



**South Coast
Air Quality Management District**
21865 Copley Drive, Diamond Bar, CA 91765-4182
(909) 396-2000 • <http://www.aqmd.gov>

AQMD Rule 461 Advisory No. 15-05

IMPORTANT NOTICE TO UNDERGROUND GASOLINE TANK OPERATORS/OWNERS

GASOLINE DELIVERY TO YOUR FACILITY, WILL BE ILLEGAL STARTING APRIL 2, 2005

Our records indicate that your station has not yet been upgraded to meet the California Phase I standards for Enhanced Vapor Recovery (EVR). On April 1, 2005, all existing, non-EVR systems (including the one at your station) will be decertified for use. Thus, it will be illegal for your station to receive bulk tanker deliveries of gasoline beginning April 2, 2005.

Also, it will be illegal for tanker truck drivers and companies to drop gasoline into your underground tanks until your tanks have been upgraded. The South Coast Air Quality Management District (AQMD) will be contacting gasoline distributors and delivery companies (and station owners with tanker trucks) to remind them of this requirement. Violation notices will be issued to tank truck drivers or their companies if illegal deliveries are made.

For your reference, AQMD has previously sent you an Advisory regarding this requirement and deadline. A copy of this Advisory (#11-03) is attached.

After April 1, 2005 AQMD inspectors will be issuing notices of violation to stations that are still in operation and do not have the required EVR upgrades. You must complete the upgrades by April 1, 2005 to continue to receive gasoline deliveries.

If you have not already done so, you must complete and submit the necessary AQMD application forms with a fee of \$912.37 before the start of any upgrade construction. The processing of the application may be expedited through the AQMD's Voluntary Expedited Permit Program at a total fee of \$1,368.56 and subject to staffing availability.

If you have any questions about this notice, please contact your AQMD Inspector or call George Kasper at (909) 396-2378.

Attachment: Advisory #11-03

BWS:MM:mm:clb



South Coast
Air Quality Management District
21865 Copley Drive, Diamond Bar, CA 91765-4182
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AQMD Rule 461 Advisory No. 11-03

Gasoline Dispensing Facilities Underground Storage Tank Equipment Upgrade

There are several new requirements that will affect **most Gasoline Dispensing Facilities (GDFs) by April 1, 2005**. All GDFs with underground storage tanks (USTs) will have to make significant equipment upgrades, and/or changes by this date. Planning ahead could save you time and money in construction costs and non-compliance penalties. For additional information, please visit the California Air Resources Board website at www.arb.ca.gov/vapor/vapor. By April 1, 2005, all GDFs with USTs must meet the following equipment requirements:

- 1. All Phase I vapor recovery equipment must be changed to an Enhanced Vapor Recovery (EVR) system. This requirement pertains to the underground storage tanks and associated tank filling equipment; including tank vent lines.**
- 2. All Phase II vapor recovery systems must be On Board Refueling Vapor Recovery (ORVR) compatible.**
- 3. All nozzles must meet the new Liquid Retention Requirement. Nozzles complying with the liquid retention standard are listed in Exhibit 1 of the latest version of Executive Order G-70-199 located at www.arb.ca.gov/vapor/eo-phaseII.htm.**
- 4. Unihose dispensers will be required when a GDF replaces more than 50% of the facility's dispensers, or the facility under goes any major modifications.**

NOTE: AQMD requires submission of a permit application for all major modifications to GDF equipment or the vapor recovery system. You can contact our main office for application forms, or you can access our website to download applications at <http://www.aqmd.gov/permit/index.html>.

/clb

Gasoline Dispensing Facilities Underground Storage Tank Equipment Upgrade (Continued)

Frequently Asked Questions (FAQs) Information:

1. What are considered Major Modifications?

Major Modification are defined as:

- modifications that involve the addition, replacement, or removal of an underground storage tank, or
- modifications that causes the tank top to be unburied for Phase I, or
- modifications that involve the addition, replacement, or removal of 50% or more of the buried vapor piping, or
- modifications that involve replacement of more than 50% of the dispensers for Phase II

2. What happens if I don't meet the April 1, 2005 deadline?

The owner/operator of the GDF will be in violation of State law and AQMD Rule 461. Penalties of \$40,000/day or more, Order of Abatement, and court injunctions can be imposed on a GDF if found to be in non-compliance.

3. What kind of Phase I EVR systems can I install at my facility?

Only California Air Resources Board (CARB) certified equipment can be installed, so your choice must be an approved system. Currently there are four systems available that are CARB certified:

- Phil-Tite Phase I Vapor Recovery System (Executive Order VR-101-D)
- OPW Phase I Vapor Recovery System (Executive Order VR-102-D).
- EBW Phase I Vapor Recovery System (Executive Order VR-103-A)
- CNI Manufacturing Phase I Vapor Recovery System (Executive Order VR-104A).

As other systems become approved they will be added to this list.

4. Are there any additional or specific vapor recovery performance tests required with EVR systems?

Yes. Your certified Tester should be familiar with the appropriate test for each system. These tests are:

- Static Torque Test for the Rotatable Phase I Adaptors (TP-201.1B)
(Required for all phase I EVR systems)
- Leak Rate Test of Drop Tube/Drain Assembly (TP-201.1C)
(Required for those equipped with a ball float assembly) or
- Leak Rate of Drop Tube Overfill Prevention Device / Spill Container Drain Valve (TP-201.1D)
(Required for those equipped with an overfill prevention device)
- In addition, a leak rate and cracking pressure test of the Pressure Vacuum Valve (TP-201.1E) is required as part of a performance test and every three years thereafter.

5. What is ORVR?

ORVR stands for Onboard Refueling Vapor Recovery. This refers to the vapor collecting devices on some late model (1998 or newer) passenger vehicles. ORVR systems are not compatible with some existing Phase II vacuum assist vapor recovery systems and this has been found to lead to excess emissions at the GDF.

6. What systems can I install that are ORVR compatible and CARB certified?

The following systems are currently ORVR compatible and CARB certified:

- Balance System (Executive Order G-70-52-AM)
- Healy Vac Assist System (Executive Orders G-70-186 and G-70-191-AA)
- Hirt Vac Assist System (Executive Order G-70-177-AA)

Please note: *ORVR requirements and deadlines are different than Phase II EVR requirements and deadlines.*

7. What is nozzle liquid retention?

This is the amount of gasoline remaining in a nozzle spout per 1000 gallons of gasoline dispensed. It is a measure of how a nozzle can minimize vapor emissions. Nozzles that currently meet this requirement are listed under Executive Order G-70-199-AI. Please refer to CARB web site (www.arb.ca.gov/vapor/vapor) for more information.

