

NORTHERN SIERRA AIR QUALITY MANAGEMENT DISTRICT

DISTRICT HEADQUARTERS
200 Litton Drive, Suite 320
Grass Valley, CA 95945
(530) 274-9360 / FAX: (530) 274-7546
email: office@myairdistrict.com

NORTHERN FIELD OFFICE
257 E. Sierra, Unit E
P.O. Box 2227
Portola, CA 96122
(530) 832-0102 / FAX: (530) 832-0101
website: www.myairdistrict.com

AUTHORITY TO CONSTRUCT
VAPOR RECOVERY

REQUIREMENTS: (PLEASE PRINT OR TYPE ONLY)

1. A FILING FEE MUST ACCOMPANY THIS APPLICATION. Please contact District Staff or use the current fee schedule for the current fee.
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

(rev 07/23)

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: _____
