

Notification

AGENCY USE ONLY	Date	Reg. #	NOC #
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For which of the following actions are you submitting this application (required):

- installation or replacement of gasoline storage tanks >1000 gallons capacity
- installation or replacement of the existing Stage 1 vapor recovery system
- installation of additional dispensers
- installation or replacement of the existing dispensers (Stage 2 vapor recovery system)
- installation of a vapor recovery system that deviates from a current CARB Executive Orders

Note: A Notice of Construction application is not required if a Notification is filed prior to initial startup and the equipment is installed in accordance with current CARB Executive Orders.

Business Information

Facility Name as it appears on outside of building		Average Annual Gasoline Throughput (gal/year)	Required
Date assumed operation of gasoline station (month/day/year)			
Site Address (incl. city, state, zip)			
Site Contact		Site Phone #	
Company Name	Cell Phone #	E-mail	
Mailing Address (incl. city, state, zip)			

Installer Information

Company	Contact
Phone #	Installation Date
Certification #	

Applicant Information

Company	Applicant		
Phone #	E-mail	Fax #	
Mailing Address (incl. city, state, zip)			
I, the undersigned, do hereby certify that the information in this Notification is, to the best of my knowledge, accurate and complete.			
Signature		Date	

Your application must be accompanied by a \$100 filing fee. If you want to pay by credit card, please call Andrea King at (206) 689-4014.

New Gasoline Storage Tanks and Stage 1 Vapor Recovery Systems

<input type="checkbox"/> Below Ground Tank <input type="checkbox"/> Above Ground Tank	<input type="checkbox"/> Phil-Tite with E-85 Components (VR-101-*) <input type="checkbox"/> OPW (VR-102-*) <input type="checkbox"/> EBW (VR-103-*) <input type="checkbox"/> CNI (VR-104-*) <input type="checkbox"/> EMCO Wheaton (VR-105-*) * = Most current version of CARB EO at date of application
List each gasoline storage tank, product stored and capacity (gal) (i.e. Tank 1, unleaded gas, 12,000 gallons, etc.)	

New Dispensers and Stage 2 Vapor Recovery Systems

Number of Dispensers, #: <input type="checkbox"/> High Hang <input type="checkbox"/> Low Hang/Side Mount	Number of Nozzles, #: Select appropriate Make & Model listed in Stage 2 system selection below. If the particular nozzle type is not listed below, please provide make/model here:
Make & Model of Dispensers <input type="checkbox"/> Gilbarco Encore <input type="checkbox"/> Gilbarco Eclipse <input type="checkbox"/> Wayne Vista <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Gilbarco Advantage <input type="checkbox"/> Wayne Ovation <input type="checkbox"/> Schlumberger 4000 Series	
<input type="checkbox"/> If applicant is requesting an annual gasoline throughput limit of 200,000 gallons per year, please attach documentation showing the number of gallons purchased over the last 12-month period	
<u>Vapor Balance System & Nozzles</u> VST EVR System (VR-203-*) <input type="checkbox"/> VST-EVR-NB <input type="checkbox"/> VST-EVR-NB-R VST EVR System with ISD (VR-204-*) <input type="checkbox"/> VST-EVR-NB <input type="checkbox"/> VST-EVR-NB-R ORVR-compatible Balance System (G-70-52-AM) <input type="checkbox"/> Emco Wheaton (A4005, A4007 or A4015), EZ-Flo (11VF, 5005, 5007 or 5015), Husky V(5) or OPW 11VF-47 <input type="checkbox"/> VST-EVR-NB VST EVR System w/Hirt Thermal Oxidizer (VR-205-*) <input type="checkbox"/> VST-EVR-NB <input type="checkbox"/> VST-EVR-NB-R Emco Wheaton EVR System w/Hirt Therm. Ox. (VR-207-*) <input type="checkbox"/> Emco Model A4004EVR <input type="checkbox"/> Emco Model RA4005EVR Emco Wheaton EVR System w/Hirt Therm. Ox. w/ISD (VR-208-*) <input type="checkbox"/> Emco Model A4004EVR <input type="checkbox"/> Emco Model RA4005EVR VST EVR System w/FFS Clean Air Separator (VR-209-*) <input type="checkbox"/> VST-EVR-NB <input type="checkbox"/> VST-EVR-NB-R * = Most current version of CARB EO at date of application	<u>Vacuum Assist System & Nozzles</u> Hirt VCS400-7 (G-70-177-AA) <input type="checkbox"/> OPW 11VA-29 Healy/Franklin 600 ORVR/800 (G-70-191-AA) <input type="checkbox"/> Healy 900 Gilbarco VaporVac/OPW Vaporsaver (G-70-204-A) (Requires Gilbarco or Schlumberger 4000 dispensers) <input type="checkbox"/> Catlow ICVN <input type="checkbox"/> Emco Wheaton A4505 <input type="checkbox"/> Husky V34 6250 <input type="checkbox"/> OPW 12VW <input type="checkbox"/> Richards Astrovac Dresser/Wayne WayneVac/Arid Permeator (G-70-209) (Requires Wayne dispensers) <input type="checkbox"/> Catlow ICVN <input type="checkbox"/> Emco Wheaton A4505 <input type="checkbox"/> Husky V34 6250 <input type="checkbox"/> OPW 12VW <input type="checkbox"/> Richards Astrovac Healy EVR System (VR-201-*) <input type="checkbox"/> Healy 900 Healy EVR System with ISD (VR-202-*) <input type="checkbox"/> Healy 900 <input type="checkbox"/> Other - Please attach technical description of Stage 2 system. <div style="border: 1px solid black; padding: 5px; text-align: center;"> Website References Executive Orders for Stage 1 and 2 Vapor Recovery Systems: http://www.arb.ca.gov/vapor/eo.htm </div>