8. How do I begin to update my system to meet CARB Phase I EVR and Phase II ORVR requirements?

Plan Ahead!

- Determine which Phase I EVR and/or Phase II ORVR system is best suitable for you.
- Contact GDF equipment manufacturers and construction contractors to discuss your needs.
- Submit an application to AQMD to modify your equipment, prior to any construction.
- Don't wait until the last minute because resources and labor may be limited.



South Coast Air Quality Management District
 P. O. Box 4944
 Diamond Bar, CA 91765
 (909) 396-2000

APPLICATION FOR PERMIT TO CONSTRUCT AND PERMIT TO OPERATE FORM 400 - A

Non-Title V Facilities: This form must be accompanied by one or more 400-E-xx series form(s). Complete this side of form only.

Title V Facilities: Complete both sides of this form. Include additional forms as necessary.

NC/NOV NUMBER:

INSPECTOR

SECTOR

ISSUE DATE

Section I - Company Information

LEGAL NAME OF OPERATOR _____		<input type="checkbox"/> IRS OR <input type="checkbox"/> S. S. NUMBER _____	
PERMIT TO BE ISSUED TO (SEE INSTRUCTIONS) _____			
BUSINESS MAILING ADDRESS _____			
PERMIT MAILING ADDRESS, IF DIFFERENT FROM BUSINESS MAILING ADDRESS _____			
TYPE OF ORGANIZATION			
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Government Entity	
<input type="checkbox"/> Individual	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Other (Fill in): _____	
ARE YOU A SMALL BUSINESS? (SEE INSTRUCTIONS)		AVERAGE ANNUAL GROSS RECEIPTS \$ _____	IS YOUR BUSINESS 51% OR MORE WOMAN/MINORITY OWNED?
<input type="checkbox"/> Yes <input type="checkbox"/> No		NUMBER OF EMPLOYEES _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
THIS SECTION IS REQUIRED FOR ALL APPLICATIONS FOR NEW CONSTRUCTION OR MAJOR MODIFICATIONS.			
ARE ALL MAJOR SOURCES UNDER SAME OWNERSHIP IN CALIFORNIA IN COMPLIANCE WITH FEDERAL, STATE, AND LOCAL AIR POLLUTION CONTROL RULES? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ARE YOU THE OWNER OF THE EQUIPMENT UNDER THIS APPLICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> IRS OR <input type="checkbox"/> S. S. NUMBER OF OWNER _____			
IF NO, ENTER THE LEGAL NAME OF OWNER _____			

Section II - Facility Information

EQUIPMENT ADDRESS/LOCATION		FACILITY NAME	
_____		_____	
NUMBER/STREET _____		FACILITY ID NUMBER _____	
CITY OR COMMUNITY _____ CA, _____		_____	
ZIP CODE _____		_____	
PRINT NAME OF CONTACT PERSON _____		TITLE OF CONTACT PERSON _____	
TYPE OF BUSINESS AT THIS FACILITY _____		PRIMARY SIC CODE FOR THIS FACILITY _____	NUMBER OF EMPLOYEES AT THIS FACILITY _____
CONTACT PERSON'S TELEPHONE NUMBER () -	CONTACT PERSON'S FAX NUMBER () -	CONTACT PERSON'S E-MAIL ADDRESS _____ @	

Section III - Application Type

DESCRIPTION OF EQUIPMENT:		PREVIOUS PERMIT #(S):	
APPLICATION FOR (SEE INSTRUCTIONS):		ARE YOU SUBMITTING MULTIPLE APPLICATIONS FOR EQUIPMENT IDENTICAL TO THAT DESCRIBED ABOVE?	
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> MODIFICATION	<input type="checkbox"/> CHANGE OF LOCATION	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> EXISTING EQUIPMENT WITHOUT PERMIT	<input type="checkbox"/> CHANGE OF PERMITTEE	<input type="checkbox"/> CHANGE OF PERMIT CONDITION	
<input type="checkbox"/> EXISTING EQUIPMENT WITH EXPIRED PERMIT			
<input type="checkbox"/> APPLICATION FOR NON-TITLE V EQUIPMENT PERMIT. CHECK THE SUPPLEMENTAL SERIES 400-E-xx FORM(S) SUBMITTED WITH THIS 400-A FORM:			
_____ 400-E-1 • PARTICULATE MATTER (PM ₁₀) CONTROL EQUIPMENT	_____ 400-E-13 • INTERNAL COMBUSTION EQUIPMENT		
_____ 400-E-2 • VOLATILE ORGANIC COMPOUND (VOC) CONTROL EQUIPMENT	_____ 400-E-14 • OPEN PROCESS TANK		
_____ 400-E-3 • SCRUBBER	_____ 400-E-14a • OPEN PROCESS TANK; PROCESS LINE		
_____ 400-E-4 • ABRASIVE BLASTING EQUIPMENT	_____ 400-E-15 • PRINTING EQUIPMENT		
_____ 400-E-6 • DEGREASER	_____ 400-E-16 • SOLID MATERIALS STORAGE EQUIPMENT		
_____ 400-E-7 • DRY CLEANING EQUIPMENT	_____ 400-E-17 • SPRAY BOOTH/OPEN SPRAY		
_____ 400-E-8 • ETHYLENE OXIDE STERILIZER	_____ 400-E-17a • POWDER SPRAY BOOTH		
_____ 400-E-9 • EXTERNAL COMBUSTION EQUIPMENT	_____ 400-E-18 • STORAGE TANK (LIQUID & GASEOUS MAT'L)		
_____ 400-E-10 • FOOD BROILER/FRYER	_____ 400-E-19 • WAVE SOLDER MACHINE		
_____ 400-E-11 • FUEL DISPENSING AND STORAGE EQUIPMENT	_____ 400-E-20 • ASBESTOS REMOVAL EQUIPMENT		
_____ 400-E-12 • GAS TURBINE	_____ NONE • ADDITIONAL INFORMATION SUBMITTED AS REQUESTED ON FORM 400-E-GI		
<input type="checkbox"/> APPLICATION FOR TITLE V FACILITY PERMIT. PROVIDE INFORMATION REQUESTED ON REVERSE SIDE OF THIS FORM.			

