



North Coast Unified Air
 Quality Management District
 707 L Street
 Eureka, CA 95501
 (707) 443-3093

FUEL DISPENSING AND STORAGE EQUIPMENT FORM 1306

(See Form 1306 Requirements and Instructions)
 Form 1300 must accompany this application.

Section I - Facility/Application Information

1. Legal owner/operator: _____
2. Facility name: _____
3. Facility address: _____
4. Is this application for a change in throughput condition? yes no
 - a. Date the throughput change will/did occur: ___/___/___
5. Operating Schedule: _____ hours/day _____ days/year

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"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- a. Provide Phase I CARB Executive Order Number (see Instructions): _____
- b. Are any of these storage tanks dual or multi-compartment? No Yes
 Identify each compartment in a separate row by tank number and letter (e.g. 1A, 1B, 1C, etc.).
- c. Will any of these storage tanks be located in a vault below grade? No Yes
- d. Will a condensate/vapor trap be installed in the vapor return line? No Yes
- e. Will the tank(s) at this site contain a remote fill? No Yes
- f. 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.

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 type="checkbox"/>	Existing <input type="checkbox"/>	Remove <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"/>

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

3. PLOT PLAN

For new construction, alterations, or vent pipe relocations, submit equipment location drawings which shall be to scale and shall show at least the following:

- a. the property line, an outline and identification of all buildings, and a North indicator;
- b. all adjacent streets and properties outside the property line. Identify adjacent properties by type of business or residential;
- c. the location and identification of proposed equipment on the property including all underground and aboveground tanks and tank compartments, all underground and aboveground vapor recovery and product piping with pipe diameters, and all islands, dispensers, and fueling positions; and
- d. details of dispenser nozzles, vapor return connectors, vent pipe locations, and vapor processing systems (if any). (Any vapor processing system being installed or operated must be of a type certified by the California Air Resources Board); and
- e. the distance and direction to the nearest residence or business from the center of operations, and to any K-12 school property boundary within 1000 ft of the vent pipe or other air contaminant emitting equipment.

4. 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)

5. 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 in Instructions for form 1306.

6. GASOLINE PRODUCT INFORMATION: COMPLETE BLANKS BELOW

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 ___

7. 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"/>			

8. 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		

9. For existing gasoline storage and dispensing systems and based on the following, please provide a copy of your **MOST recent** vapor recovery test results.
- Balance System Tests:
 - Static Pressure (Leak-Decay);
 - Dynamic Pressure (Back-Pressure); and,
 - Liquid Removal (if applicable).
 - Vacuum Assisted System Tests (Except Healy and Hirt Systems):
 - Static Pressure (Leak-Decay); and,
 - Air-to-Liquid Ratio (A/L).
 - Healy Vacuum Assisted System Tests:
 - Static Pressure (Leak-Decay);
 - Air-to-Liquid Ratio (A/L); and,
 - Vapor Return Line.
 - Vacuum Assisted Hirt System Test:
 - Air-to-Liquid Ratio (A/L).
 - For systems not mentioned, provide required test results as per that system's executive order.
10. Have you included the plot plan described in number 3 above with all required information? Yes No

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: / /
---------------------------------	--	------------------------

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 1306 IS INCOMPLETE, THE APPLICATION WILL BE RETURNED

FORM 1306 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 Authority to Construct Permit or to the information provided in this form without notifying the AQMD 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 a 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 1306 for each facility for new construction, alteration, change of permittee, change of permit condition, and reinstatement of expired permits. If the NCUAQMD 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 NCUAQMD Regulation 3, Rule 1-300. Checks or money orders should be made payable to the North Coast Unified Air Quality Management District. Send the completed application to: NCUAQMD, 2300 Myrtle Avenue, Eureka, CA 95501. Further information may be obtained by calling (707) 443-3093.
- C. For new construction, alterations, or vent pipe relocations, 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:
 - a. the property line, an outline and identification of all buildings, and a North indicator;
 - b. all adjacent streets and properties outside the property line. Identify adjacent properties by type of business or residential;
 - c. the location and identification of proposed equipment on the property including all underground and aboveground tanks and tank compartments, all underground and aboveground vapor recovery and product piping with pipe diameters, and all islands, dispensers, and fueling positions;
 - d. details of dispenser nozzles, vapor return connectors, vent pipe locations, and vapor processing systems (if any). (Any vapor processing system being installed or operated must be of a type certified by the California Air Resources Board); and
 - e. the distance and direction to the nearest residence or business from the center of operations, and to any K-12 school property boundary within 1000 ft of the vent pipe or other air contaminant emitting equipment.
- D. For all existing sites, submit annual gasoline throughput records and days of operation for the last two years.

