



**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](http://www.kernair.org)

**SUPPLEMENTAL APPLICATION  
GASOLINE STORAGE AND DISPENSING FACILITY**

**Complete and attach Assignment of Agent form if application is being submitted by an outside agent**

Business Name:	Owner's Name:	Phone No:
Is contractor certified: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide proof of certification or date if it was previously provided:		

**Reason for Application (Check all that apply)**

<input type="checkbox"/> New Facility <input type="checkbox"/> Modifying Existing Facility <input type="checkbox"/> Other <input type="checkbox"/> Violation (List Number): _____
Briefly describe project: _____
Business Type: <input type="checkbox"/> Retail (REF) <input type="checkbox"/> Non-Retail
Is this Facility within 1,000 feet of the outer boundary of a school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Where should Authority to Construct be mailed? <input type="checkbox"/> Site Address <input type="checkbox"/> Billing Address <input type="checkbox"/> Contractor/Consultant Address

**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: \_\_\_\_\_

**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 <sup>1</sup>		
Coaxial Hose		
Breakaway Coupling		
Dispenser		
Vapor Processor		
TLS Console (ISD Equipment) <sup>2</sup>		

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

**PHASE II Executive Order No:** \_\_\_\_\_

**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 the Facility Layout below that most accurately represents your facility's configuration (pump island locations). If Figures 1-10 in do not accurately represent your facility, use Figure 11 to sketch the layout of your pump island locations.
2. Identify the direction of North by placing an arrow pointing North in the  $\mathcal{N}$  circle provided.
3. Identify each dispenser by placing an X on the approximate location on each island.

