



EASTERN KERN AIR POLLUTION CONTROL DISTRICT

2700 "M" STREET SUITE 302, BAKERSFIELD, CA 93301-2370
 PHONE: (661) 862-5250 • FAX: (661) 862-5251 • www.kernair.org

**APPLICATION FOR AUTHORITY TO CONSTRUCT
 GASOLINE STORAGE AND DISPENSING FACILITY**

A \$130 filing fee is required for each Gasoline and Dispensing Operation, i.e., each product grade/tank at each separate facility location. Complete a separate form for each tank and dispensing system if each has a different type of Phase I and Phase II vapor recovery system.

Station / Billing Information

Business Name:	Site Operator:	Site Phone No:
Site Location/Address:	EKAPCD Permit No:	FAX:
City:	Zip:	Business E-mail Address:

Complete this box if Billing and Renewal should be sent to a different address

Business Site:	Billing Contact:	Billing Phone No:
Billing Address:	FAX:	
City:	State:	Zip:

Complete this box if application is being submitted by an outside agent And attach Assignment of Agent form

Contractor/Consulting Company:	Contact:	Contact Phone No:
Contractor/Consulting Address:	Contractor/Consulting E-mail Address:	
City:	State:	Zip:
FAX:		

Are you certified: Yes No If yes, please provide proof of certification or date it was previously provided:

Reason for Application (Check all that apply)

New Facility Modifying Existing Facility Other Violation (List Number): _____

Briefly describe project: _____

Business Type: Retail (REF) Non-Retail

Is this Facility within 1,000 feet of the outer boundary of a school? Yes No

Where should Authority to Construct be mailed? Site Address Billing Address Contractor/Consultant Address

DATE RECEIVED	Validation (for EKAPCD use)
	Filing Fee: \$ _____ Receipt No: _____ Date: _____

**PHASE I
Tank and Storage Equipment Information**

PHASE I Vapor Recovery Equipment Description

Component	Manufacturer	Model Number
Spill Containers		
Liquid Dust Cap		
Liquid Adaptor		
Vapor Dust Cap		
Vapor Adaptor		
Jack Screw Kit		
Face Seal Adaptor		
Drop Tube		
Drop Tube Overfill Prevention Device		
Remote Fill		
Tank Gauge Port Components		
Pressure/Vacuum Vent Valve		

PHASE I Executive Order No: _____

List Any Additional PHASE I Vapor Recovery Equipment

Component	Manufacturer	Model Number

Storage Tank Information: Complete and check the appropriate columns (Gasoline Only)

Tank No.	Fuel Type (Grade)	Tank Capacity (Gallons)	Above ground	Under ground	New	Existing	Compartment Sizes if Split Tank. List % Size and Grade		

Aboveground tanks must be CARB-certified for vapor control system proposed. If aboveground tanks are proposed, please specify manufacturer and model number: _____

If a tank is dual or multi-compartment list the compartments by tank number and letter (e.g. 1A, 1B, 1C, etc.) in the "Tank No" box. Express compartment sizes in % of total tank size (e.g. 50%, 25%, 25%) also list grade of fuel in each compartment (e.g. 85, 89, 91).

Maximum expected gasoline throughput: _____ gals. per month, _____ gals. per year.

PHASE II Dispensing Equipment Information

PHASE II Vapor Recovery Equipment Description

Component	Manufacturer	Model Number
Nozzle ¹		
Swivel		
Flow Limiter		
Vapor Check Valve		
Coaxial Hose		
Breakaway Coupling		
Dispenser		
Vapor Processor		
TLS Console (ISD Equipment) ²		

PHASE II Executive Order No: _____

1. All nozzles are required to be the same make and model.
2. ISD Equipment is only required if annual throughput is greater or equal to 600,000 gallons.

List Any Additional PHASE II Vapor Recovery Equipment

Component	Manufacturer	Model Number

Gasoline Dispenser Description and Site Plan

This application is for Gasoline dispensers and nozzles Only. Do Not include diesel-only dispensers or nozzles.