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM: _____

TITLE OF RESPONSIBLE OFFICIAL OF FIRM: _____

TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM: _____

RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER
() -

DATE SIGNED: / /

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE OF PREPARER, IF PREPARED BY PERSON OTHER THAN RESPONSIBLE OFFICIAL OF FIRM: _____

TITLE OF PREPARER: _____

TYPE OR PRINT NAME OF PREPARER, IF PREPARED BY PERSON OTHER THAN RESPONSIBLE OFFICIAL OF FIRM: _____

PREPARER'S TELEPHONE NUMBER
() -

DATE SIGNED: / /

TITLE V FACILITIES ONLY: COMPLETE OTHER SIDE

AQMD USE ONLY	APPLICATION/TRACKING # _____	PROJECT # _____	TYPE B C D	EQUIPMENT CATEGORY CODE: _____ / _____	FEE SCHEDULE: \$ _____	VALIDATION
ENG. A R DATE	ENG. A R DATE	CLASS I III IV	ASSIGNMENT UNIT ENGINEER	ENF. SECT.	CHECK/MONEY ORDER #	AMOUNT \$

TITLE V APPLICATION CERTIFICATION

- TO BE COMPLETED BY TITLE V FACILITIES ONLY -

Section IV - Title V Application

1. This is an application for a(n) (Check all applicable boxes and provide the requested information as appropriate):
 - a. Initial Title V Permit
 - b. Permit Renewal: Provide current permit expiration date: ____/____/____
 - c. Administrative Permit Revision (Check all that apply)
 - Change of Ownership. (Complete and attach equipment-specific Form 400-E-xx series forms)
 - Change of Facility Information
 - Other, Please specify: _____
 - d. Other (Complete and attach equipment specific Form 400-E-XX series form(s) to this form if your application involves permit action for new construction, change of location, non-administrative permit revision, alternative operating scenario (AOS), permit shield, streamlined permit conditions, or temporary source permit.)
2. Is this facility required to prepare a Risk Management Plan (RMP) for another agency? Yes No

Section V - Title V Submittal Checklist

1. Enter the quantity of each type form submitted in the space provided:

_____ 500-A2	_____ 500-F1
_____ 500-B	_____ 500-F2
_____ 500-C1	_____ 500-F3
_____ 500-C2	_____ 500-F4
_____ 500-D	_____ Other (specify): _____
2. Additional information referenced in this application submitted (Check **ALL** that apply):
 - a. Existing Facility Permit
 - b. Preliminary Facility Permit
 - c. EFB Report for Year _____
 - d. None
 - e. Other (Specify): _____
3. Supplemental information included with this application submittal (Check **ALL** that apply):
 - a. Facility Plot Plan
 - b. MSDS Sheet(s)
 - c. None
 - d. Other (Specify): _____

	APPLICATION TYPE		30 DAY PUBLIC NOTICE		PUBLIC HEARING	45-DAY EPA REVIEW	
	START DATE	END DATE	DATE	START DATE	END DATE		
AQMD USE ONLY	INITIAL, RENEWAL & SIGNIFICANT						
	MINOR & DEMINIMUS						
ESTABLISH GENERAL PERMIT							
USE THE SECTIONS BELOW FOR TITLE V INITIAL AND RENEWAL APPLICATIONS ONLY:							
APPLICATION/TRACKING #		PROJECT #		TYPE	EQUIPMENT CATEGORY CODE:		FEE SCHEDULE:
				B C D	_____/____		\$
ENG. A R DATE	ENG. A R DATE	CLASS I III IV	ASSIGNMENT UNIT ENGINEER		ENF. SECT.	CHECK/MONEY ORDER AMOUNT # \$	



FUEL DISPENSING AND STORAGE EQUIPMENT FORM 400 - E - 11

(See Form 400-E-11 Requirements and Instructions)

Section I - Facility/Application Information

- Business Name: _____ Facility ID: _____
- Is the equipment located within 1,000 feet from the outer boundary of a grade K-12 school? No Yes
 (If Yes, complete for all public or private school(s), grade K-12, within a 1/4 mile radius of facility property.)
 School Name(s): _____ Telephone No(s): _____
 School Address(s): _____
- The requested application is for:
 - New Construction
 Estimated Construction/Modification Start Date: ____/____/____
 Estimated Construction/Modification Completion Date: ____/____/____
 - Modification; Current Permit Number: _____
 - Existing Equipment with Expired Permit
 Permit Number: _____ Date Expired: ____/____/____
 - Existing Equipment Operating without a Permit; Initial Operation Date: ____/____/____
 - Change of Throughput Condition
 Specify the change of condition requested: _____
 Date the throughput change will/did occur: ____/____/____
 - Change of Operator
 Previous Operator: _____ Previous Operator's Facility ID No.: _____
 Previous Operator's Permit No.: _____ Date Change of Operator Occurred: ____/____/____
- Operating Schedule: _____ hours/day _____ days/year
- Property Zone:
 - Commercial
 - Residential
 - Industrial
 - Parking
 - Other (specify): _____
- Business Type:
 - Retail
 - Non-Retail
 For Non-Retail facilities only, do you own any fleet vehicles?
 No Yes, Total number of fleet vehicles: _____
 For Retail facilities only:
 - Has the owner/operator attended a SCAQMD approved Rule 461 training course?
 No Yes Date of Course Completion: ____/____/____
 - Has the owner/operator developed an Operation and Maintenance manual as required by Rule 461?
 No Yes
- Have you been issued a Notice to Comply (NTC) or Notice of Violation (NOV) for this equipment?
 No Yes; NTC #: _____ NOV #: _____ Issue Date: ____/____/____
- Do you claim confidentiality of data? No Yes (attach explanation)

Section II - Equipment Information

1. UNDERGROUND STORAGE TANK INFORMATION: COMPLETE AND CHECK THE APPROPRIATE COLUMNS

Tank No.	Fuel Type (e.g. Unleaded)	Tank Capacity (Gallons)	Phase I Design		Manifold Location		New <input type="checkbox"/>	Existing <input type="checkbox"/>	Remove <input type="checkbox"/>
			Coaxial	Two-Point	Underground	At Vent			
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Provide Phase I CARB Executive Order Number (see instructions): _____
- Are any of these storage tanks dual or multi-compartment? No Yes
 Identify the compartments by tank number and letter (e.g. 1A, 1B, 1C, etc.).
- Are any of these storage tanks methanol compatible? No Yes (Identify these tanks)
- Will any of these storage tanks be located in a vault below grade? No Yes
- Will a condensate/vapor trap be installed in the vapor return line? No Yes
- Will the tank(s) at this site contain a remote fill? No Yes
- Will a flex-type piping be used for the vapor return line? No Yes

All EXISTING gasoline storage tanks shall be equipped with the following CARB certified equipment:

- Phase I Vapor Control;
- Submerged Fill Tubes; and,
- Spill Boxes.