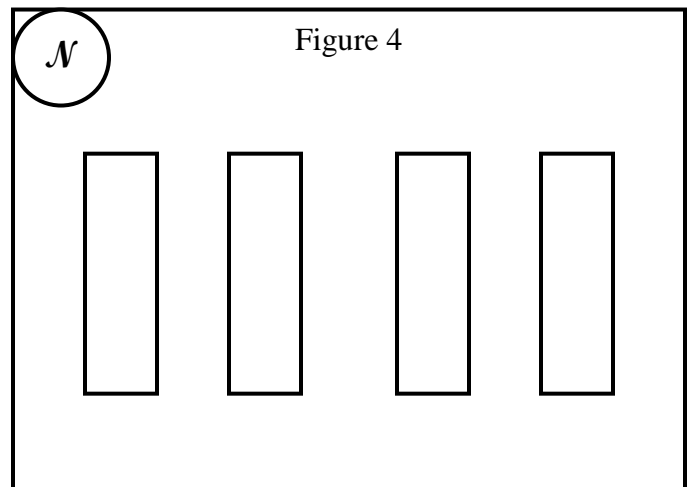
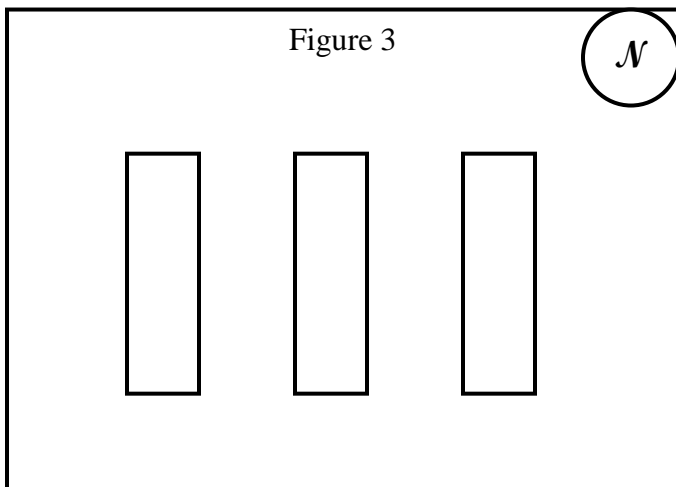
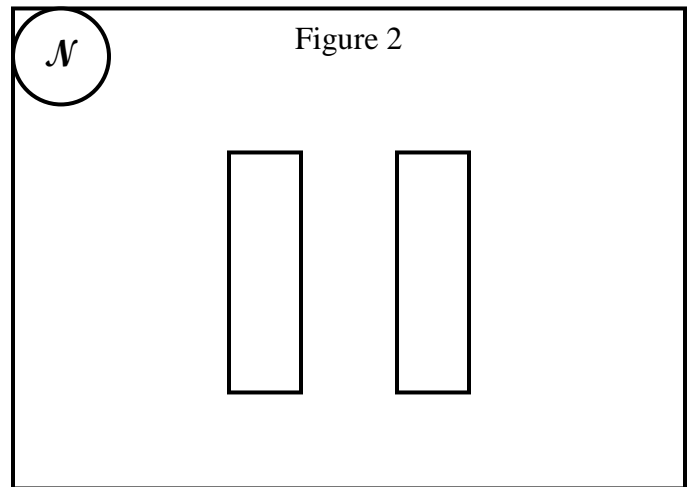
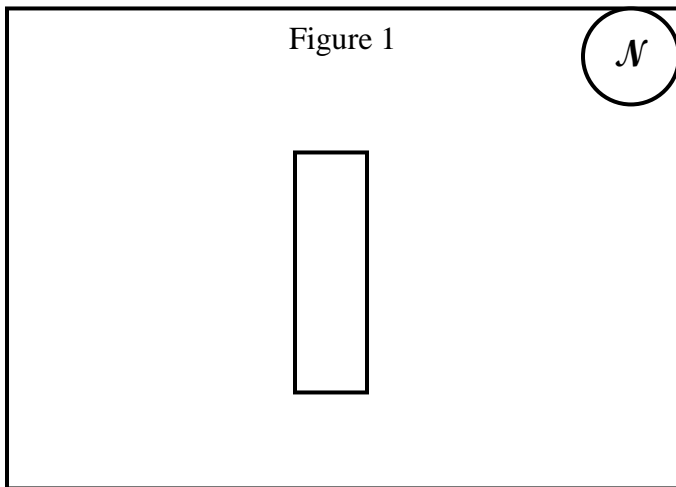
Figure from Attachment 1 that best resembles facility	Total number of Gasoline Dispensers at facility	Number of Gasoline Nozzles per dispenser

