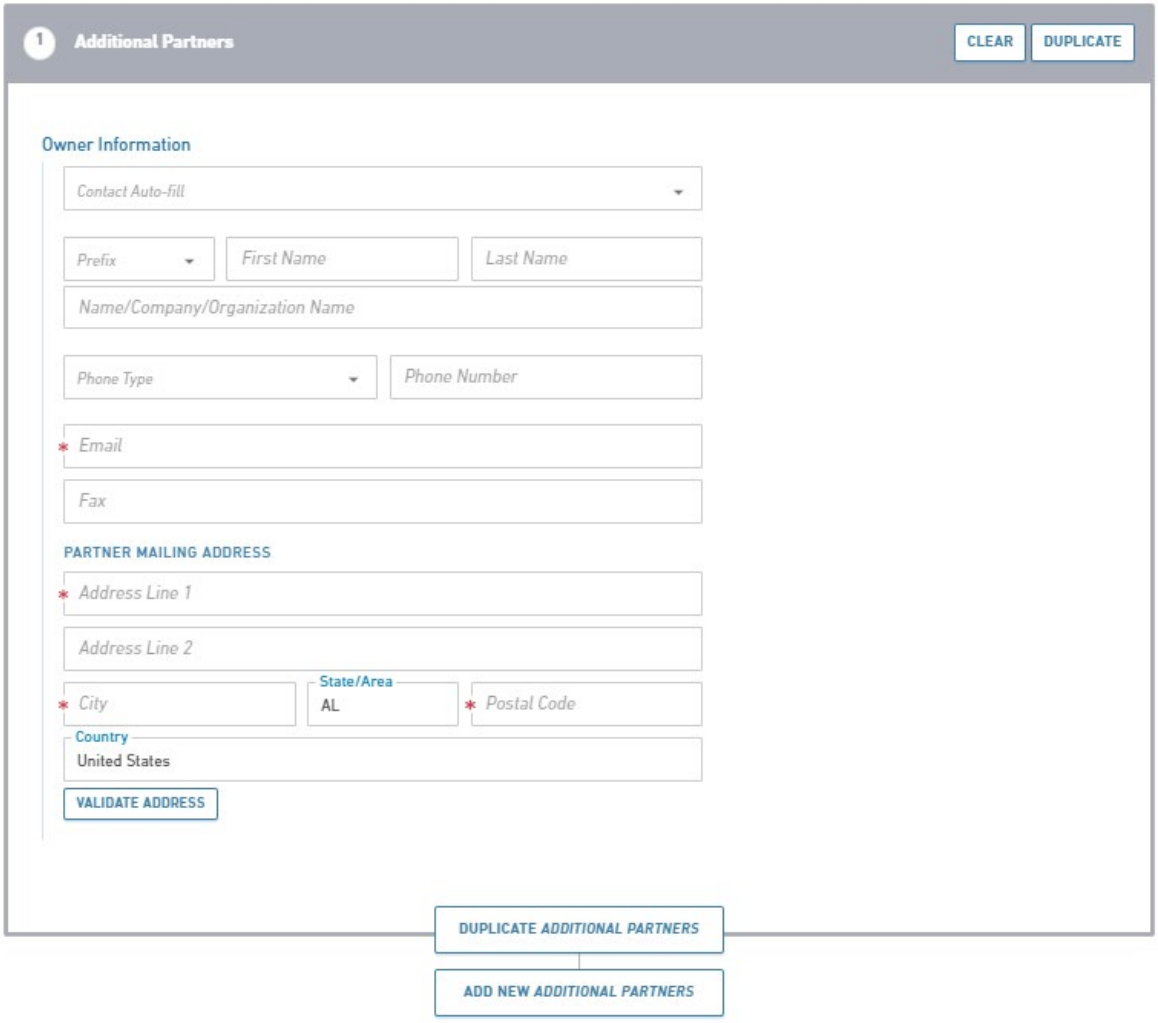
- [ ] Mailing Contact

Type of Ownership

- ( ) Individual
- ( ) Partnership
- ( ) Government
- ( ) Corporation
- ( ) Other

* Please Describe

Additional Partners



Mailing Contact

CLEAR SECTION

Please select the option to whom written correspondence will be sent. This information may or may not be the same as the owner information.

