

GASOLINE DISPENSING FACILITY WORKSHEET INSTRUCTIONS

How to Complete this Worksheet

- Submit this worksheet as a supplemental document to an *Application for a Minor Source Authority to Construct/Permit to Operate*. If submitting this worksheet without a permit application, or in response to an AQMD request for supplemental information, locate and check the “Supplemental Information” box at the top left of Page 2.
- The worksheet must be filled out completely for all items that are applicable, except where noted as optional.
- The *Application for a Minor Source Authority to Construct/Permit to Operate*, all applicable emission unit and/or control device worksheet(s), and payment should be hand delivered to the AQMD drop box located ([here](#)), or mailed to:
NNPH, AQMD
1001 E. Ninth Street, Suite B171
Reno, NV 89512
- **More detailed instructions can be found on page 6.**

Potential Applicable Requirements: 40 CFR Part 63, “Standards of Performance for NESHAP”

[40 CFR Part 63, Subpart CCCCCC](#)

- This rule applies to all area source gasoline dispensing facilities. Area sources are sources that emit less than 10 tons per year of one hazardous air pollutant or less than 25 tons per year of multiple hazardous air pollutants.
- The affected source includes each gasoline cargo tank during the delivery of product to a GDF and also includes each storage tank. The equipment used for refueling of motor vehicles is not covered by this rule.
- A summary table of requirements is provided on Page 2; however, the facility is responsible for maintaining compliance with the actual rule text in 40 CFR 63, subpart CCCCCC.
- Performance testing may be required to demonstrate initial compliance and then again every 1-3 years thereafter.

Assistance and Resources

The Business Environmental Program, operated through the University of Nevada, is a free and confidential program designed to help small businesses in Washoe County comply with local and federal environmental regulations. This service may be contacted at 800.882.3233 or help@unrbep.org. The Business Environmental Program may provide information on completing this air quality application. They can also provide assistance in reviewing options for emission control equipment and submitting annual emissions.



Visit this link to learn more about working with BEP: <https://unrbep.org/about-bep/working-with-bep/>

- District Board of Health Regulations Governing Air Quality Management:
<https://www.washoecounty.gov/health/programs-and-services/air-quality/regulations/index.php>
- The Air Quality Management Division Permitting Department can be contacted at 775.784.7200 Option 6 or AQMDPermitting@NNPH.org.

Monthly Throughput	Requirements (Must be in compliance by 1/10/2011 for existing GDF, and upon startup ¹ for new GDF)
< 10,000 gallons	<ol style="list-style-type: none"> 1. Minimize gasoline spills 2. Clean up spills as expeditiously as practicable 3. Minimize gasoline spills 4. Clean up spills as expeditiously as practicable 5. Cover all open gasoline containers and all gasoline storage tank fill-pipes with a gasketed seal when not in use 6. Minimize gasoline sent to open waste collection systems that collect and transport gasoline to reclamation and recycling devices, such as oil/water separator 7. You are not required to submit notifications or reports as specified in 63.11125, 63.11126, or subpart A of this part, but you must have records available within 24 hours of a request by the Administrator to document your gasoline throughput 8. You must comply with the requirements of this subpart by the applicable dates specified in 63.11113
≥ 10,000 gallons	<ol style="list-style-type: none"> 1. All of the above, plus: 2. For gasoline storage tanks greater than or equal to 250 gallons, you must only load gasoline into storage tanks at your facility by utilizing submerged filling. <ol style="list-style-type: none"> i. Submerged fill pipes installed on or before November 9, 2006, must be no more than 12 inches from the bottom of the tank ii. Submerged fill pipes installed after November 9, 2006, must be no more than 6 inches from the bottom of the tank iii. Submerged fill pipes not meeting the above specifications are allowed if the owner or operator can demonstrate that the liquid level in the tank is always above the entire opening of the fill pipe (documentation must be available).
≥ 100,000 gallons	<ol style="list-style-type: none"> 1. All of the above, plus <u>one</u> of the following: <ol style="list-style-type: none"> i. Operate a vapor balance system demonstrated to achieve a reduction of 95% or better. ii. Operate a vapor balance system installed prior to 1/10/2008, that meets an enforceable state, local, tribal rule or permit that requires, either <ol style="list-style-type: none"> a. Achieves an emission reduction of at least 90%, or b. Operates meeting the management practices specified below (1.iii). iii. Operate a vapor balance system during storage tank loadings using the following management practices: <ol style="list-style-type: none"> a. Equipment connections & lines with seal closures b. Vapor tight line from storage tank to cargo tank c. Cargo tank pressure remains below specified settings d. Designed to prevent over tight/loose fittings e. Gauge well provided with submerged drop tube extending specified distance (see 2.b.) from tank bottom f. Use vapor tight caps for liquid fill connections g. Install pressure/vacuum vent valves on tank vent pipes at specified setting, and test initially and every three years h. Vapor balance system must meet static pressure test initially and every three years i. Dual-point (no coaxial) vapor balance systems for new GDF or tanks, and reconstructed GDF.