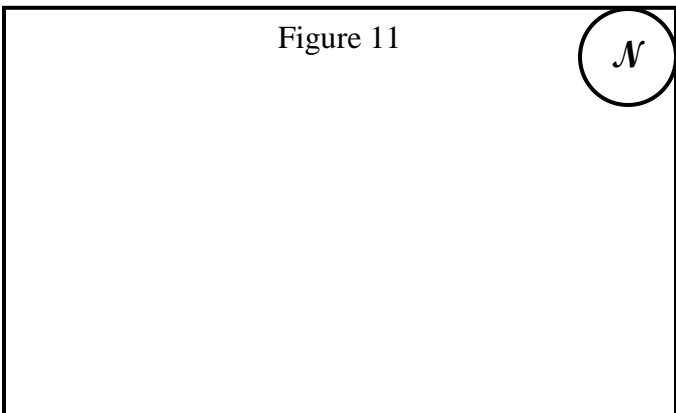
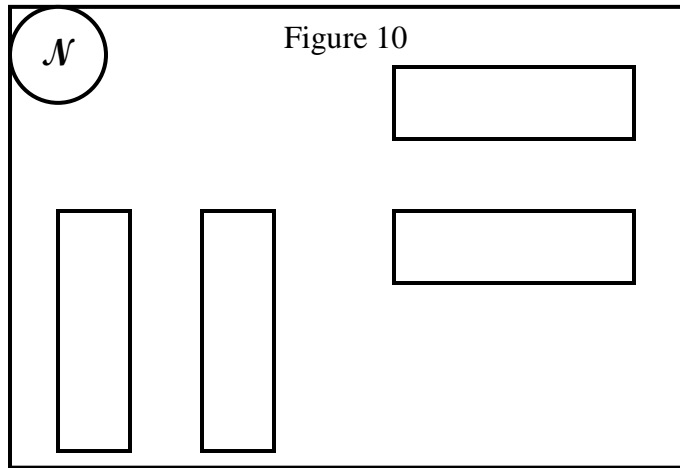
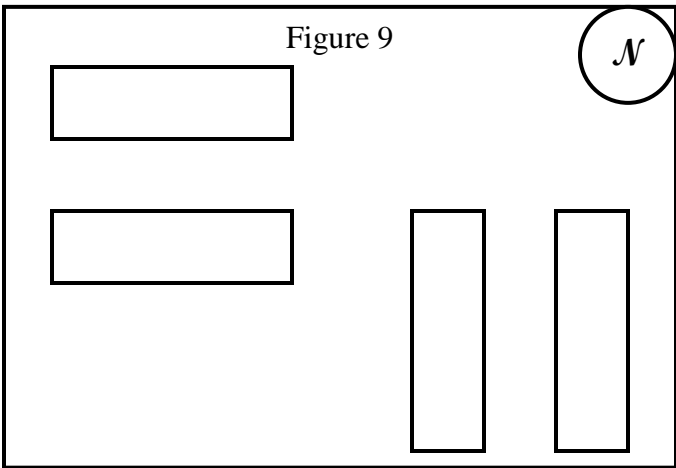
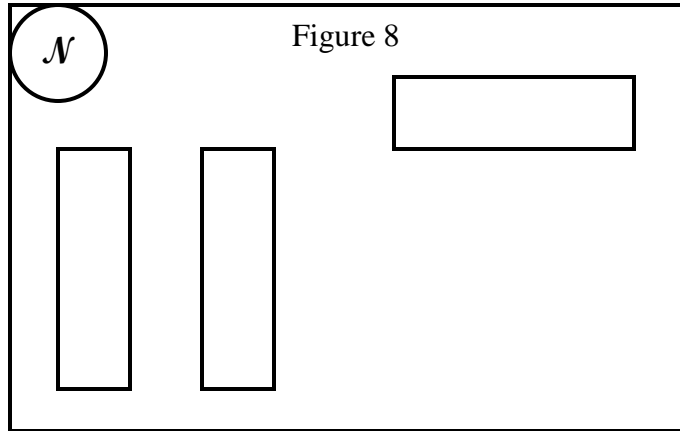
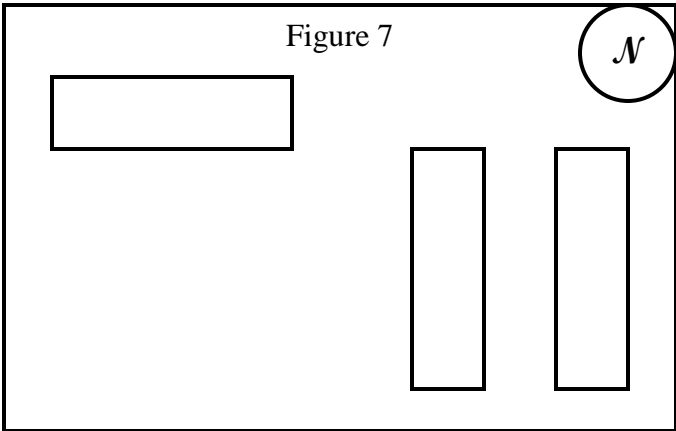
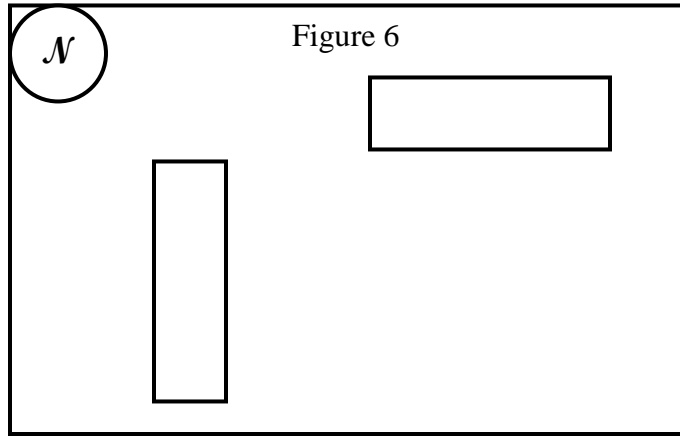
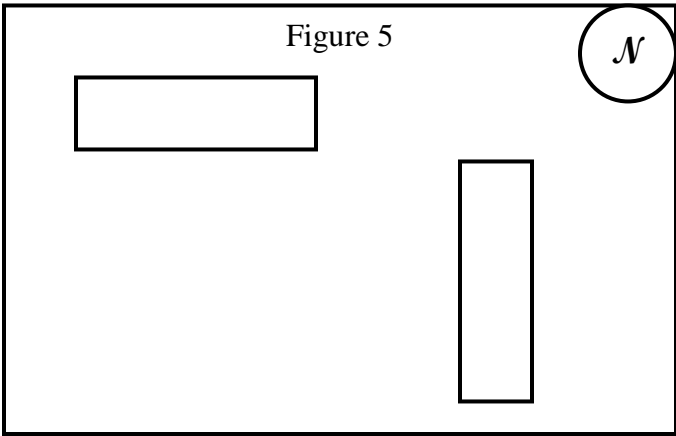
*Signing party accepts full responsibility for fulfillment of Authority to Construct Conditions.*

