



YOLO-SOLANO AIR QUALITY MANAGEMENT DISTRICT

1947 Galileo Court, Suite 103; Davis, CA 95618

Phone (530) 757-3650; Fax (530) 757-3670

**GASOLINE/E85 STORAGE AND DISPENSING
SUPPLEMENTAL FORM 280**

For operation of gasoline or ethanol/E85 dispensing facilities. This form must be accompanied by an Authority to Construct (ATC) application form (Form 01) and the applicable filing fees.

After an ATC or Permit to Operate (PTO) is granted for any equipment, deviations from the approved plans are not permissible without first securing additional written approval for the changes from the Air Pollution Control Officer.

For assistance or clarification concerning permits, contact Engineering Staff at (530) 757-3650.

SECTION 1 - COMPANY INFORMATION

Company Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

SECTION 2 – FLOW DIAGRAM

A site specific flow diagram showing all fuel lines, vapor lines (including slope), dispensers, tanks, tank loading points, liquid condensate traps (AKA knockout pots), and pressure/vacuum valves.

SECTION 3 – FACILITY TYPE

Type of facility: Retail (including cardlock fueling) Non-Retail

SECTION 4 – EQUIPMENT

List all equipment at the facility used for gasoline, methanol, ethanol/E85, and diesel. If diesel throughput is less than 20,000 gallons/day, the diesel equipment does not need to be listed.

Storage Tank(s):

Number of Tanks: _____ Size: _____ Gallons

Make and Model: _____

Aboveground Belowground Type of fuel stored: _____

Number of Tanks: _____ Size: _____ Gallons

Make and Model: _____

Aboveground Belowground Type of fuel stored: _____

Number of Tanks: _____ Size: _____ Gallons

Make and Model: _____

Aboveground Belowground Type of fuel stored: _____

Number of Tanks: _____ Size: _____ Gallons
Make and Model: _____
 Aboveground Belowground Type of fuel stored: _____

Number of Tanks: _____ Size: _____ Gallons
Make and Model: _____
 Aboveground Belowground Type of fuel stored: _____

Dispenser(s):

Number of Gasoline Dispensers: _____
Make and Model: _____

Number of Methanol Dispensers: _____
Make and Model: _____

Number of Ethanol/E85 Dispensers: _____
Make and Model: _____

Number of Diesel Dispensers: _____
Make and Model: _____

Nozzle(s):

Number of Gasoline Nozzles: _____
Make and Model: _____

Number of Methanol Nozzles: _____
Make and Model: _____

Number of Ethanol/E85 Nozzles: _____
Make and Model: _____

Number of Diesel Nozzles: _____
Make and Model: _____

Pressure/Vacuum Valve(s):

Number of P/V Valves: _____
Make and Model: _____

Liquid Condensate Trap(s):

Number of Liquid Condensate Traps: _____
Location of visual/audible alarm: _____

Gasoline Vapor Processor:

- | | | |
|---|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Healy Clean Air Separator | <input type="checkbox"/> Veeder-Root Vapor Processor |
| <input type="checkbox"/> VST Membrane Processor | <input type="checkbox"/> Hirt VCS 100 Thermal Oxidizer | <input type="checkbox"/> VST Green Machine Processor |

ARID Permeator
AT-150 Processor

In-Station Diagnostics (ISD):

None Veeder-Root INCON

SECTION 4 – CONTROL EQUIPMENT

(list the applicable California Air Resources Board executive orders):

Balance Assist ORVR*

* Phase II vapor recovery is not required for E85 dispensing or non-retail gasoline dispensing facilities at which 95% or more of the vehicles refueled are equipped with onboard refueling vapor recovery (ORVR).

Phase I: _____ Phase II: _____

7.

Print and sign the name of person completing the form:

Print name: _____ Title: _____

Signature: _____ Date: _____

(ORIGINAL OR DIGITAL SIGNATURE REQUIRED)