

## SPOKANE REGIONAL CLEAN AIR AGENCY

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Website - [www.spokanecleanair.org](http://www.spokanecleanair.org)

### NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL FOR INSTALLATION / MODIFICATION OF

### STAGE I and/or II VAPOR RECOVERY AT GASOLINE DISPENSING FACILITIES

*This Notice of Construction (NOC) application must be accompanied by the required \$2,290.00 base fee for the project. Additional NOC review fees will be invoiced after the NOC review is complete. See Spokane Clean Air's current fee schedule for applicable NOC fees.*

For Agency Use Only

NOC # \_\_\_\_\_

#### 1. GENERAL INFORMATION

Owner / Operator: _____ Name of Business: _____ Business address: _____	Applicant: _____ Applicant's address: _____
Contact person: _____	Contact person: _____
Business phone #: _____ Business fax #: _____ Business e-mail: _____	Applicant's phone #: _____ Applicant's fax #: _____ Applicant's e-mail: _____

#### 2. FACILITY / INSTALLATION INFORMATION

Installation address: _____  Installation phone #: _____ Contact person: _____	Installer name and address: _____  Installer's phone #: _____ Installer's fax #: _____ Installer's e-mail: _____ Contact person: _____
If new facility, anticipated annual throughput = _____ gallons gasoline / year If existing facility, annual throughput in 20____ = _____ gallons gasoline / year	
Type of facility: <input type="checkbox"/> New <input type="checkbox"/> Existing	Facility registered with SRCAA? <input type="checkbox"/> Yes <input type="checkbox"/> No
Daily operating hours: from _____ to _____	Estimated date of completion: _____
Days of operation: (circle) <b>S M T W Th F S</b>	Weeks per year: _____
Distance from centroid of pumps to nearest residential property line: (ft) _____	
Number of dispensers being installed: _____	Number of gasoline fueling positions being added to this installation: _____

#### 3. STAGE II VAPOR RECOVERY SYSTEM \*

Will Stage II vapor recovery plumbing be installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will Stage II vapor recovery system be used? <input type="checkbox"/> Yes* <input type="checkbox"/> No
<b>*If Stage II will be installed at the site, then complete the Stage II Attachment "A".</b>	

(OVER)

Revised4/18/11

**4. TANK INFORMATION** (note that coaxial systems are allowed only for replacement of existing gasoline service coaxial systems)

Tank #1	Fuel Type:	Capacity in gallons:	Vapor Balancing System: <input type="checkbox"/> two-point <input type="checkbox"/> single-point (coaxial)
Tank #2	Fuel Type:	Capacity in gallons:	Vapor Balancing System: <input type="checkbox"/> two-point <input type="checkbox"/> single-point (coaxial)
Tank #3	Fuel Type:	Capacity in gallons:	Vapor Balancing System: <input type="checkbox"/> two-point <input type="checkbox"/> single-point (coaxial)
Tank #4	Fuel Type:	Capacity in gallons:	Vapor Balancing System: <input type="checkbox"/> two-point <input type="checkbox"/> single-point (coaxial)

**5. STAGE I VAPOR RECOVERY SYSTEM**

<input type="checkbox"/> Dual Point <input type="checkbox"/> Coaxial   (Only CARB EVR certified Stage I systems may be installed on new facilities)	
CARB Executive Order for the Stage I system:	
<input type="checkbox"/> OPW System (Executive Order VR-102) <input type="checkbox"/> EBW System (Executive Order VR-103) <input type="checkbox"/> CNI System (Executive Order VR-104)	<input type="checkbox"/> Phil-Tite System (Executive Order VR-101) <input type="checkbox"/> Other: _____ (system manufacturer and CARB Executive Order)
(CARB Executive Orders list the compatible adapters, fill tubes, P/V vents, etc., and can be viewed at <a href="http://www.arb.ca.gov/vapor/eo">http://www.arb.ca.gov/vapor/eo</a> .)	
PART DESCRIPTION	MANUFACTURER AND MODEL NUMBER
Fill Tube or Coaxial Fill Tube (If Coaxial fill tube, is fill tube spring loaded?) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fill Adapter or Coaxial Fill Adapter	
Fill Cap	
Vapor Adapter	
Vapor Cap	
P/V Vent	
Extractor Assembly	
Spill Container Drain Valve and/or Overfill Prevention Device	

**6. OTHER INFORMATION - ATTACH THE FOLLOWING TO THIS APPLICATION**

<ul style="list-style-type: none"> <li>Scaled site plan showing locations of: building(s), pump islands, tanks, Stage II vapor recovery lines (if applicable), and property lines</li> </ul>
<ul style="list-style-type: none"> <li>Environmental Checklist (SEPA) / DNS (<b>required</b>)   SEPA date _____   DNS date _____</li> </ul>

**OWNER, OPERATOR, OR RESPONSIBLE AGENT SIGNATURE:**

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION, INCLUDING SUPPLEMENTAL FORMS AND DATA, IS TO THE BEST OF MY KNOWLEDGE COMPLETE AND CORRECT.

Type or Print Name	Title
Signature	Date

FOR AGENCY USE ONLY <b>Approved by the Spokane          Regional Clean Air Agency          pursuant to conditions of          approval specified in the          Approval Order</b>
_____ <b>CONTROL OFFICER</b>
Date _____
Comments _____