1. Identify which Figure from Attachment 1 most accurately represents your facility's configuration (fuel pump island locations). If Figures 1-10 in Attachment 1 do not accurately represent your facility then sketching the layout of your pump islands on Figure 11.
2. Identify the direction of North by placing an arrow pointing North in the *N* circle provided.
3. Identify each dispenser by placing an X on the approximate location on each island.

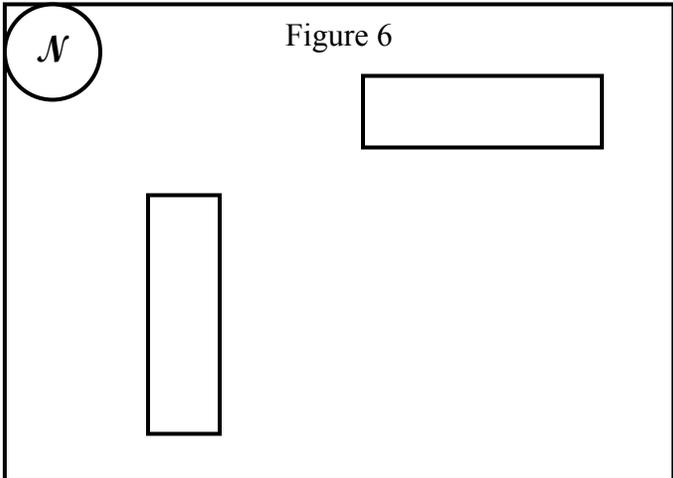
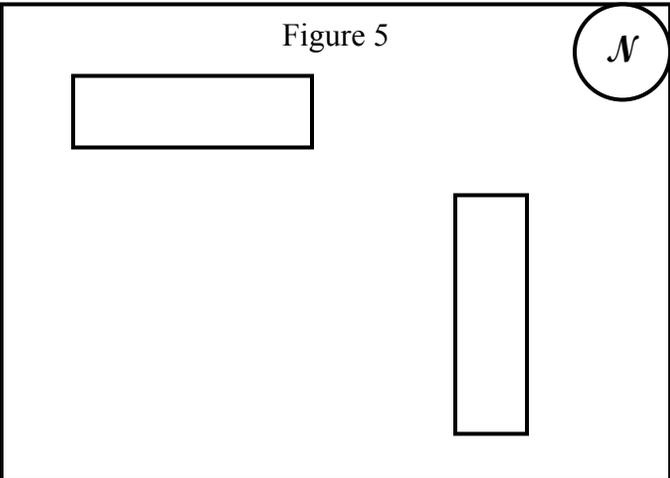
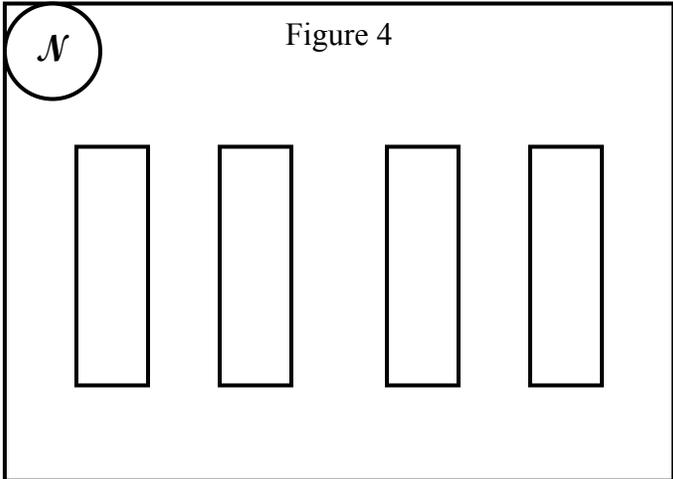
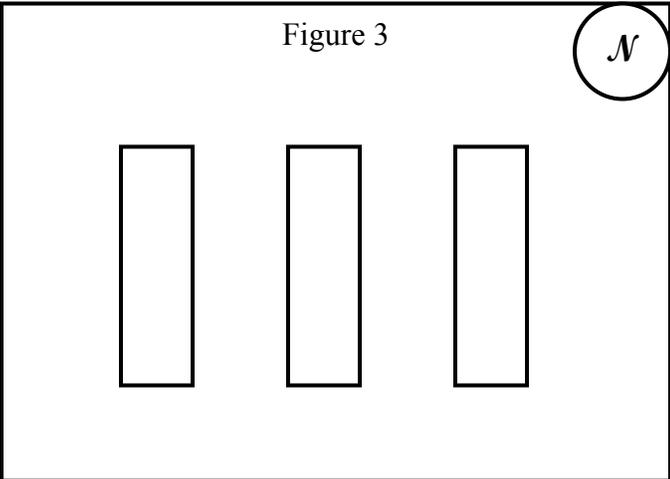
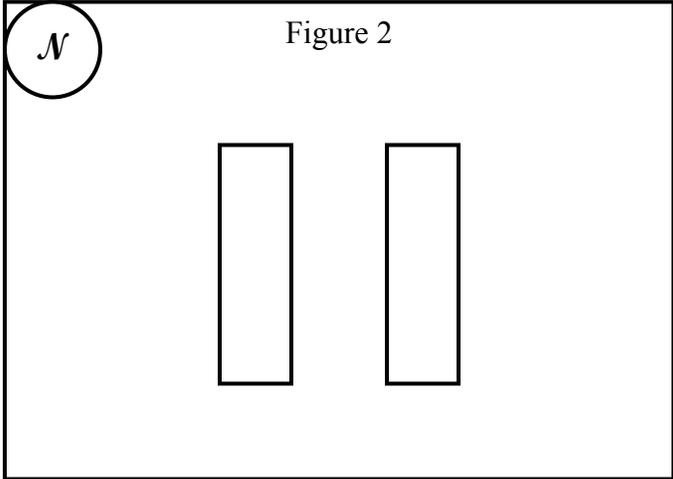
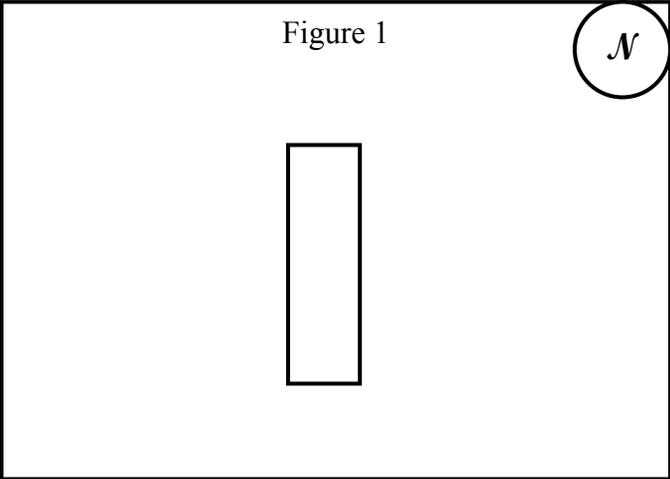
Figure from Attachment 1 that best resembles facility	Total number of Gasoline Dispensers at facility	Number of Gasoline Nozzles per dispenser