In addition to the above mentioned requirements, all NEW construction or tank replacement applications shall have a two point design Phase I vapor recovery system AND have all gasoline tanks manifolded underground. Furthermore, all underground storage tanks shall be methanol fuel compatible (include methanol compatible certificate).

2. ABOVEGROUND STORAGE TANK INFORMATION: COMPLETE AND CHECK THE APPROPRIATE COLUMNS

Tank No.	Fuel type (e.g.; Reg, Unleaded)	Tank Capacity (Gallons)	Tank Dimensions LxWxHxDia (Feet-Inches)	Tank Manufacturer Control Type* or CARB EO	Stack Height (Feet)	Hose Length (Feet)	New <input checked="" type="checkbox"/>	Existing <input checked="" type="checkbox"/>	Remove <input checked="" type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are any of these storage tanks dual or multi-compartment? No Yes
 Identify the compartments by tank number and letter (e.g. 1A, 1B, 1C, etc.).

3. For new construction or vent pipe relocations, submit a plot plan identifying island locations, all underground piping locations with pipe diameters, dispenser locations, vent pipe locations, and structures surrounding the property line. Have you included this plot plan with this application? Yes No
4. Identify which one of the layouts on Attachment I most accurately represents your facility's configuration (fuel pump islands and set-up). In addition, identify the direction of North by placing an arrow in the circle provided and identify dispenser location by placing a dot on the island configuration. If none of the figures in Attachment I apply to your facility, complete Figure 9 by sketching the layout of your fuel pump islands. Using the same format in Attachment I, number each island and indicate the distances between them.

Figure _____ Distance A: _____ FT Distance B: _____ FT Distance C: _____ FT

5. Indicate the distance, direction from Δ , and address of the nearest residential and commercial/industrial structure located outside the property line of the facility as measured from the approximate center of the islands (shown as Δ in the figures):

Residential _____ FT Commercial/Industrial _____ FT

Direction (Circle One): N NE E SE S SW W NW Direction (Circle One): N NE E SE S SW W NW

Located at: _____ Located at: _____

6. FUELING POSITION INFORMATION: COMPLETE FOR ALTERATIONS OR NEW CONSTRUCTION

Total Number of Fueling Positions After Alteration or New Construction	Total Number of Fueling Positions Prior to Alteration (For Alterations Only)

7. NOZZLE INFORMATION: COMPLETE ALL COLUMNS

Fuel Type (e.g. Unleaded, Diesel)	# New Nozzles	# Existing Nozzles	# Removed Nozzles	CARB Executive Order OR Control Type* (Phase II)	Maximum Monthly Throughput (Gal/Mo)	Maximum Annual Throughput (Gal/Yr)

*See lists on page 2 of Instruction sheets for form 400-E-11.

8. GASOLINE PRODUCT INFORMATION: COMPLETE TABLE

Number of nozzle(s) dispensing ONE product (grade) of gasoline: _____ X 1 = _____

Number of nozzle(s) dispensing TWO products (grades) of gasoline: _____ X 2 = _____

Number of nozzle(s) dispensing THREE products (grades) of gasoline: _____ X 3 = _____

TOTAL NOZZLE COUNT: _____ TOTAL PRODUCT COUNT _____

9. DISPENSER INFORMATION: COMPLETE AND CHECK THE APPROPRIATE COLUMNS

Dispenser		No. of Similar Dispensers	Dispenser			No. of Nozzles Per Dispenser		
Make	Model No.		New <input checked="" type="checkbox"/>	Existing <input checked="" type="checkbox"/>	Removed <input checked="" type="checkbox"/>	Unleaded	Diesel	Methanol
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

10. THROUGHPUT INFORMATION: PROVIDE THROUGHPUT RECORDS FOR THE PAST 2 YEARS (EXISTING SITES)

Year of Operation	Fuel Type	Throughput (Gal/Yr)	Days of Operation
	Gasoline		
	Gasoline		

11. For existing gasoline storage and dispensing systems and based on the following, please provide a copy of your **MOST recent** vapor recovery test results.

- a. Balance System Tests:
 - Static Pressure (Leak-Decay);
 - Dynamic Pressure (Back-Pressure); and,
 - Liquid Removal (if applicable).
- b. Vacuum Assisted System Tests (Except Healy and Hirt Systems):
 - Static Pressure (Leak-Decay); and,
 - Air-to-Liquid Ratio (A/L).
- c. Healy Vacuum Assisted System Tests:
 - Static Pressure (Leak-Decay);
 - Air-to-Liquid Ratio (A/L); and,
 - Vapor Return Line.
- d. Vacuum Assisted Hirt System Test:
 - Air-to-Liquid Ratio (A/L).
- e. For systems not mentioned, provide required test results as per that system's executive order.

12. Include **All** drawings as mentioned in Form 400-E-11 Requirements.

Section III - Applicant Certification Statement

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM:

TITLE OF RESPONSIBLE OFFICIAL OF FIRM:

TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM:

RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER

DATE SIGNED:

() -

/ /

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE OF PREPARER:

TITLE OF PREPARER AND COMPANY NAME:

TYPE OR PRINT NAME OF PREPARER:

