



AIR QUALITY MANAGEMENT DISTRICT

306 EAST GOBBI STREET
UKIAH, CA 95482
(707) 463-4354

AIR QUALITY APPLICATION FORM # 207.10

Section I TYPE OF APPLICATION

- | | | |
|--|--|--|
| <input type="checkbox"/> Authority to Construct | <input type="checkbox"/> Transfer of Location | <input type="checkbox"/> Registration of Equipment |
| <input type="checkbox"/> Permit for Existing Equipment | <input type="checkbox"/> Transfer of Ownership | <input type="checkbox"/> Modification of Permit-
Previous Application # |
| <input type="checkbox"/> Permit Update | | |

Section II APPLICATION INSTRUCTIONS (Also review List & Criteria)

- A. This application must be filled out completely with all statements answered. Please type or print in black or blue ink. For permitting assistance please call the District office at 463-4354.
- B. Applications must be accompanied by one copy of each plan, specification, and drawing required. The District may request additional information.
- C. This application must be signed by the owner/operator or a responsible member of the organization that is to operate the equipment for which the application is made.
- D. Incomplete applications will delay the review process.
- E. Mail the application to: Mendocino County AQMD, 306 E Gobbi Street Ukiah, CA, 95482
- F. Construction and/or operation prior to obtaining a permit from the District is a violation of District Regulations and subject to penalties as defined in Regulation 1, Rule 1-300(i)

Section III APPLICANT INFORMATION

Name of Business or Organization (DBA)

Permit Will be Issued to:

Legal Owner (if different from DBA)

Type of Ownership: Corporation Partnership Sole Proprietor Government Agency Other _____

Nature of Business

Mailing Address, City, State, Zip:

Address Where Equipment is Located:

Equipment or Process Name: *Gasoline Storage Tanks, Associated Dispensing Equipment, and Vapor Recovery Systems*

Section IV PROCESS DESCRIPTION

Describe Process (Include Process Flow Diagram, form attached) (List equipment on Page 2):

Describe Associated Processes (Separate Applications may be required i.e. Spray Booth, IC Engine, etc.):

Estimated Annual Material Processed (Gallons/Yr.)

Operation Schedule: Hrs/Day: _____ Days/Week: _____ Weeks/Year: _____

Estimated Construction Starting Date:

Completion Date:

Section V AUTHORIZED FACILITY REPRESENTATIVE INFORMATION

Signature of Owner/Operator _____ Date _____

Name (Please Print)

Title

Telephone Number

(District Use Only) *District Receipt Stamp:*

Application #:

Facility ID #:



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VAPOR RECOVERY SYSTEM APPLICATION EQUIPMENT LIST

Section VI EQUIPMENT INFORMATION

Gasoline Storage Tanks:

Type of Gasoline	Tank Size	Existing Tanks <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Fill Pipes: <input type="checkbox"/> Storage Below Ground
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Storage Above Ground
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

- Discharge to within 6 inches of bottom of tank, if top filled
- Discharge to within 18 inches of bottom of tank, if side filled
- Floating Roof

Phase I: Type: Two Point Coaxial Make: _____ Model #: _____

CARB Executive Order #: _____ CARB Exhibit #: _____

Spill Container: Product:	Make:	Model #:
Spill Container: Vapor	Make:	Model #:
Spill Container Lid:	Make:	Model #:
Debris Bucket:	Make:	Model #:
Product Adaptor:	Make:	Model #:
Vapor Adaptor:	Make:	Model #:
Riser Adaptor:	Make:	Model #:
Dust Cap - Product:	Make:	Model #:
Dust Cap - Vapor:	Make:	Model #:
Pressure/Vacuum Vent Valve	Make:	Model #:
Ball Float Vent Valve:	Make:	Model #:
Drop Tube - Product:	Make:	Model #:
Drop Tube Overfill Prevention Device:	Make:	Model #:
Other vapor recovery system equipment:	Make:	Model #:

Phase II: Type: Balance Vacuum Assist Make: _____ Model #: _____

CARB Executive Order #: _____ CARB Exhibit #: _____

Number of Dispensers Type 1	Make:	Model #:
Number of Dispensers Type 2:	Make:	Model #:
Number of Nozzles Type 1:	Make:	Model #:
Number of Nozzles Type 1:	Make:	Model #:
Hose Length:	Make:	Model #:
High Hose Retractor:	Make:	Model #:
Breakaway Type:	Make:	Model #:
Breakaway Length:	Make:	Model #:
Other vapor recovery system equipment:	Make:	Model #:



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Duplicate this page as necessary for each diagram.

Section VIII

FACILITY AND PROCESS FLOW DIAGRAM

Include adjacent buildings and streets on facility drawings.

Include all associated processes on process flow diagrams.

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