Name (Printed): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Facility Layouts (Figures are not to scale)





**GCUVGTP 'KERN AIR POLLUTION CONTROL DISTRICT  
I NGP G. UVGRJ GPU, APCO**



**APPLICATION FOR AUTHORITY TO CONSTRUCT  
AND PERMIT TO OPERATE**

**INSTRUCTIONS**

1. Checks or money orders shall be made payable to Gcuvgtp'Kern Air Pollution Control District. Filing fees apply toward initial Permit to Operate fee. Payment of initial permit fee, and application processing fee is required for issuance of an Authority to Construct (Rules 301 and 303).
  - a. A filing fee of \$130 paid by check or money order is required for each application. If the project is installation of gasoline storage tanks, a filing fee is required for each tank.
  - b. In the case of a Transfer of Ownership of a PTO where no alteration, addition or change of location is to occur, the filing fee is \$70 per permit. Documentation showing the transfer of ownership should also be provided; for example, escrow papers or a letter from the previous owner outlining the sale.
  - c. The ownership of an ATC is not transferable.
  - d. A transfer of location requires an ATC unless the original ATC or the current PTO has multiple locations.
2. A separate application is required for each distinct process consisting of the aggregation of equipment items operating together to perform a given function and having the potential to cause the emission of an air contaminant. Such a process may consist of one individual piece of equipment or several equipment items, including air pollution control devices, if any. Any given facility may require more than one Authority to Construct and Permit to Operate.
3. With each application for Authority to Construct and Permit to Operate, the following data, specifications, plans and drawings must be submitted:
  - a. **Equipment Location Drawing or Plot Plan** — Drawing or sketch submitted should show:
    1. Property involved and outlines of all buildings and structures on it. Property lines. Quarter Section, Township and Range.