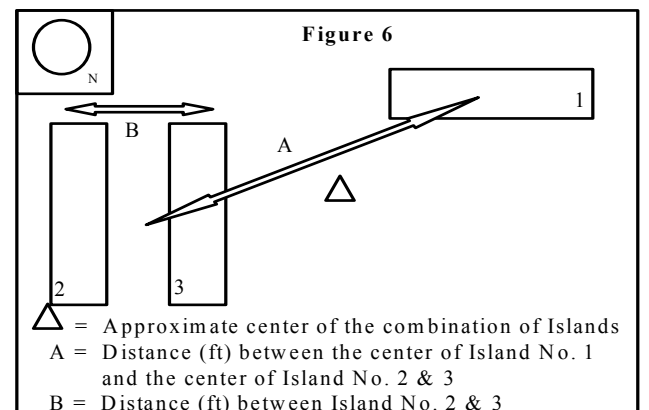
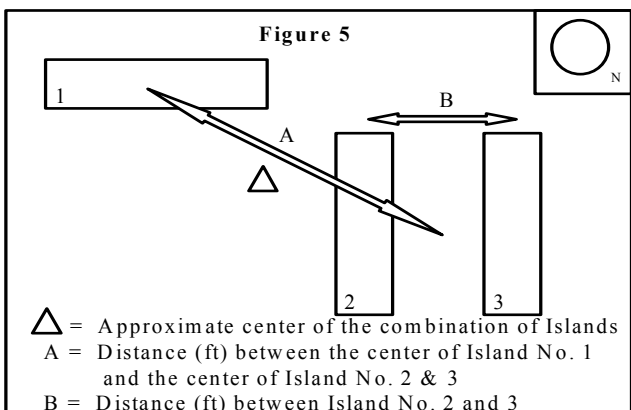
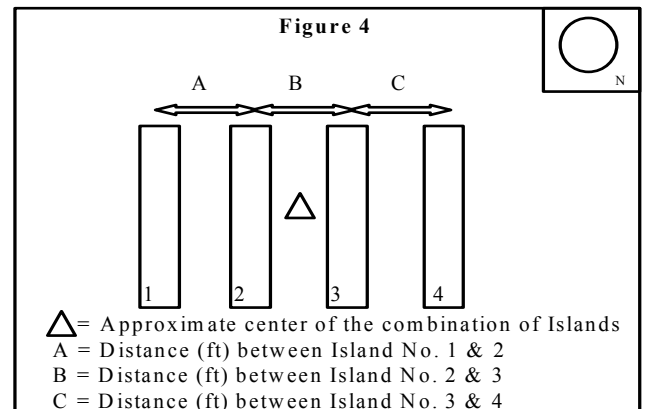
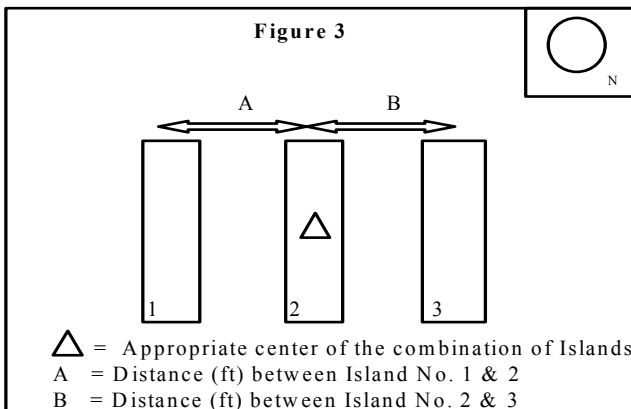
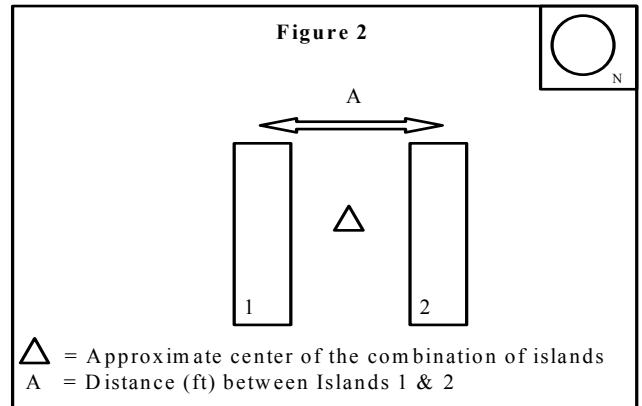
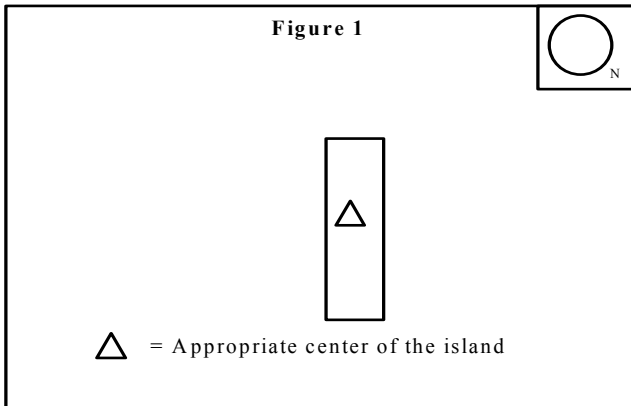
PREPARER'S TELEPHONE NUMBER

DATE SIGNED:

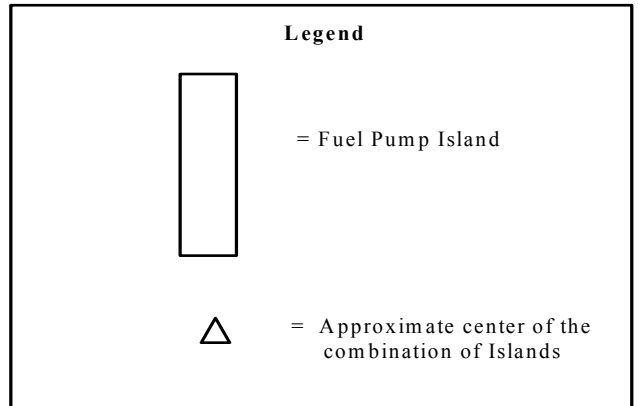
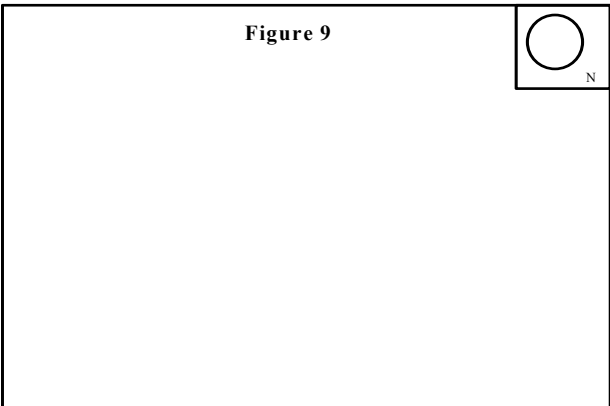
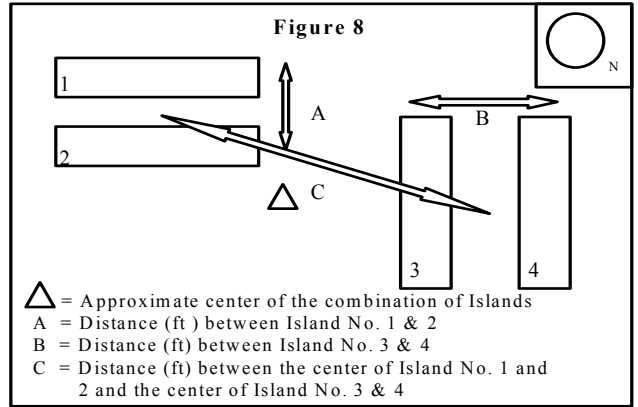
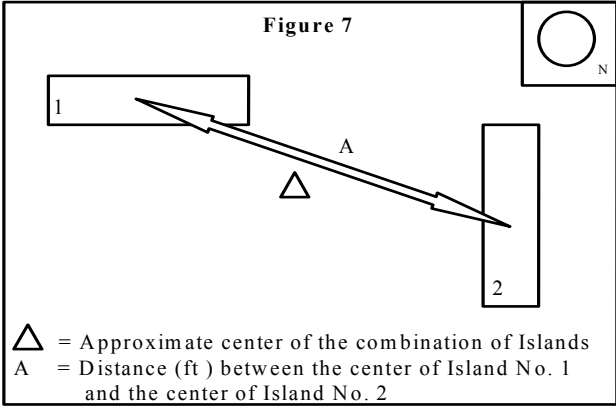
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ATTACHMENT I LAYOUTS



