

DISTRICT HEADQUARTERS

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AUTHORITY TO CONSTRUCT
VAPOR RECOVERY

REQUIREMENTS: (PLEASE PRINT OR TYPE ONLY)

1. A FILING FEE OF \$136.96 MUST ACCOMPANY THIS APPLICATION.
2. A COMPLETE SET OF BLUEPRINTS FOR VAPOR RECOVERY SYSTEM MUST BE INCLUDED.
3. YOU MUST FILL OUT COMPLETELY THE ATTACHED COMPONENT SHEET.

1) LEGAL OWNER OF LAND: _____

MAILING ADDRESS: _____ PHONE: _____
FAX: _____

2) LEGAL OWNER OF GASOLINE TANKS AND DISPENSING EQUIPMENT:

MAILING ADDRESS: _____ PHONE: _____
FAX: _____

3) LEGAL OWNER OF FACILITY/BUSINESS: _____

MAILING ADDRESS: _____ PHONE: _____
FAX: _____

4) OPERATOR OF FACILITY: _____

MAILING ADDRESS: _____ PHONE: _____
FAX: _____

5) LOCATION OF FACILITY REQUIRING PERMIT: _____

MAILING ADDRESS: _____ PHONE: _____
FAX: _____

6) ARCHITECT/AGENT: _____

MAILING ADDRESS: _____ PHONE: _____
FAX: _____

7) INSTALLING CONTRACTOR: _____

MAILING ADDRESS: _____ PHONE: _____
FAX: _____

ESTIMATED START WORK DATE: _____ ESTIMATED COMPLETION: _____

GIVE BRIEF DESCRIPTION OF PLANNED WORK: _____

THIS APPLICATION WAS FILLED OUT BY: _____
(your name goes here)

COMPANY NAME OR EMPLOYER: _____

SIGNATURE

DATE

VAPOR RECOVERY COMPONENT LIST

(DO NOT list Diesel Equipment)

PHASE I - STORAGE TANK(S)

Underground:_____ Above-ground:_____

TANK CAPACITIES: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

PRODUCTS (By Octane) 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

SYSTEM TYPE:

_____ OPW 2-POINT

_____ OTHER:_____

CARB EXECUTIVE ORDER:_____

SYSTEM COMPONENTS (Vapor and Fill Adapters must be of the *SWIVEL* type):

FILL TUBE MODEL #:_____ FILL ADAPTOR MODEL #:_____

VAPOR ADAPTOR MODEL #:_____ VAPOR CAP MODEL #:_____

FILL CAP MODEL #:_____ PRESS. VACUUM RELIEF VALVE MODEL #:_____

HOW MANY EXISTING GASOLINE STORAGE TANKS ARE ON-SITE?_____

IF ANY, HOW MANY EXISTING GASOLINE STORAGE TANKS WILL BE REMOVED FROM THE SITE?_____

HOW MANY GASOLINE STORAGE TANKS WILL BE INSTALLED?_____

WHAT WILL BE THE TOTAL NUMBER OF GASOLINE STORAGE TANKS ON-SITE AFTER CONSTRUCTION / MODIFICATIONS ARE COMPLETED?_____

HOW MANY UNDERGROUND?_____ HOW MANY ABOVE-GROUND?_____

PHASE II - DISPENSING NOZZLE VAPOR RECOVERY

TOTAL NUMBER OF EXISTING VAPOR RECOVERY NOZZLES?_____

TOTAL NUMBER OF VAPOR RECOVERY NOZZLES TO BE INSTALLED?_____

TOTAL NUMBER OF VAPOR RECOVERY NOZZLES AFTER WORK IS COMPLETED?_____

NOZZLE MANUFACTURER:_____ NOZZLE MODEL #:_____

HOSE MANUFACTURER:_____ HOSE MODEL #:_____ LENGTH:_____

LIQUID REMOVAL SYSTEM MFR:_____ MODEL #:_____

DISPENSER MFR:_____ MODEL #:_____

TYPE OF SYSTEM: BALANCE_____ HIRT_____ VST_____ HEALY_____

EXECUTIVE ORDER:_____

OTHER_____

FOR ABOVE GROUND TANKS PLEASE SPECIFY SYSTEM MANUFACTURER:_____

WILL ANY TRENCHING OR EXPOSURE OF VAPOR RECOVERY PIPING BE DONE?_____

IF SO, HOW MUCH?_____

IF REQUIRED, WHO WILL PERFORM THE LEAK DECAY, DYNAMIC BACK PRESSURE OR AIR TO LIQUID RATIO TESTS?_____

INSTALLING CONTRACTOR CONTACT PERSON:_____

ARCHITECT/AGENT CONTACT PERSON:_____

REMARKS:_____