Contact Role

- Lessee
- * Consultant
- Manager
- Other

Please Describe

Mailing Contact

Contact Person Auto-fill

CONTACT PERSON

* Prefix * First Name * Last Name

* Contact Business Name

* Phone Type * Phone Number

ADD PHONE

* Email

Fax

MAILING ADDRESS

* Address Line 1

Address Line 2

* City State/Area AL * Postal Code

Country United States

VALIDATE ADDRESS

Site Information

CLEAR SECTION

Site Name

Populated Site Name

Site Phone Number

* Phone Location (e.g. main, cashier, etc)

* Phone Number | Ext.

Physical Address of the Gasoline Dispensing Facility:

* Address Line 1

Address Line 2

* City | State/Area: AL | * Postal Code

Country: United States

VALIDATE ADDRESS

County

* Select...

Application Details

CLEAR SECTION

* Type of Gasoline Dispensing Facility

- ○ Retail Station
- ○ Non-Retail

Please list all trucking companies used in the past 12 months

*

Please list the facility brand here (example: Shell, BP, Texaco, etc.). List as independent if your facility is unbranded.

Brand Name of Fuel Dispensed

*

Name of Operator if different from the tank owner

First Name | Last Name

Title

Storage Tank Information

CLEAR SECTION

ADEM Air Division requires tank information for all tanks present, both underground and aboveground, at the facility to be provided. Specific information regarding the number of compartments, type of products, tank capacity, date of installation, and any other pertinent information are necessary to process your application in a timely manner.

Total Number of Storage Tanks

*

Please see the example below for tanks containing two or more compartments:

TANK NUMBER	NUMBER OF COMPARTMENTS	PRODUCTS STORED IN TANK/COMPARTMENT (EX: REG, SUPER, PLUS, DIESEL, KEROSENE, ETHANOL) **	TANK/COMPARTMENT (CAPACITY OF EACH)(GALLONS)	ABOVE OR BELOW GROUND	DATE TANK INSTALLED
1	2	reg/prem	4000/4000	Below	1/12/2021

Tank Information

TANK NUMBER	NUMBER OF COMPARTMENTS	PRODUCTS STORED IN TANK/COMPARTMENT (EX: REG, SUPER, PLUS, DIESEL, KEROSENE, ETHANOL)	TANK/COMPARTMENT (CAPACITY OF EACH) (GALLONS)	ABOVE OR BELOW GROUND	DATE TANK INSTALLED	
				Select...		×

ADD ROW

Attach below a sketch of 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

Please be aware that files exceeding 500 MB in size are not allowed

Drop files here to upload

OR

CHOOSE FILE

Comment

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

When will this be installed?

* Today

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

- ◯ Coaxial
- ◯ Dual Point
- ◯ Manifold Dual Point

Vapor Balance System Descriptions

Coaxial - Coaxial systems consist of one (tube-in-tube) tank port openings. 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 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.

Please describe the manner in which the tanks are manifolded

*

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

- ◯ Yes
- ◯ No

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)

*

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

*

Certify & Submit

This step allows you to certify the form as complete and accurate and to submit the form to ADEM for review and processing.

At the time of submission, it will be transmitted to ADEM and it will become part of the public record.

I certify that the submitted information is true, accurate, and complete to the best of my knowledge.

Air Permit Application for Gasoline Dispensing Facilities – Modification (Form 197)

Instructions for modifying or changing ownership of an Air Permit for your Stage 1 Gasoline Dispensing Facility:

For modifications that have occurred at your gasoline dispensing facility-

Please complete the following form to obtain an updated Air Permit. Modifications may include:

- Changes to tank capacity
- Type of petroleum product stored
- Any upgrades or modification to the tank itself such changing the type of protection, replacing the underground piping, or any other modifications affecting the integrity of the storage tank system (tank and pipes)
- Replacement of a system
- Addition of newly installed gasoline storage tanks at permitted facilities

Modifications do not include routine repair of a system.

For company name changes or ownership changes that have occurred at your gasoline dispensing facility-

Air Permits are not transferable; therefore, facilities that have changed ownership are required to undergo re-permitting and obtain a new Air Permit. In order to begin the application and permitting process, ADEM Form 197 and an $800 permit preparation fee must be completed for each facility.