Name (Printed): _____ Title: _____

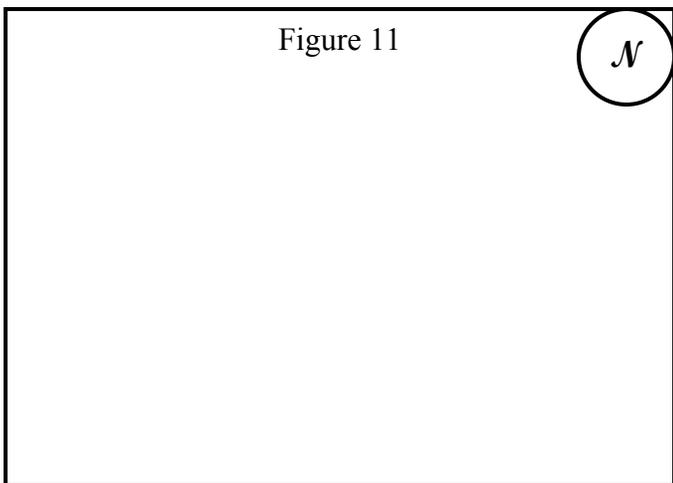
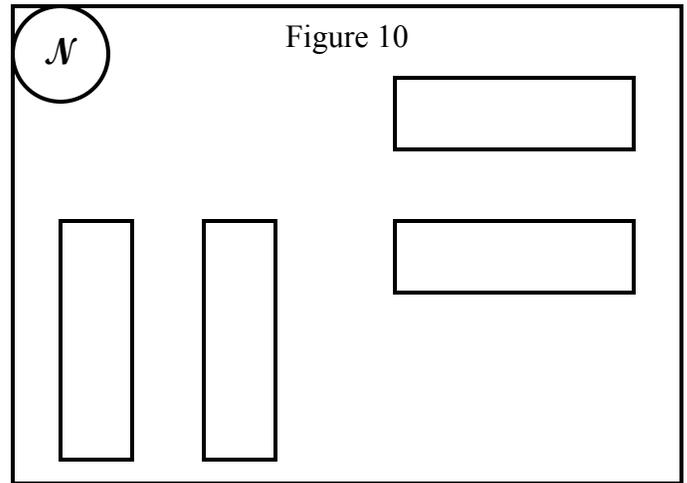
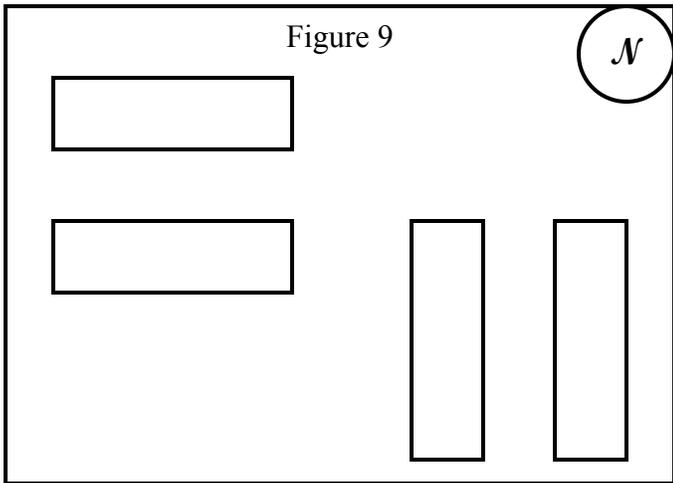
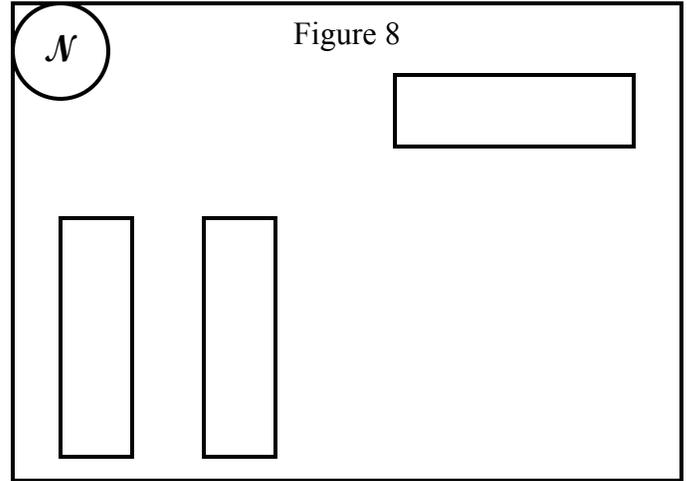
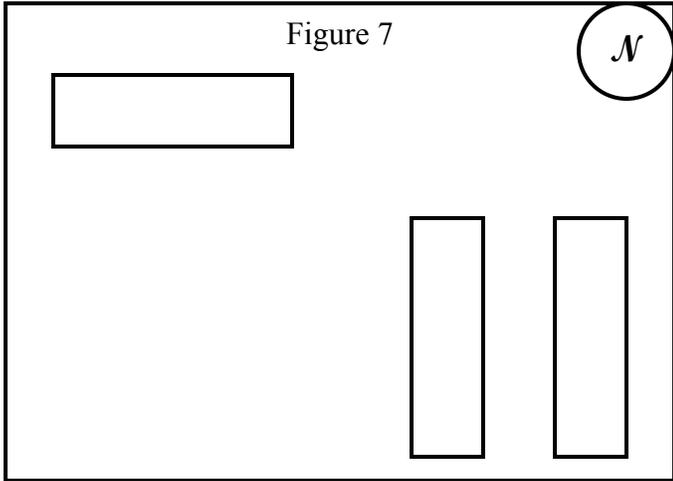
Signature: _____ Date: _____