¹New and reconstructed GDF constructed after 11/9/2006 must be in compliance upon startup or 1/10/2008, whichever is later.

GASOLINE DISPENSING FACILITY WORKSHEET

FOR AQMD USE ONLY

Permit No.:

Supplemental Information

Facility Information

1. New Permit	Permit Modification	2. Existing facilities only. Permit Number:
3. Facility Name:		
4. Facility Address:		
City:	State:	ZIP Code:

Contractor/Installer Information

5. Provide information for the company/contractor installing the equipment.	
Company Name:	
Contact Name:	
Contact Phone Number:	Contact Email:

Specifications

List specifications for the proposed equipment to be used. There are two different sections - one for underground storage tanks and one for aboveground storage tanks. Include an inventory of equipment to be installed as a supplemental document and duplicate sheet as needed.

Underground Tanks (Gasoline or E85 only)

Tank No. 1			
Tank Status:	New Existing	Tank Capacity:	Type of Fuel:
Phase I Manufacturer:		CARB Executive Order:	
Phase I Description. Check applicable box(s).			
<input type="checkbox"/> Secondarily Contained <input type="checkbox"/> Direct Bury <input type="checkbox"/> Vapor Riser Offset <input type="checkbox"/> Double Fill <input type="checkbox"/> Remote <input type="checkbox"/> Remote Additive Fill			
System Type: Two-Point <u>OR</u> Coaxial			
Number of P/V Vent Valves:		P/V Vent Valves Manifolder? Yes No	
P/V Vent Valve(s) Make:			
P/V Vent Valve(s) Model:			
Phase II Manufacturer (if applicable):		CARB Executive Order (if applicable):	
Number of Dispensers:		Number of Gasoline Nozzles (New <u>OR</u> Existing):	

Tank No. 2			
Tank Status: New Existing	Tank Capacity:	Type of Fuel:	
Phase I Manufacturer:		CARB Executive Order:	
Phase I Description. Check applicable box(s). Secondly Contained Direct Bury Vapor Riser Offset Double Fill Remote Remote Additive Fill			
System Type: Two-Point <u>OR</u> Coaxial			
Number of P/V Vent Valves:		P/V Vent Valves Manifolder? Yes No	
P/V Vent Valve(s) Make:			
P/V Vent Valve(s) Model:			
Phase II Manufacturer (if applicable):		CARB Executive Order (if applicable):	
Number of Dispensers:	Number of Gasoline Nozzles (New <u>OR</u> Existing):		

Tank No. 3			
Tank Status: New Existing	Tank Capacity:	Type of Fuel:	
Phase I Manufacturer:		CARB Executive Order:	
Phase I Description. Check applicable box(s). Secondly Contained Direct Bury Vapor Riser Offset Double Fill Remote Remote Additive Fill			
System Type: Two-Point <u>OR</u> Coaxial			
Number of P/V Vent Valves:		P/V Vent Valves Manifolder? Yes No	
P/V Vent Valve(s) Make:			
P/V Vent Valve(s) Model:			
Phase II Manufacturer (if applicable):		CARB Executive Order (if applicable):	
Number of Dispensers:	Number of Gasoline Nozzles (New <u>OR</u> Existing):		

Aboveground Tanks (Gasoline or E85 only)

Tank No. 1			
Tank Status: New Existing	Tank Capacity:	Type of Fuel:	
Make:		Model:	
Phase I Manufacturer:		CARB Executive Order:	
System Type: Two-Point <u>OR</u> Coaxial			
Number of P/V Vent Valves:		P/V Vent Valves Manifolder? Yes No	
P/V Vent Valve(s) Make:			
P/V Vent Valve(s) Model:			
Phase II Manufacturer (if applicable):		CARB Executive Order (if applicable):	
Number of Dispensers:	Number of Gasoline Nozzles (New <u>OR</u> Existing):		