CONTACT INFORMATION

MAIN ADDRESS

Mailing Address:
ADEM- Air Division
Attn: Petroleum Unit
P.O. Box 301463
Montgomery, AL 36130-1463

Overnight Address:
ADEM- Air Division
Attn: Petroleum Unit
1400 Coliseum Blvd
Montgomery, AL 36110

BILLING ADDRESS

ADEM- Air Division
Attn: Petroleum Unit
P.O. Box 301463
Montgomery, AL 36130-1463

CONTACTS

Phone : 334-271-7861

E-mail : PetroleumUnit@adem.alabama.gov

All applicable sections of this application must be completed for a modification or an ownership change. Incomplete or incorrect answers will delay processing. If you have any questions or concerns regarding this application, please contact the Department using the information provided.

Air Permit Application for Gasoline Dispensing Facilities – Modification (Form 197)

This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form

Purpose of Application

CLEAR SECTION

Please select all that apply

* Purpose of Application

- [ ] Change of Ownership or Company Name
- [ ] Modification of Equipment

* Equipment Modification

- [ ] Addition of Tanks
- [ ] Change in Stored Products to include only non-gasoline products (Jet Fuel, Diesel Fuel, Kerosene, Oil)
- [ ] Change in Stored Products which may include gasoline
- [ ] Change in Services (Marine Only)
- [ ] Permanent Removal of one or all Tanks (removal of all gasoline tanks)
- [ ] Other

* Please Describe

Owner Information

CLEAR SECTION

Owner, in the context of this application, refers to the owner of the gasoline storage tanks, not the gasoline dispensing facility.