(Signing party accepts full responsibility for fulfillment of Authority to Construct Conditions.)

ATTACHMENT 1
Facility Layouts
(Figures are not to scale)



ATTACHMENT 1
Facility Layouts
(Continued)





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**ENVIRONMENTAL INFORMATION FORM AND
INITIAL STUDY EVALUATION**

Applicant: _____

Contact: _____

Title: _____ **Phone:** _____

Project Description: _____

Environmental Information

Yes No Maybe

Will the proposed project with regard to the proposed location:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. Conflict with the adopted environmental plans and goals of the community? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have a substantial, demonstrable negative aesthetic effect? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Substantially affect a rare or endangered species of animal or plant or the habitat of the species? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Interfere substantially with the movement of any resident or migratory fish or wildlife species? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Substantially diminish habitat for fish, wildlife or plants? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Breach published national, state, or local standards relating to solid waste or litter control? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Substantially degrade water quality or contaminate a public water supply? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Substantially degrade or deplete ground water resources or interfere substantially with ground water recharge? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Disrupt or adversely affect a prehistoric or historic archeological site or a property of historic or cultural significance to a community or ethnic or social group; or a paleontological site except as part of scientific study? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Induce substantial growth or concentration of population? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Cause an increase in traffic which is substantial in relation to the existing traffic load and capacity of the street system? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Displace a substantial number of people? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Environmental Information

	<u>Yes</u>	<u>No</u>	<u>Maybe</u>
13. Encourage activities which result in the use of large amounts of fuel, water or energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Use fuel, water or energy inefficiently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Increase substantially the ambient noise level for adjoining areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Cause substantial flooding, erosion or siltation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Expose people or structures to major geologic hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Extend a sewer trunk line with capacity to serve new development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Disrupt or divide the physical arrangement of an established community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Create a potential public health hazard or involve the use, production, or disposal of materials which pose a hazard to people or animal or plant populations in the area affected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Conflict with established recreational, educational, religious or scientific uses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Convert prime agricultural land to non-agricultural use or impair the agricultural productivity of prime agricultural land?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Interfere with emergency response or evacuation plans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Violate any ambient air quality standard, contribute substantially to an existing or projected air quality violation, or expose sensitive receptors to substantial pollutant concentrations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Emits Greenhouse Gas (GHG) emissions greater than 25,000 tons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Please attach any pertinent explanatory information.

CERTIFICATION:

I hereby certify the statement furnished above and in attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief.

Print Signing Authority Name If Different: _____

Signature: _____ **Date:** _____