



For agency use only.
NOC#:

SPOKANE REGIONAL CLEAN AIR AGENCY
 1610 S. Technology Blvd., Suite 101, Spokane, WA 99224
 (509) 477-4727, Fax (509) 477-6828, www.SpokaneCleanAir.org

**NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL
 FOR INSTALLATION / MODIFICATION OF AN AIR POLLUTION SOURCE
 STAGE I / II VAPOR RECOVERY AT GASOLINE DISPENSING FACILITIES**

This Notice of Construction (NOC) application must be accompanied by the following base fee:

- For facility with maximum annual gasoline throughput ≤ 1.5 million gallons, the base fee is **\$2,500** and covers **25** hours of SRCAA review time.
- For facility with maximum annual gasoline throughput > 1.5 million gallons, the base fee is **\$4,100** and covers **42** hours of SRCAA review time.

Additional review time will be billed at \$98/hour. See Spokane Clean Air's current [fee schedule](#) for more information.

To complete this application, please "save as" the document onto your computer. Then use your mouse to click and fill in the required data. Print, sign, and submit with base fee and any required additional information.

1. GENERAL INFORMATION

Owner / Operator: Name of Business: Business Address: Contact Person: Business Phone #: Business Fax #: Business Email:	Applicant: Applicant Address: Contact Person: Applicant Phone #: Applicant Fax #: Applicant Email:
--	---

2. FACILITY / INSTALLATION INFORMATION

Installation Address: Contact Person: Installation Phone #: Installation Fax #: Installation Email: Type of business (check one): <input type="checkbox"/> New <input type="checkbox"/> Existing Facility registered with SRCAA (check one)? <input type="checkbox"/> Yes <input type="checkbox"/> No Operating Hours: Operating Days (check): <input type="checkbox"/> Su <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat Operating Weeks per Year: If new, anticipated annual throughput (gal gasoline/yr): If existing facility, annual throughput (gal gasoline/yr): for the year	Installer Co. Name: Installer Address: Contact Person: Installer Phone #: Installer Fax #: Installer Email: Estimated date of completion: Distance from centroid of pumps to nearest residential property line (ft): Number of dispensers being installed: Number of gasoline fueling positions being added to this installation: Is this a tank replacement? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

3. TANK INFORMATION

(Note that coaxial systems are allowed only for replacement of existing gasoline service coaxial systems.)

Tank Number	Fuel Type	Capacity in Gallons	Vapor Balance System (Dual-point or Coaxial)
#1			
#2			
#3			
#4			

4. STAGE I VAPOR RECOVERY SYSTEM

Type of system (check one): Dual-point Coaxial

CARB Executive Order for Stage I System (check one):

- Phil-Tite System (Executive Order VR-101)
- OPW System (Executive Order VR-102)
- EBW System (Executive Order VR-103)
- CNI System (Executive Order VR-104)
- Other (provide manufacturer/model #, CARB Exec. Order):

CARB Executive Orders list the compatible adapters, fill tubes, P/V vents, etc. and can be viewed at www.arb.ca.gov/vapor/eo.htm

Part Description (if applicable)	Manufacturer	Model Number
Fill Tube with Overfill Protection Device		
Fill Tube without Overfill Protection Device		
Coaxial System Fill Tube		
Fill Adapter or Coaxial Fill Adapter		
Fill Cap		
Vapor Adapter		
Vapor Cap		
P/V Vent		
Spill Container Drain Valve		
Spill Container Drain Plug		
Overfill Protection Alarm		

5. STAGE II VAPOR RECOVERY SYSTEM*

Will Stage II plumbing be installed?

- Yes No

Will Stage II vapor recovery system be used?

- Yes No

*If Stage II will be installed at the site, then complete the Stage II Attachment A form.

6. OTHER INFORMATION – ATTACH THE FOLLOWING TO THIS APPLICATION

- Scaled site plan showing locations of: buildings, pump islands, tanks, Stage II vapor recovery lines (if applicable), and property lines and cross streets (required.)
- Environmental Checklist, SEPA, see section #7 (required.)

7. SEPA

I certify that the State Environmental Policy Act (SEPA) has been satisfied for this project on _____ (mo/day/yr)
by _____ (government agency).

The Spokane Regional Clean Air Agency may require that a copy of the final determination and the environmental checklist or environmental impact statement be submitted with this application.

Print this form, sign below, and submit with base fee and any required additional information.

I HEARBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION, INCLUDING SUPPLEMENTAL FORMS AND DATA, IS TO THE BEST OF MY KNOWLEDGE COMPLETE AND CORRECT.

Signature:	Date:
Print Name:	Phone:
Title:	Email:

FOR AGENCY USE ONLY
Approved by the Spokane Regional Clean Air Agency pursuant to conditions of approval specified in the Approval Order.

CONTROL OFFICER
DATE _____
COMMENTS _____