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

VAPOR RECOVERY SYSTEMS:

NCUAQMD Regulation 1, Rule 1-400(a) regulates the transfer of gasoline 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.

NCUAQMD Regulation 3, Rule 1-400(b) regulates the transfer of gasoline 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). This provision does not apply to remote retail gasoline stations with an annual throughput of 100,000 gallons or less (see Rule for details).

For aboveground tanks and mobile refuelers dispensing gasoline the standard Phase I and Phase II vapor control systems must be installed for compliance.

UNDERGROUND TANKS AND PIPING:

All gasoline equipment shall be installed, equipped, and operated with CARB certified equipment (submerged fill tubes, spill boxes, etc.).

FORM 1306 INSTRUCTIONS

For Section II, #1a – UNDERGROUND STORAGE TANK INFORMATION

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.

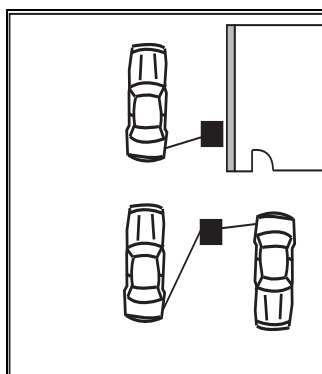
For Section II, #2, Column 5 – ABOVE GROUND STORAGE TANK INFORMATION

CONTROL TYPE CODES FOR PHASE II VAPOR RECOVERY SYSTEMS* (ABOVEGROUND TANKS)			
Above Ground Tank Vault	G-70-160	Healy Model 400-ORVR	G-70-187
Bryant	G-70-168	Hoover Fuelmaster	G-70-161
Containment Solutions Hoover Vault	G-70-194	LRS Fuelmaster	G-70-133-A
Convault	G-70-116-F	Lube Cube	G-70-148-A
Cretex Fuel Vault	G-70-195	Moiser Brothers	G-70-152
Ecovault (Balance)	G-70-157	P/T Vault	G-70-143
Ecovault (Vacuum Assist)	G-70-156	Petroleum Marketing	G-70-155
Enviro Vault	G-70-167	Petrovault	G-70-130
Firesafe	G-70-136	San Luis Firesafe	G-70-158-A
Fuelsafe	G-70-137	Steel Tank Fireguard	G-70-162-A
Guardian Containment Armor Cast	G-70-190	Supervault	G-70-132-B
Hasstech VCP-3A	G-70-175	Tank Vault	G-70-131-A

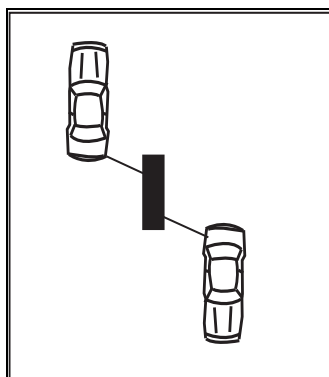
*If the system is not mentioned, provide CARB Executive Order (EO) Number.

For Section II, #4 - FUELING POSITIONS

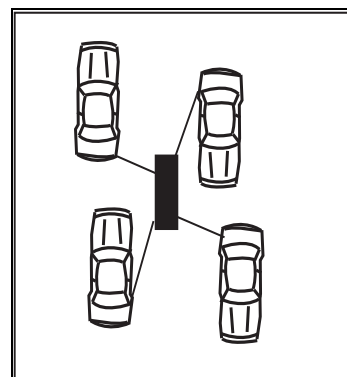
The number of fueling positions is equal to the number of nozzles that can mechanically and electronically be operated at the same time.



A. 3 Fueling Positions



B. 2 Fueling Positions



C. 4 Fueling Positions

For Section II, #5, Column 5 – NOZZLE INFORMATION

CONTROL TYPE CODES FOR PHASE II VAPOR RECOVERY SYSTEMS* (UNDERGROUND TANKS):		
Balance Hi Hose	Hasstech VCP-3A	Hirt VCS
Balance Retractor	Healy 400 ORVR	MCS (Gilbarco) Vapor Vac
Dresser/Wayne Wayne Vac	Healy 600	MCS w/ Catlow
Franklin Intellivac	Healy 600 ORVR	OPW Vapor EZ
Hasstech	Hirt Hi Hose	Tokheim Max Vac

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

For Section II, #6 - 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.

PLOT PLAN