**ATTACHMENT I (Continued)
LAYOUTS**



FORM 400-E-11 REQUIREMENTS

WHO MUST APPLY FOR A PERMIT:

A fuel transfer and dispensing permit application is required for any new installation, alteration, facility with an expired permit, change of permittee, or change of permit condition.

WHEN TO APPLY:

Prior to any new construction, alteration, or change of permit condition. An application should be filed prior to use if ownership has changed. Installing any equipment contrary to the Permit to Construct or to the information provided in this form without notifying the AQMD engineer will void this application or your permit, and will require submittal of a new application and associated fees. Sites with expired permits or existing equipment operating without permit should apply as soon as possible to avoid possible enforcement action. Sites requesting a change of permit condition must receive new permit approval prior to dispensing requested throughput change.

HOW TO APPLY:

- A. Fill out Forms 400-A, 400-E-11, and 400-CEQA for each facility for new construction, alteration, change of permittee, change of permit condition, and reinstatement of expired permits.
If AQMD has identified your facility as a Title V facility, use the telephone numbers in Section B below to obtain further assistance.
- B. The proper filing fee is found in Rule 301. Checks or money orders should be made payable to the South Coast Air Quality Management District. Send the completed application to: SCAQMD, P. O. Box 4944, Diamond Bar CA 91765. Further information may be obtained by calling (909) 396-2468, (909) 396-2469, or (909) 396-2470.
- C. Submit equipment location drawings which shall be to scale (suggested scale: 1 inch = 100 feet; accuracy of measurements to the nearest 5 feet will be satisfactory) and shall show at least the following:
 1. The property involved and outlines of all buildings. Identify property lines plainly.
 2. Location and identification of the proposed equipment on the property.
 3. Location of the property with respect to streets and all adjacent properties. Identify adjacent properties. Identify buildings or vacant lots outside the property lines. Identify all such buildings as residential and commercial/industrial. Indicate direction (north) on the drawing.
 4. Drawings showing all tanks, vapor recovery and product piping with pipe diameters to be installed, provide details of dispensing nozzles, vapor return connectors, vent pipe location, and vapor processing systems (if any). Any vapor recovery system being installed or operated must be of a type certified by the California Air Resources Board.
 5. Drawings showing all islands, dispensers, and fueling positions (before and after alterations or for new construction).
- D. For all existing sites, submit annual gasoline throughput records and days of operation for the last two years.

NOTICE: *Construction or operation prior to receipt of Permit to Construct or Operate constitutes a violation of the Rules and Regulations of the SCAQMD.*

VAPOR RECOVERY SYSTEMS:

Rule 461 (c)(1) regulates the transfer of gasoline and methanol from delivery vehicles to storage tanks and requires installation of CARB certified submerged fill pipes, spill boxes, and vapor return equipment (Phase I vapor recovery). Phase I vapor recovery transfers these vapors from the storage tank into the unloading delivery vehicle so that it can be transported back to the terminal vapor processor for recovery or destruction.

Rule 461 (c)(2) regulates the transfer of gasoline and methanol into motor vehicle tanks larger than five gallons. A special fill nozzle and vapor piping allow these vapors to be returned from the vehicle fuel tank to the storage tank or to vapor processing equipment (Phase II vapor recovery).

For aboveground tanks and mobile refuelers dispensing gasoline or methanol, the standard Phase I and Phase II vapor control systems must be installed for compliance. Rule 461 also requires the installation of a pressure-vacuum relief valve.

UNDERGROUND TANK AND PIPING REQUIREMENTS:

Rule 1170(c)(1) states that after July 1, 1988 a person shall not install or allow the installation of any new underground fuel storage tank(s) unless at least one such tank at any single motor vehicle fueling facility, along with all associated underground pipes is capable of safely storing and transporting methanol fuel, as evidenced by written certification from the manufacturer for the useful life of the tank. In addition, all gasoline equipment shall be installed, equipped, and operated with CARB certified equipment (submerged fill tubes, spill boxes, etc.).

Furthermore, all new gasoline tanks shall be manifolded underground and be equipped with a two-point Phase I design.

FORM 400-E-11 INSTRUCTIONS

FUEL TYPE:

Provide the type of fuel stored in each tank (e.g. gasoline grades, diesel, or methanol).

CONTROL TYPE CODES FOR PHASE I VAPOR RECOVERY SYSTEMS*

Phil-Tite	VR-101-A
Standard^	G-70-97-A
^Standard cannot be used on new installs after 7/1/01	

*If the system is not mentioned, provide CARB Executive Order (EO) Number.

CONTROL TYPE CODES FOR PHASE II VAPOR RECOVERY SYSTEMS* (UNDERGROUND TANKS):

Balance Hi Hose (92)	Hasstech VCP-3A (14)	Hirt VCS (17)
Balance Retractor (91)	Healy 400 ORVR (18)	MCS (Gilbarco) Vapor Vac (10)
Dresser/Wayne Wayne Vac (11)	Healy 600 (15)	MCS w/ Catlow (19)
Franklin Intellivac (16)	Healy 600 ORVR (20)	OPW Vapor EZ (13)
Hasstech (85)	Hirt Hi Hose (88)	Tokheim Max Vac (12)

*If the system is not mentioned, provide CARB Executive Order (EO) Number.

