



YOLO-SOLANO AIR QUALITY MANAGEMENT DISTRICT

1947 Galileo Court, Suite 103; Davis, CA 95616

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

**GASOLINE STORAGE & DISPENSING
APPLICATION INSTRUCTIONS AND SUPPLEMENTAL FORM 280**

For operation of gasoline dispensing facilities, please submit this completed form with an Authority to Construct (ATC) application form and the applicable filing fees.

After the ATC 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.

The filing fees for an initial ATC or for a modification of a gasoline dispensing facility which already has a District Permit to Operate (PTO) are listed in Form 06.

Please provide the following information:

1. A site specific flow diagram showing all fuel lines, vapor lines, dispensers, tanks, tank loading points, and pressure/vacuum valves.
2. Facility Name: _____
3. Equipment Location: _____
(Street Address) *(City)*
4. Type of facility: Retail Non-Retail
5. Distance to the nearest residence _____(feet) and nearest business: _____(feet)
6. Equipment (List all gasoline/methanol equipment at the facility, do not include diesel unless throughput exceeds 20,000 gallons/day):

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: _____

Dispenser(s):

Number of Gasoline Dispensers: _____
Make and Model: _____

Number of Methanol/Other Dispensers: _____
Make and Model: _____

Nozzle(s):

Number of Gasoline Nozzles: _____
Make and Model: _____

Number of Methanol/Other Nozzles: _____
Make and Model: _____

Pressure/Vacuum Valve(s):

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

7. Control Equipment (list the applicable California Air Resources Board executive orders):
 Balance Assist
Phase I: _____ Phase II: _____

8. Print and sign the name of the person completing this form:

Print: _____ Title: _____

Signature: _____ Date: _____
(ORIGINAL SIGNATURE REQUIRED. NO PHOTOCOPIES)