

**FORM GDF100  
GASOLINE DISPENSING FACILITY**

**Section A – Facility Information**

<b>Facility Name:</b>			
<b>Legal Owner's Name:</b>	<b>Mailing Address:</b>	<b>Phone Number:</b>	<b>Email:</b>
<b>Responsible Official of the Facility:</b>	<b>Mailing Address:</b>	<b>Phone Number:</b>	<b>Email:</b>
<b>This application is for:</b>			
<input type="checkbox"/> <b>Modification/Reconstruction of an existing facility. Current Permit to Operate number:</b> _____ <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <b>Description of the modification:</b>    </div> <input type="checkbox"/> <b>New facility</b>			
<b>Maximum Requested Throughput Limit (this limit will be established on the permit and cannot be exceeded)</b>			
<b>Existing Facility</b>		<b>New Facility</b>	
<input type="checkbox"/> Gasoline all grades combined	<input type="checkbox"/> E85	<input type="checkbox"/> Gasoline all grades combined	<input type="checkbox"/> E85
<input type="checkbox"/> Use the existing permit limit <input type="checkbox"/> Requesting throughput limit increase. New limit: _____ Gallons per month _____ Gallons per calendar quarter		_____ Gallons per month _____ Gallons per calendar quarter	

**Section B – Equipment Description**

Storage Tanks									
Tank No.	Type		Capacity (gallons)	Tank Status		Fuel			
				New	Existing				
1	<input type="checkbox"/> Underground	<input type="checkbox"/> Aboveground		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Gasoline	<input type="checkbox"/> E85	<input type="checkbox"/> Diesel	<input type="checkbox"/>
2	<input type="checkbox"/> Underground	<input type="checkbox"/> Aboveground		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Gasoline	<input type="checkbox"/> E85	<input type="checkbox"/> Diesel	<input type="checkbox"/>
3	<input type="checkbox"/> Underground	<input type="checkbox"/> Aboveground		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Gasoline	<input type="checkbox"/> E85	<input type="checkbox"/> Diesel	<input type="checkbox"/>
4	<input type="checkbox"/> Underground	<input type="checkbox"/> Aboveground		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Gasoline	<input type="checkbox"/> E85	<input type="checkbox"/> Diesel	<input type="checkbox"/>

Underground Tanks - Phase I Vapor Recovery System - Gasoline or E85 only								
Phase I Manufacturer and CARB Executive Order			Phase I Description Check the applicable Box(s)		No. of Tank Vents	P/V Valve		
						No. of P/V Valves	Make	Model
<input type="checkbox"/> VR-101 Phil-Tite	<input type="checkbox"/> VR-102 OPW	<input type="checkbox"/> VR-103 EBW	<input type="checkbox"/> Secondly Contained <input type="checkbox"/> Direct Bury <input type="checkbox"/> Remote <input type="checkbox"/> Vapor Riser <input type="checkbox"/> Remote Additive Fill <input type="checkbox"/> Offset <input type="checkbox"/> <input type="checkbox"/> Double Fill					
<input type="checkbox"/> VR-104 CNI	<input type="checkbox"/> VR-105 Emco Wheaton	<input type="checkbox"/> VR-						
Underground Tanks - Phase II Vapor Recovery System - Gasoline or E85 only								
Phase II Manufacturer and CARB Executive Order		No. of Nozzles		Processor Type	ISD			
		Existing	Additional or New		Make	Software version		
<input type="checkbox"/> VR-201 Assist Phase II Enhanced Vapor Recovery System NO ISD		<input type="checkbox"/> VR-202 Assist Phase II Enhanced Vapor Recovery System including ISD		<input type="checkbox"/> Healy CAS <input type="checkbox"/> Hirt VCS100 <input type="checkbox"/> Veeder-Root Vapor Polisher <input type="checkbox"/> VST Green Machine <input type="checkbox"/> VST Membrane  <input type="checkbox"/>	<input type="checkbox"/> INCON	<input type="checkbox"/> Veeder -Root		
<input type="checkbox"/> VR-203 Balance Phase II Enhanced Vapor Recovery System NO ISD		<input type="checkbox"/> VR-204 Balance Phase II Enhanced Vapor Recovery System including ISD			<input type="checkbox"/> Exempt from ISD. <b>The facility's annual actual gasoline throughput is less than 600,000 gallons</b>			
<b>Exempt from Phase II</b>				<b>N/A</b>				
<input type="checkbox"/> E85 Dispensing Facility <input type="checkbox"/> 100% ORVR Fleet Facility <input type="checkbox"/> Dispensing into non-motor vehicle tanks								

**Section B – Equipment Description - continued**

Aboveground Tanks - Gasoline or E85 only					
No.	Information	Standing Loss Compliance	Phase I Manufacturer and CARB Executive Order	Phase II CARB Executive Order	No. of Nozzles
1	Make: _____ Model: _____ Serial No.: _____	<p><b>The Tank is existing and it complies with VR-301:</b></p> <input type="checkbox"/> Painted with certified paint; or <input type="checkbox"/> The Tank is listed in VR-301 as compliant; or <input type="checkbox"/> The Tank is determined by CARB as compliant.	<input type="checkbox"/> VR-401 OPW <input type="checkbox"/> VR-402 Morrison Brothers <input type="checkbox"/>	CARB Executive Order _____  <b>Exempt from Phase II</b> <input type="checkbox"/> E85 Dispensing Facility <input type="checkbox"/> 100% ORVR Fleet Facility <input type="checkbox"/> Dispensing into non-motor vehicle tanks	
2	Make: _____ Model: _____ Serial No.: _____	<p><b>The Tank is existing and it complies with VR-301:</b></p> <input type="checkbox"/> Painted with certified paint; or <input type="checkbox"/> The Tank is listed in VR-301 as compliant. <input type="checkbox"/> The Tank is determined by CARB as compliant.	<input type="checkbox"/> VR-401 OPW <input type="checkbox"/> VR-402 Morrison Brothers <input type="checkbox"/>	CARB Executive Order _____  <b>Exempt from Phase II</b> <input type="checkbox"/> E85 Dispensing Facility <input type="checkbox"/> 100% ORVR Fleet Facility <input type="checkbox"/> Dispensing into non-motor vehicle tanks	
3	Make: _____ Model: _____ Serial No.: _____	<p><b>The Tank is existing and it complies with VR-301:</b></p> <input type="checkbox"/> Painted with certified paint; or <input type="checkbox"/> The Tank is listed in VR-301 as compliant. <input type="checkbox"/> The Tank is determined by CARB as compliant.	<input type="checkbox"/> VR-401 OPW <input type="checkbox"/> VR-402 Morrison Brothers <input type="checkbox"/>	CARB Executive Order _____  <b>Exempt from Phase II</b> <input type="checkbox"/> E85 Dispensing Facility <input type="checkbox"/> 100% ORVR Fleet Facility <input type="checkbox"/> Dispensing into non-motor vehicle tanks	

**Section C – Contractor/Technician/Installer Information**

Contractor Name	Address	Phone Number	Email

All Technicians/Installers taking part in the installation must have the required valid certificates/licenses. In case a different or new Technician/Installer is involved in the installation, the District must be notified of the name of the Technician/Installer and all the required certificates/licenses of the new Technician/Installer.

Technician/Installer Name	Certificate/license	Number	Date issued	Date expire
	ICC – Certificate Title:			
	Phase I – Manufacturer:			
	Phase II – Manufacturer:			
	ISD – Manufacturer:			
Level:				

\*For additional Technician/Installer(s) attach all the required certificates/licenses.

Revised 7/2015