



# BENTON CLEAN AIR AGENCY

## NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL FOR INSTALLATION / MODIFICATION OF AN AIR POLLUTION SOURCE

### Gasoline Dispensing Facilities

*For Agency Use Only*

Fee Recd: \_\_\_\_\_

**NOC #:** \_\_\_\_\_

#### 1. General Information

Facility Owner / Operator: _____ Company Name: _____ Facility Location Address _____  Contact Person: _____ Phone: _____ Fax: _____ E-mail: _____	Applicant Name: _____ Applicant Address _____  Contact Person: _____ Phone: _____ Fax: _____ E-mail: _____
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#### 2. Installation Information

Installer Company Name: _____ Installation Address _____  Contact Person: _____ Phone: _____ Fax: _____	Fuel Distributor Name and Address _____  Contact Person: _____ Phone: _____ Fax: _____
Type of business: <input type="checkbox"/> New <input type="checkbox"/> Existing Facility registered with BCAA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated completion date: _____
If this is a new facility, what is the anticipated annual throughput (gal/year)? gasoline _____ diesel _____ If this is an existing facility, what was the annual throughput last year (gal/yr)? gasoline _____ diesel _____	
Building dimensions (LxWxH): _____	Dist. from pumps' center to nearest prop. line: _____
No. of dispensers being installed: _____	No. of fueling positions being added: _____

#### 3. Operation Information

Daily Operating Hours from _____ to _____	Days of Operation <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa	Weeks of Operation (per year)
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#### 4a. Stage I Vapor Recovery System – Single Point (Coaxial) System

Part Description	Manufacturer and Model Number
Coaxial Fill Tube: Spring-loaded fill tube? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Coaxial Fill adapter	
Fill Cap	
Spill Container	
Extractor Assembly (if overfill protection is installed)	

**4b. Stage I Vapor Recovery System – Two (Dual) Point System**

Part Description	Manufacturer and Model Number
Float Vent Valve (if overfill protection is installed)	
Fill Tube	
Fill Adapter	
Vapor Adapter	
Vapor Cap	
Fill Tube	
Extractor Assembly (if overfill protection is installed)	
Float Vent Valve (if overfill protection is installed)	

**5. Stage II Vapor Recovery System**

Will Stage II plumbing be installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will Stage II vapor recovery be used? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**6. Fuel Storage Tanks**

	Tank 1	Tank 2	Tank 3
Size			
Contents			

**7. Other Information**

<ul style="list-style-type: none"> <li>▪ Scaled site plan showing locations of building(s), pump islands, tanks, Stage II vapor recovery line (if applicable), and property lines (REQUIRED)</li> <li>▪ Environmental Checklist (SEPA) or DNS (REQUIRED) SEPA Date _____ or DNS Date _____ Agency issuing Environmental Determination _____</li> </ul>
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**8. Owner, Operator, or Responsible Agent Signature**

I hereby certify that the information contained in this application, including any attached supplemental information, is to the best of my knowledge complete and correct.

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

\_\_\_\_\_  
Printed Name Phone Number