Owner

Prefix | First Name | Last Name

* Name/Company/Organization Name

* Phone Type | * Phone Number

ADD PHONE

* Email

Fax

OWNER MAILING ADDRESS

* Address Line 1

Address Line 2

* City | * State/Area | * Postal Code

Country

VALIDATE ADDRESS

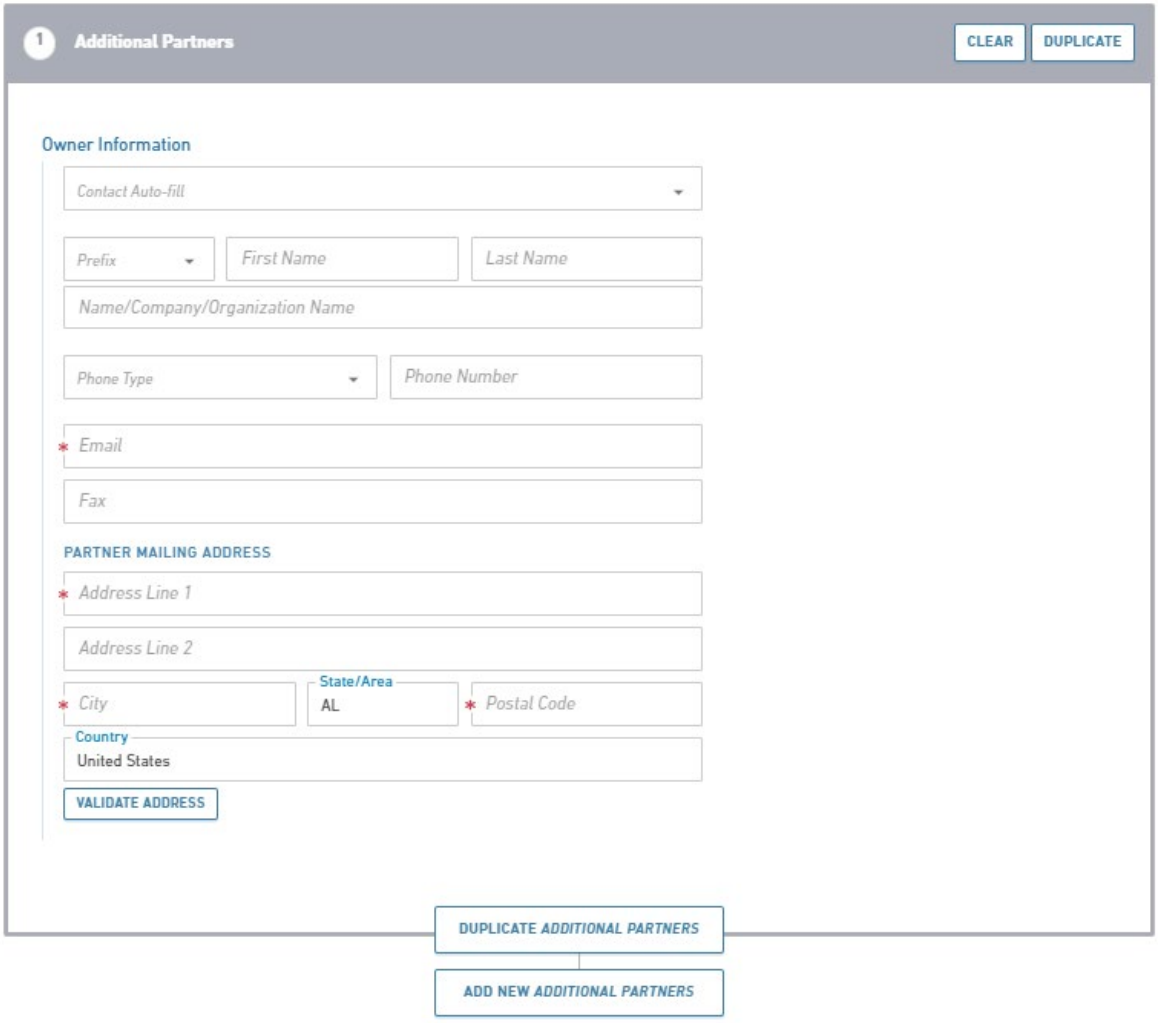
* Type of Ownership

- ○ Individual
- ○ Partnership
- ○ Government
- ○ Corporation

Additional Owner Role

- ☐ Mailing Contact

Additional Partners



Mailing Contact

CLEAR SECTION

Please select the option to whom written correspondence will be sent. This information may or may not be the same as the owner information.

* Contact Role

- ◯ Lessee
- ◯ Consultant
- ◯ Manager
- ◯ Other

Mailing Contact

* Prefix
* First Name
* Last Name
* Contact Business Name
* Phone Type
* Phone Number
* Email
Fax

MAILING ADDRESS

* Address Line 1
Address Line 2
* City
State/Area AL
* Postal Code
Country United States

VALIDATE ADDRESS

Site Information

CLEAR SECTION

Site Name

Populated Site Name

Site Phone Number

* Phone Location (e.g. main, cashier, etc)

* Phone Number | Ext.

Physical Address of the Gasoline Dispensing Facility:

Populated Site Address

County

Populated County

Modification Details

CLEAR SECTION

* Type of Gasoline Dispensing Facility

- ○ Retail Station
- ○ Non-Retail

Please list all trucking companies used in the past 12 months

*

Please list the facility brand here (example: Shell, BP, Texaco, etc.). List as independent if your facility is unbranded

Brand Name of Fuel Dispensed

*

Name of Operator if different from the tank owner

First Name | Last Name

Title

Storage Tank Information

CLEAR SECTION

ADEM Air Division requires tank information for all tanks present, both underground and aboveground, at the facility to be provided. Specific information regarding the number of compartments, type of products, tank capacity, date of installation, and any other pertinent information are necessary to process your application in a timely manner. Please see the example below for tanks containing two or more compartments:

Total Number of Storage Tanks

*

Tank Information

TANK NUMBER	NUMBER OF COMPARTMENTS	PRODUCTS STORED IN TANK/COMPARTMENT (EX: REG, SUPER, PLUS, DIESEL, KEROSENE, ETHANOL)	TANK/COMPARTMENT (CAPACITY OF EACH)(GALLONS)	ABOVE OR BELOW GROUND	DATE TANK INSTALLED
Populated tank information					

* Is the tank information listed above correct?

- ○ Yes
- ○ No

Please see the example below for tanks containing two or more compartments:

TANK NUMBER	NUMBER OF COMPARTMENTS	PRODUCTS STORED IN TANK/COMPARTMENT (EX: REG, SUPER, PLUS, DIESEL, KEROSENE, ETHANOL) **	TANK/COMPARTMENT (CAPACITY OF EACH)(GALLONS)	ABOVE OR BELOW GROUND	DATE TANK INSTALLED
1	2	reg/prem	4000/4000	Below	1/18/2021

Tank Information Update

* TANK NUMBER	* NUMBER OF COMPARTMENTS	* PRODUCTS STORED IN TANK/COMPARTMENT (EX: REG, SUPER, PLUS, DIESEL, KEROSENE, ETHANOL)	* TANK/COMPARTMENT (CAPACITY OF EACH) (GALLONS)	* ABOVE OR BELOW GROUND	* DATE TANK INSTALLED	
				Select...		✕

ADD ROW

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

- ○ Yes
- ○ No
- ○ N/A

Please describe the modification or upgrade and include applicable dates

*

Attach below a sketch of 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

Please be aware that files exceeding 500 MB in size are not allowed

Drop files here to upload

OR

CHOOSE FILE

Comment

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
- ◯ N/A - Please choose this option if there has been a change in stored products to include only non-gasoline products (Jet Fuel, Diesel Fuel, Kerosene, Oil), the tanks have been permanently removed, or there has been a change in service (marine only operation)

When will this be installed?