Tank No. 2			
Tank Status:	New	Existing	Type of Fuel:
Tank Capacity:			
Make:	Model:		
Phase I Manufacturer:		CARB Executive Order:	
System Type: Two-Point <u>OR</u> Coaxial			
Number of P/V Vent Valves:		P/V Vent Valves Manifoldded? Yes No	
P/V Vent Valve(s) Make:			
P/V Vent Valve(s) Model:			
Phase II Manufacturer (if applicable):		CARB Executive Order (if applicable):	
Number of Dispensers:		Number of Gasoline Nozzles (New <u>OR</u> Existing):	

Tank No. 3			
Tank Status:	New	Existing	Type of Fuel:
Tank Capacity:			
Make:	Model:		
Phase I Manufacturer:		CARB Executive Order:	
System Type: Two-Point <u>OR</u> Coaxial			
Number of P/V Vent Valves:		P/V Vent Valves Manifoldded? Yes No	
P/V Vent Valve(s) Make:			
P/V Vent Valve(s) Model:			
Phase II Manufacturer (if applicable):		CARB Executive Order (if applicable):	
Number of Dispensers:		Number of Gasoline Nozzles (New <u>OR</u> Existing):	

DETAILED WORKSHEET INSTRUCTIONS

Facility Information

1. Specify if the worksheet is for a new permit or for modification of an existing permit by checking appropriate box.
2. **For existing facilities only.** Provide the Permit Number, which can be found at the top of page 1 of the existing Permit to Operate (ex. AAIRXX-XXXX).
3. Provide the facility name as it appears on the *Application for a Minor Source Authority to Construct/Permit to Operate*. If a permit already exists for this operation, enter the name as it appears on the existing permit, which can be found at the top of page 1 of the existing Permit to Operate where it says, "Permit Issued To".
4. Provide the facility address.

Contractor/Installer Information

5. Provide the following areas of information for the company/contractor installing the equipment:
 - Company name
 - Contact name
 - Contact phone number
 - Contact email address

Specifications

List required information for the proposed equipment to be installed/used. There are two different sections – one for underground storage tanks and one for aboveground storage tanks. All items must be filled out for each individual storage tank. Include an inventory of equipment to be installed and duplicate sheet as needed.

- **Underground Storage Tanks**
 - Specify if the status of the tank is new or existing
 - Specify the tank capacity in gallons
 - Specify the type of fuel being stored (ex., unleaded-regular, unleaded-premium, unleaded-plus, etc.)
 - Specify the Phase I equipment manufacturer and associated [California Air Resources Board \(CARB\) Executive Order](#)
 - Specify the Phase I description by checking appropriate the box(s)
 - Specify if the system type if two-point or coaxial
 - Specify the number of P/V Vent Valves installed
 - Specify if the P/V Vent Valves are manifolded or not
 - Specify the P/V Vent Valve make and model
 - Specify the Phase II equipment manufacturer and associated [California Air Resources Board \(CARB\) Executive Order](#) if applicable, otherwise write "N/A"
 - Specify the number of dispensers
 - Specify if the dispensing nozzles are new or existing by checking the appropriate box and indicate the number of gasoline nozzles
- **Aboveground Storage Tanks**
 - Specify if the status of the tank is new or existing
 - Specify the tank capacity in gallons
 - Specify the type of fuel being stored (ex., unleaded-regular, unleaded-premium, unleaded-plus, etc.)
 - Specify the Phase I equipment manufacturer and associated [California Air Resources Board \(CARB\) Executive Order](#)
 - Specify if the system type if two-point or coaxial
 - Specify the number of P/V Vent Valves installed
 - Specify if the P/V Vent Valves are manifolded or not
 - Specify the P/V Vent Valve make and model
 - Specify the Phase II equipment manufacturer and associated [California Air Resources Board \(CARB\) Executive Order](#) if applicable, otherwise write "N/A"
 - Specify the number of dispensers
 - Specify if the dispensing nozzles are new or existing by checking the appropriate box and indicate the number of gasoline nozzles