



GASOLINE DISPENSING FACILITY PROCESS

Facility Name: _____

1. FACILITY DETAILS.

Nature of Business:

- | | |
|---|---|
| <input type="checkbox"/> Retail service station | <input type="checkbox"/> Retail bulk plant cardlock |
| <input type="checkbox"/> Non-retail vehicle fleet | <input type="checkbox"/> Non-retail commercial business |
| <input type="checkbox"/> Car rental service | <input type="checkbox"/> Other: _____ |

Fuel to be dispensed:

- Gasoline E85 Gasoline Diesel Other: _____

Storage tank description:

- Will this component be modified? Yes (if checked, please indicate the configuration once the work is completed). No
- Underground Aboveground If aboveground: Remote Fill Non-remote Fill
 Liquid condensate trap

Tank #	Volume (gallons) and fuel type (i.e. 10,000 gal gasoline)	Split tank?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Maximum annual throughput: _____ gallons/year of (list fuel type): _____

2. PHASE I ENHANCED VAPOR RECOVERY

- Will this component be modified? Yes (if checked, please indicate the configuration once the work is completed). No
- Phil-Tite (VR-101) OPW (VR-102) EMCO Wheaton (VR-105) Other: _____

3. PHASE II ENHANCED VAPOR RECOVERY

- Will this component be modified? Yes (if checked, please indicate the configuration once the work is completed). No
- Balance System Vacuum Assist System Applicable Executive Order: _____

Number of nozzles: _____ Manufacturer: _____ Model: _____
 Length of curb hoses (ft): _____ Manufacturer: _____ Model: _____
 Number of dispensers: _____ Manufacturer: _____ Model: _____

4. PRESSURE MANAGEMENT SYSTEM

- Will this component be modified? Yes (if checked, please indicate the configuration once the work is completed). No
- Franklin Fueling Systems Clean Air Separator ARID Permeator
 Veeder Root Vapor Polisher HIRT VCS 100 Thermal Oxidizer
 Other: _____

5. IN-STATION DIAGNOSTICS

- Will this component be modified? Yes (if checked, please indicate the configuration once the work is completed). No
- In Station Diagnostics? Yes No INCON Veeder Root
- Current version # (if existing; listed on daily report): Proposed version # (new installations and software upgrades):

6. CONTRACTOR INFORMATION

Installation contractor: <input style="width: 200px; height: 30px;" type="text"/>	EVR testing contractor: <input style="width: 200px; height: 30px;" type="text"/>
License Class: _____	License Class: _____
License #: _____	License #: _____
Email: _____	Email: _____
Phone #: _____	Phone #: _____

Same as installation contractor

7. REQUIRED ATTACHMENTS

- Scope of work Tank plans Piping plans Site plans Vapor recovery equipment list