* Today

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

- ◯ Coaxial
- ◯ Dual Point
- ◯ Manifold Dual Point

Vapor Balance System Descriptions

Coaxial systems consist of one (tube-in-tube) tank port openings. 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 s 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 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 to the vapor port opening to allow for the displaced vapors to be returned to the tank truck.

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.

Please describe the manner in which the tanks are manifolded

*

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

- ◯ Yes
- ◯ No

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. Please provide estimate if actual data is not available.

*

What is the total number of gallons of gasoline dispensed for any 12 month period? Please provide estimate if actual data is not available.

*

Certify & Submit

This step allows you to certify the form as complete and accurate and to submit the form to ADEM for review and processing.

At the time of submission, it will be transmitted to ADEM and it will become part of the public record.

I certify that the submitted information is true, accurate, and complete to the best of my knowledge.

AIR PERMIT APPLICATION FOR GASOLINE DISPENSING FACILITIES
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
AIR DIVISION ADEM FORM 197

			-					-				

Do not write in this space

1. Purpose of Application:
   - ☐ Initial Application for an Existing Gasoline Dispensing Facility
   - ☐ Initial Application to Construct a New Gasoline Dispensing Facility
   - ☐ Change of Ownership or Company Name
   - ☐ Modification of Equipment
2. Name of Gasoline Dispensing Facility: _____
3. Physical Address of Gasoline Dispensing Facility:

_____
STREET ADDRESS

_____
CITY | COUNTY | ZIP

_____
PHONE | PHONE LOCATION

4. Owner of Gasoline Storage Tanks: _____
NAME

_____
MAILING ADDRESS

_____
CITY | STATE | ZIP

_____
PHONE | EMAIL | FAX

5. Type of Ownership:
   - ☐ Individual
   - ☐ Corporation
   - ☐ Government
   - ☐ Partnership
   - ☐ Other (specify): _____

   * If partnership, please provide partner name and address on additional sheet

6. Mailing Contact to which Environmental Correspondence is to be sent: _____
NAME

_____
MAILING ADDRESS

_____
CITY | STATE | ZIP

_____
PHONE | EMAIL | FAX

Contact Role: ☐ Lessee ☐ Consultant ☐ Manager ☐ Other (describe): _____

7. Type of Gasoline Dispensing Facility: ☐ Retail
☐ Non-Retail

8. List all trucking companies used in the past 12 months: _____

9. Brand Name of Fuel Dispensed : _____
*Please list the facility brand here (example: Shell, BP, Texaco, etc.).
List as independent if your facility is unbranded.

10. Name of Operator (if different from the tank owner): _____

Title of Operator: _____

11. Storage Tank Information:

Total Number of Storage Tanks: _____

ADEM Air Division requires tank information for all tanks present, both underground and aboveground, at the facility to be provided. Specific information regarding the number of compartments, type of products, tank capacity, date of installation, and any other pertinent information are necessary to process your application in a timely manner.

Tank Number	Number of Compartments	Products Stored in Tank/Compartment*	Tank/Compartment Capacity of Each (gallons)	Above or Below Ground	Date Tank Installed
1					
2					
3					
4					
5					
6					
7					
8					
9					

*ex: regular, super, plus, diesel, kerosene, ethanol

12. Attach a sketch of 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.

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

☐ Yes* ☐ No ☐ N/A

*If "Yes", please describe the modification or upgrade and include applicable dates: _____

_____

14. 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 ☐ N/A*

* Please choose N/A if there has been a change in stored products to include only non-gasoline products (Jet Fuel, Diesel Fuel, Kerosene, Oil), the tanks have been permanently removed, or there has been a change in service (marine only operation)

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

☐ Coaxial - Coaxial systems consist of one (tube-in-tube) tank port openings. 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 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: _____

_____

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 lines(s) with pressure relief valves? Vapor vent lines equipped with pressure relief valves allows for the controlled release of vapors during periods of increased vapor pressure within the gasoline storage tanks

☐ Yes ☐ No

15. 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):

_____

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

_____

Name of person preparing application: _____

Company of preparer: _____

Signature: _____ Date: _____