



GREAT BASIN UNIFIED AIR POLLUTION CONTROL DISTRICT
157 Short Street, Bishop, California 93514-3537
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Instructions for Authority to Construct/Permit to Operate Application
Section A-5, Tanks and Gasoline Dispensing Facilities

1. Person Completing Form: Name of person completing form, date, information for calendar year, and APCD application number, if known.
2. Facility Operating Schedule: Estimate operating schedule as closely as possible.
3. Reason for Application: Check appropriate box.
4. Scaled and Dimensioned Plot Plan Required: Scaled and dimensioned plot plan of facility (blueprints if possible) which shows and identifies the locations of:
 - A. Public and private streets (Identify by names and numbers).
 - B. Property lines (Identify owner of facility property and all adjacent landowners).
 - C. Existing and proposed building: (Indicate their height).
 - D. Storage areas for fuel tanks and products, above and below ground.
 - E. Piping and ducts for carrying fuels and products. Also indicate any vapor return lines, and the slope of the return lines.
 - F. Indicate the Island location
5. Reference Number: Assign an identifying number for each dispenser and tank, new existing or removed.
6. List any special company tank identification number.
7. Maximum Rated Capacity: List the maximum rated capacity in gallons of product stored.
 - A. Indicate the type of product stored.
8. Tank equipped with (Phase I):
 - A. Indicate if the tank is equipped with a submerge fill pipe.
 - B. Indicate the type of Phase I fill tube connection (dual point or coaxial).
 - C. Indicate if the tank is equipped with an overfill protection device.

9. Indicate throughput:
 - A. Indicate monthly throughput for each product, in gallons.
 - B. Indicate percent annual throughput by season for all products.
10. Indicate the number of existing nozzles, by product dispensed.
11. Indicate the number of nozzles to be added or removed, by products.
 - A. Total the number of new nozzles, by product dispensed.
12. Indicate number of islands, including diesel islands.
13. Vapor control equipment to be installed or modified:
 - A. Identify the Phase I vapor recovery equipment that exists, or will be installed, and include the CARB executive order that applies to the system.
 - B. Identify the Phase II vapor recovery equipment that exists, or will be installed, and include the CARB executive order that applies to the system.
14. Phase II dispenser arrangement:
 - A. Attach the CARB executive order that applies to the dispenser. (Describe the dispenser configuration if the CARB executive order is not known.)
15. Phase II hoses and nozzles:
 - A. Indicate the vapor return nozzle manufacturer.
 - B. Indicate the model number.
 - C. Indicate the internal diameter of the vapor return hose in inches (Note all new systems must be coaxial assembly).
16. Indicate the type of Phase II vapor collection system, either the balance or vacuum assist.
17. If installing a vacuum assist Phase II vapor collection system, indicate the manufacturer and model number.
18. If installing a spill containment box, indicate the manufacturer and model number.