2. Location and identification of proposed equipment on property.
  3. Whether property involved is within 1,000 feet of a school property boundary. If so, identify nearest school by name and address.
  4. Location of property with respect to streets and all adjacent properties. Identification of adjacent properties. If in a business district or residential area, show all buildings outside property, but within ¼ mile of property line. Identify all such buildings (residence, apartment building, warehouse, retail store, etc.). Indicate direction north on the drawing.
- b. **Equipment Description** — State: make, model, size, type, and serial number of entire unit or its major parts. List all electric motors (and electric horsepower rating) associated with all equipment.
  - c. **Process Description** — Each application must include a written description of each operation to be carried out in each process. Descriptions must be complete and in detail for all operations. Particular attention must be given to parts of process which may result in the emission of air contaminants. Similarly, operation of air pollution control equipment must be described in sufficient detail to allow the District to determine if it can be expected to consistently operate at required control efficiencies.
  - d. **Expected Emission of Air Contaminants** — Submit with each application calculated estimates of the emission of all air contaminants (criteria and toxic) from proposed equipment, including reference to source(s) of emission factors. Include test data (reference source) to support calculations. Well-documented, well-organized emissions calculations can expedite processing of applications. Failure to submit emissions calculations and supporting test data can significantly increase processing time.
  - e. **Operating Schedule** — Specify hours per day, days per week and months per year equipment is to be operated.
  - f. **Process Weight** — Detail type and total weight of each material charged to each operation on basis of pounds per hour or per other specified unit of time. Your Authority to Construct and Permit to Operate will be conditioned to limit process weight to specified amount.
  - g. **Fuels and Burners Used** — Indicate for gaseous fuel: source, type, heating value, sulfur content (total and as H<sub>2</sub>S), and maximum consumption (cubic feet per hour); for fuel oil: source, type, heating value, API gravity (degrees), sulfur content, nitrogen content, preheat temperature, temperature at which SSU viscosity is 150, type of atomization (steam, air or mechanical), amount (%) of excess combustion air to be utilized, and maximum consumption (gallons per hour); for solid fuels: type, heating value, sulfur content, ash content, and maximum consumption (pounds per hour). For all burners, indicate make, model, size, type, number of burners and maximum capacity of each burner.

- h. **Process and Instrumentation Diagram** — For continuous processes, show flow of materials and location and type of all instrumentation, including any stack gas monitors. Show all pertinent temperatures, pressures, volume flow rates and mass flow rates.
  - i. **Equipment Drawings** — Supply drawings, dimensioned and to scale, in plan, elevations and as many sections as are needed to show clearly design and operation of air pollution control devices. Drawings of basic equipment must be included if they are necessary for sizing and understanding operation of air pollution control equipment or if such equipment has potential air contaminant emission points. The following must be shown:
    - 1. **SCRUBBERS** — Interior dimensions of all parts; location and number of spray nozzles, if any; flow characteristics of nozzles (gpm @ psi); pump performance curves; mist eliminator performance data; scrubber liquid chemical analysis; and “blow-down” rate.
    - 2. **FABRIC COLLECTORS** — Dimensions of housing and compartments; number and size of filter tubes; filter media specifications (permeability, weave type, thread count, weight, etc.); cleaning mechanism specifications (air volume and pressure, reverse air flow valve arrangements, etc.); and fan performance curves.
    - 3. **INCINERATORS** — Dimensions of all components; refractory specifications; number, size, and model number for each burner; burner fuel specifications, including type, heating value, sulfur content, and maximum consumption; waste material specifications, including type, heating value, sulfur content, ash content, and maximum consumption; engineering design calculations showing expected gas residence time and combustion temperature.
    - 4. **ALL AIR POLLUTANT CONTROL EQUIPMENT** — Locations, size and shape details of all features that may affect collection or control of air contaminants of any kind.
  - j. All data and calculations used in selecting or designing any equipment that may cause emission of an air contaminant.
4. A completed environmental information form and initial study evaluation. The California Environmental Quality Act (CEQA) requires this form.