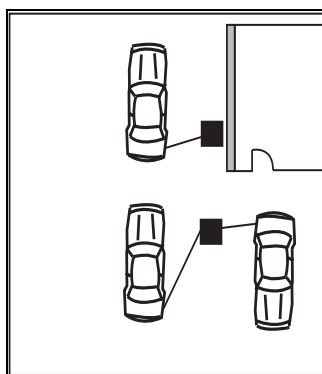
CONTROL TYPE CODES FOR PHASE II VAPOR RECOVERY SYSTEMS* (ABOVEGROUND TANKS)

Above Ground Tank Vault G-70-160 (69)	Healy Model 400-ORVR G-70-187
Bryant G-70-168 (51)	Hoover Fuelmaster G-70-161 (66)
Containment Solutions Hoover Vault G-70-194	LRS Fuelmaster G-70-133-A (56)
Convault G-70-116-F (50)	Lube Cube G-70-148-A (60)
Cretex Fuel Vault G-70-195	Moiser Brothers G-70-152 (61)
Ecovault (Balance) G-70-157 (64)	P/T Vault G-70-143 (59)
Ecovault (Vacuum Assist) G-70-156 (63)	Petroleum Marketing G-70-155 (62)
Enviro Vault G-70-167 (68)	Petrovault G-70-130 (53)
Firesafe G-70-136 (57)	San Luis Firesafe G-70-158-A (65)
Fuelsafe G-70-137 (58)	Steel Tank Fireguard G-70-162-A (67)
Guardian Containment Armor Cast G-70-190	Supervault G-70-132-B (55)
Hasstech VCP-3A G-70-175	Tank Vault G-70-131-A (54)

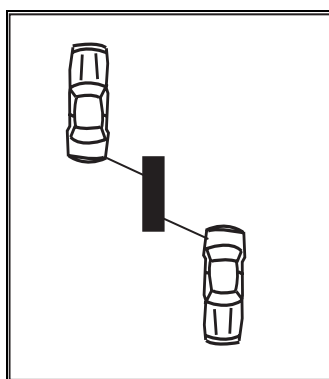
*If the system is not mentioned, provide CARB Executive Order (EO) Number.

FUELING POSITIONS:

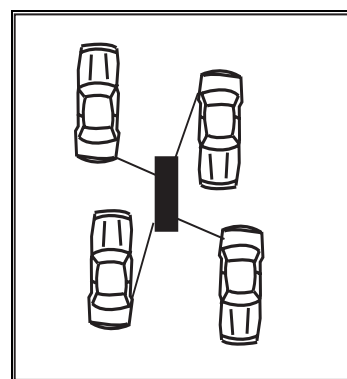
The number of fueling positions is equal to the number of nozzles that can mechanically and electronically be operated at the same time.



A. 3 Fueling Positions



B. 2 Fueling Positions



C. 4 Fueling Positions

GASOLINE PRODUCTS

Complete table by identifying the number of gasoline nozzles that dispenses either one, two, or three products (grades). Compute the overall total nozzle count and total product count.

SIGNATURE OF RESPONSIBLE MEMBER OF ORGANIZATION

This form shall be signed by a responsible person from the company applying for the permit, rather than by the contractor working on the project. In addition, include a telephone number where this person can be contacted for additional information regarding this application.

NOTE: IF FORM 400-E-11 IS INCOMPLETE, THE APPLICATION WILL BE RETURNED



South Coast Air Quality
Management District
21865 East Copley Drive
Diamond Bar, CA 91765
(909) 396- 2000

CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) APPLICABILITY FORM 400 - CEQA

The SCAQMD is required by state law, the California Environmental Quality Act (CEQA), to review discretionary permit project applications for potential air quality and other environmental impacts. This form is a screening tool to assist the SCAQMD in clarifying whether or not the project¹ has the potential to generate significant adverse environmental impacts that might require preparation of a CEQA document [CEQA Guidelines §15060(a)].² Refer to the attached instructions for guidance in completing this form.³ For each Form 400-A application, also complete and submit one Form 400-CEQA. If submitting multiple Form 400-A applications for the same project at the same time, only one 400-CEQA form is necessary for the entire project. If you need assistance completing this form, contact Permit Services at (909) 396-3385 (or 2668).

FACILITY INFORMATION	
Facility Name: _____	Facility ID (6-Digit): _____
Project Description: _____	

REVIEW FOR EXEMPTION FROM FURTHER CEQA ACTION			
Check "Yes" or "No" as applicable			
	Yes	No	Is this application for:
A.	<input type="checkbox"/>	<input type="checkbox"/>	A CEQA and/or NEPA document previously or currently prepared that specifically evaluates this project? If yes, a permit cannot be issued until a Final CEQA document and Notice of Determination is submitted.
B.	<input type="checkbox"/>	<input type="checkbox"/>	A request for a change of permittee only (without equipment modifications)?
C.	<input type="checkbox"/>	<input type="checkbox"/>	A functionally identical permit unit replacement with no increase in rating or emissions?
D.	<input type="checkbox"/>	<input type="checkbox"/>	A change of daily VOC permit limit to a monthly VOC permit limit?
E.	<input type="checkbox"/>	<input type="checkbox"/>	Equipment damaged as a result of a disaster during state of emergency?
F.	<input type="checkbox"/>	<input type="checkbox"/>	A Title V (i.e., Regulation XXX) permit renewal (without equipment modifications)?
G.	<input type="checkbox"/>	<input type="checkbox"/>	A Title V administrative permit revision?
H.	<input type="checkbox"/>	<input type="checkbox"/>	The conversion of an existing permit into an initial Title V permit?
If "Yes" is checked for any question above, your application does not require additional evaluation for CEQA applicability. Skip to page 2, "SIGNATURES" and sign and date this form.			

REVIEW OF IMPACTS WHICH MAY TRIGGER CEQA			
Complete Sections I-VI by checking "Yes" or "No" as applicable. To avoid delays in processing your application(s), explain all "Yes" responses on a separate sheet and attach it to this form.			
	Yes	No	Section I – General
1.	<input type="checkbox"/>	<input type="checkbox"/>	Has this project generated any known public controversy regarding potential adverse impacts that may be generated by the project? Controversy may be construed as concerns raised by local groups at public meetings; adverse media attention such as negative articles in newspapers or other periodical publications, local news programs, environmental justice issues, etc.
2.	<input type="checkbox"/>	<input type="checkbox"/>	Is this project part of a larger project?
Section II – Air Quality			
3.	<input type="checkbox"/>	<input type="checkbox"/>	Will there be any demolition, excavating, and/or grading construction activities that encompass an area exceeding 20,000 square feet?
4.	<input type="checkbox"/>	<input type="checkbox"/>	Does this project include the open outdoor storage of dry bulk solid materials that could generate dust? If Yes, include a plot plan with the application package.

