

## 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)	<b>Required</b>
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-*) <b>* = Most current version of CARB EO at date of application</b>
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	
<b><u>Vapor Balance System &amp; Nozzles</u></b> VST EVR System (VR-203-*) <input type="checkbox"/> VST-EVR-NB or <input type="checkbox"/> VST-EVR-NB-R  VST EVR System with ISD (VR-204-*) <input type="checkbox"/> VST-EVR-NB or <input type="checkbox"/> VST-EVR-NB-R  ORVR-compatible Balance System (G-70-52-AM) <input type="checkbox"/> VST-EVR-NB or <input type="checkbox"/> VST-EVR-NB-R <input type="checkbox"/> Emco Model A4005EVR or <input type="checkbox"/> Emco Model RA4005EVR  VST EVR System w/Hirt Thermal Oxidizer (VR-205-*) <input type="checkbox"/> VST-EVR-NB or <input type="checkbox"/> VST-EVR-NB-R  Emco Wheaton EVR System w/Hirt Therm. Ox. (VR-207-*) <input type="checkbox"/> Emco Model A4005EVR or <input type="checkbox"/> Emco Model RA4005EVR  Emco Wheaton EVR System w/Hirt Therm. Ox. w/ISD (VR-208-*) <input type="checkbox"/> Emco Model A4005EVR or <input type="checkbox"/> Emco Model RA4005EVR  VST EVR System w/FFS Clean Air Separator (VR-209-*) <input type="checkbox"/> VST-EVR-NB or <input type="checkbox"/> VST-EVR-NB-R  <b>* = Most current version of CARB EO at date of application</b>	<b><u>Vacuum Assist System &amp; Nozzles</u></b> 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
Website References Executive Orders for Stage 1 and 2 Vapor Recovery Systems: <a href="http://www.arb.ca.gov/vapor/eo.htm">http://www.arb.ca.gov/vapor/eo.htm</a>	For any Stage 2 system not listed on this form, please attach a technical description of your proposed Stage 2 system.