



GASOLINE DISPENSING FACILITY PERMIT APPLICATION

- 1. Facility Name: _____ Phone No. _____
Physical Location: _____
Responsible Official: _____ Title: _____
Responsible Official's Mailing Address: _____ Phone No. _____
Contact Person for this Permit: _____ Title: _____ Phone No. _____

- 2. Indicate the purpose of this application: Construction Permit [] Operating Permit [] Revised Operating Permit [] Decommission []

- 3. Supply the following information for each gasoline storage tank located at this gasoline dispensing facility (motor vehicle refueling facility):

Table with 7 columns: Tank No., Type of Gasoline Stored, Tank Capacity (Gallons), Tank Location (Check One) Above Ground, Tank Location (Check One) Underground, Gasoline Throughputs (Gallons) Max. Monthly, Gasoline Throughputs (Gallons) Average Annual.

- 4. Is each storage tank equipped with a submerged fill pipe required by Section 7-13 of Regulation No. 7, "Regulation For Control of Volatile Organic Compounds?" _____ Yes _____ No

- 5. Is this gasoline dispensing facility subject to the Stage I requirements of Regulation No. 7, "Regulation For Control of Volatile Organic Compounds?" _____ Yes _____ No

If yes, please describe the Stage I equipment in use: _____

- 6. Is this gasoline dispensing facility subject to the Stage II requirements of Regulation No. 7, "Regulation For Control of Volatile Organic Compounds?" _____ Yes _____ No

If yes, please describe the Stage II equipment in use: _____

- 7. I hereby certify that to the best of my knowledge the information contained in this application is true, accurate and complete.

Type or Print Name of Responsible Official

Title

Signature of Responsible Official

Date



INSTRUCTIONS FOR COMPLETING A GASOLINE DISPENSING FACILITY PERMIT APPLICATION

ONE FORM MUST BE COMPLETED TO DESCRIBE ALL OF THE GASOLINE STORAGE TANKS LOCATED AT THIS FACILITY USED FOR THE EXCLUSIVE PURPOSE OF REFUELING MOTOR VEHICLE FUEL TANKS.

- Item 1.** Provide the facility name and physical location, the name, title, and address of the responsible official and the name and title of the contact person if different from the responsible official.
- Item 2.** Indicate the purpose of this application by checking the appropriate space.
- Item 3.** Provide the information requested for each tank located at this gasoline dispensing facility which is defined in Section 7-13 of Regulation No. 7, "Regulation For Control of Volatile Organic Compounds" as any facility where gasoline is dispensed from a stationary storage tank to a motor vehicle fuel tank.
- Item 4.** Indicate whether or not each tank at this facility is equipped with the required submerged fill pipe.
- Item 5.** Indicate whether or not this gasoline dispensing facility is subject to the Stage I requirements and if so, please describe the Stage I equipment in use at this facility.
- Item 6.** Indicate whether or not this gasoline dispensing facility is subject to the Stage II requirements and if so, indicate the number of nozzles in use at this facility, identify the type of nozzles in use by model number, and describe the remaining portions of the Stage II system and attach a copy of the CARB certification number for each component of the Stage II system. If the gasoline dispensing facility is requesting to decommission the Stage II equipment, please indicate this and describe the type of decommission (partial or full) being performed.
- Item 7.** The responsible official must sign and date this application form to certify that the information contained herein is true, accurate and complete to the best of his knowledge.

Submit to:

**Metro Public Health Department
Pollution Control Division
2500 Charlotte Avenue
Nashville, Tennessee 37209**