¹ A "project" means the whole of an action which has a potential for resulting in physical change to the environment, including construction activities, clearing or grading of land, improvements to existing structures, and activities or equipment involving the issuance of a permit. For example, a project might include installation of a new, or modification of an existing internal combustion engine, dry-cleaning facility, boiler, gas turbine, spray coating booth, solvent cleaning tank, etc.

² To download the CEQA guidelines, visit http://ceres.ca.gov/env_law/state.html.

³ To download this form and the instructions, visit <http://www.aqmd.gov/ceqa> or <http://www.aqmd.gov/permit>

	Yes	No	
5.	<input type="checkbox"/>	<input type="checkbox"/>	Would this project result in noticeable off-site odors from activities that may not be subject to SCAQMD permit requirements? For example, compost materials or other types of greenwaste (i.e., lawn clippings, tree trimmings, etc.) have the potential to generate odor complaints subject to Rule 402 – Nuisance.
6.	<input type="checkbox"/>	<input type="checkbox"/>	Does this project cause an increase of emissions from marine vessels, trains and/or airplanes?
7.	<input type="checkbox"/>	<input type="checkbox"/>	Will the proposed project increase the QUANTITY of hazardous materials stored aboveground onsite or transported by mobile vehicle to or from the site by greater than or equal to the amounts associated with each compound on the attached Table 1?⁴
Section III – Water Resources			
8.	<input type="checkbox"/>	<input type="checkbox"/>	Will the project increase demand for water at the facility by more than 5,000,000 gallons per day? The following examples identify some, but not all, types of projects that may result in a “yes” answer to this question: 1) projects that generate steam; 2) projects that use water as part of the air pollution control equipment; 3) projects that require water as part of the production process; 4) projects that require new or expansion of existing sewage treatment facilities; 5) projects where water demand exceeds the capacity of the local water purveyor to supply sufficient water for the project; and 6) projects that require new or expansion of existing water supply facilities.
9.	<input type="checkbox"/>	<input type="checkbox"/>	Will the project require construction of new water conveyance infrastructure? Examples of such projects are when water demands exceed the capacity of the local water purveyor to supply sufficient water for the project, or require new or modified sewage treatment facilities such that the project requires new water lines, sewage lines, sewage hook-ups, etc.
Section IV – Transportation/Circulation			
10.			Will the project result in (Check all that apply):
	<input type="checkbox"/>	<input type="checkbox"/>	a. the need for more than 350 new employees?
	<input type="checkbox"/>	<input type="checkbox"/>	b. an increase in heavy-duty transport truck traffic to and/or from the facility by more than 350 truck round-trips per day?
	<input type="checkbox"/>	<input type="checkbox"/>	c. increase customer traffic by more than 700 visits per day?
Section V – Noise			
11.	<input type="checkbox"/>	<input type="checkbox"/>	Will the project include equipment that will generate noise GREATER THAN 90 decibels (dB) at the property line?
Section VI – Public Services			
12.			Will the project create a permanent need for new or additional public services in any of the following areas (Check all that apply):
	<input type="checkbox"/>	<input type="checkbox"/>	a. Solid waste disposal? Check “No” if the projected potential amount of wastes generated by the project is less than five tons per day.
	<input type="checkbox"/>	<input type="checkbox"/>	b. Hazardous waste disposal? Check “No” if the projected potential amount of hazardous wastes generated by the project is less than 42 cubic yards per day (or equivalent in pounds).
REMINDER: For each “Yes” checked in the sections above, attach all pertinent information including but not limited to estimated quantities, volumes, weights, etc.			

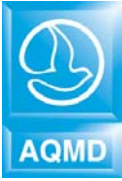
SIGNATURES

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS FORM IS A SCREENING TOOL AND THAT THE SCAQMD RESERVES THE RIGHT TO CONSIDER OTHER PERTINENT INFORMATION IN DETERMINING CEQA APPLICABILITY.

SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM:		TITLE OF RESPONSIBLE OFFICIAL OF FIRM:	
TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM:	RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER:	DATE Signed:	
SIGNATURE OF PREPARER, IF PREPARED BY PERSON OTHER THAN RESPONSIBLE OFFICIAL OF FIRM:		TITLE OF PREPARER:	
TYPE OR PRINT NAME OF PREPARER:	PREPARER'S TELEPHONE NUMBER:	DATE Signed:	

THIS CONCLUDES FORM 400-CEQA. INCLUDE THIS FORM AND THE ATTACHMENTS WITH FORM 400-A.

⁴ Table 1 – Regulated Substances List and Threshold Quantities for Accidental Release Prevention can be found in the Instructions for Form 400-CEQA. FORM 400-CEQA, Rev. 7/12/02



South Coast Air Quality Management District
 P. O. Box 4944
 Diamond Bar, CA 91765
 (909) 396-2000

Form 400-A and one or more 400-E-xx
 form(s) must accompany all submittals.

EXPRESS PERMIT PROCESSING REQUEST FORM FORM 400 - XPP

Section I - Facility/Application Information

1. Business Name: _____ Facility ID: _____
2. The requested application is for a(n): Date of Occurrence:
- a. New Construction
 - b. Change of Location
 - c. Modification of Equipment/Process
 - d. Existing Equipment with Expired Permit
 - e. Existing Equipment Operating without a Permit; Initial Operation Date: _____
 - f. Change of Condition(s); Specify the change of condition(s) requested: _____
 - g. Change of Operator; List previous name of operator and Facility ID #: _____
3. I hereby request Express Permit Processing for this application.
4. I understand that this request will incur additional fees.
5. This request is not cancelable once engineering review has been initiated.
6. Express Permit Processing neither guarantees action by any specific date nor does I guarantee permit approval.

Section II - Equipment Information

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.
 SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM: _____ TITLE OF RESPONSIBLE OFFICIAL OF FIRM: _____

TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM:	RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER	DATE SIGNED:
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I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.
 SIGNATURE OF PREPARER: _____ TITLE OF PREPARER: _____

TYPE OR PRINT NAME OF PREPARER:	PREPARER'S TELEPHONE NUMBER	DATE SIGNED:
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AQMD USE ONLY	APPLICATION/TRACKING # _____	PROJECT # _____	TYPE B C D	EQUIPMENT CATEGORY CODE: _____/____	FEE SCHEDULE: \$	VALIDATION
	ENG. A R DATE	ENG. A R DATE	CLASS I III IV	ASSIGNMENT UNIT ENGINEER	ENF. SECT.	CHECK/MONEY ORDER #