**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](http://www.kernair.org)

**APPLICATION FOR AUTHORITY TO CONSTRUCT, PERMIT TO OPERATE, EXEMPTION, AND BANKING CERTIFICATE**

**Company/Billing Information**

Business Name to Appear on Permit:		Owner's Name:	Phone No:
Mailing Address:		Business E-mail Address:	
City:	State:	Zip:	Fax No:

**Equipment Location**

Street Address:	City:	Zip:
General Nature of Business:		S.I.C. CODE(S) <i>If Known</i> :
Assessors' Parcel No: _____ OR _____ /4 SECTION _____ TOWNSHIP _____ RANGE _____		

**Application Type**

*See ATC/PTO Instructions for appropriate filing fee*

<input type="checkbox"/> Authority To Construct (ATC)	<input type="checkbox"/> Permit To Operate (PTO)	<input type="checkbox"/> Change of Business Name
<input type="checkbox"/> ATC – Modification	<input type="checkbox"/> PTO – Modification	<input type="checkbox"/> Exemption
<input type="checkbox"/> ATC – Renewal	<input type="checkbox"/> PTO – Transfer of Ownership	<input type="checkbox"/> Exemption Renewal
<input type="checkbox"/> Transfer of Location	<input type="checkbox"/> Title V Initial/Renewal/Modification	<input type="checkbox"/> Banking Certificate

**Description of Equipment or Modification for which application is made (include Permit #'s if known)**

<p>_____</p> <p>_____</p> <p>_____</p>	<p>Use Additional Sheets if Necessary</p>
--	---

**Check all that apply**

Is this Facility within 1,000 feet of the outer boundary of a school? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have all necessary land-use authorizations been obtained? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO" attach explanation)
Is there any other equipment in the EKAPCD jurisdiction operated by the same operator? <input type="checkbox"/> YES <input type="checkbox"/> NO
Is this application being submitted as the result of a Notice of Violation or Notice to Comply? <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, NOV/NTC #: _____
Is this equipment portable AND will it be operated at different locations within EKAPCD jurisdiction? <input type="checkbox"/> YES <input type="checkbox"/> NO

Print Contact Name: \_\_\_\_\_ Consultant?  YES  NO If YES, please attach Assignment of Agent

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Print Signing Authority Name If Different: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>DATE RECEIVED</b>	<b>Validation (for EKAPCD use)</b>
	ATC No: _____ Filing Fee: \$ _____
	Equip Dscrpt: _____ Receipt No: _____
	Equip Code: _____ Date: _____





## 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](http://www.kernair.org)

### 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**

**Yes**    **No**    **Maybe**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 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:** \_\_\_\_\_



**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](http://www.kernair.org)

**ASSIGNMENT OF AGENT**

(To be submitted by the person designating an agent)

By means of this article and my signature hereon I, \_\_\_\_\_ do hereby:

1. Designate \_\_\_\_\_ as my agent for purposes of signing and filing all applications for EKAPCD Authority to Construct (ATC) and Permit to Operate (PTO), including submission of application support materials and data;
2. Certify that I am legally bound to implement all commitments made by this agent in the process of obtaining any and all ATC's and PTO's;
3. Certify that I am legally liable if any ATC or PTO obtained by this agent is not implemented in strict accordance with conditions of approval and commitments made in application(s) for said ATC's and PTO's;
4. Agree to immediately notify, in writing, EKAPCD in the event the designee specified above ceases to function as my agent; and
5. Certify that I cannot transfer the ownership of any ATC or PTO obtained by this agent without first obtaining approval from the Air Pollution Control Officer pursuant to Rule 203 (Transfer) of the EKAPCD Rules and Regulations.

**Agent Information**

Agent's Name:		Agent's Title:	
Name of Agency:		Phone:	Fax:
Mailing Address:		E-mail Address:	
City:		State:	Zip:

**If the organization is a corporation, please attach a copy of the corporate minutes (or resolution) authorizing you to designate the referenced party as an agent to act on behalf of the corporation.**

**Owner/Operator Information**

Business Name:		Responsible Official's Name:	
Mailing Address:		E-mail Address:	
City:	State:	Zip:	Phone:

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_