



**NON-TITLE V PERMIT APPLICATION
 GASOLINE DISPENSING FACILITY DESCRIPTION**

Type or print. Submit with the APC 100. Complete one form for each facility if multiple owned.					
GENERAL IDENTIFICATION AND DESCRIPTION					
1. Organization's legal name and SOS control number [as registered with the TN Secretary of State (SOS)]				2. Emission Source Reference Number	
3. Is this air contaminant source subject to an NSPS or NESHAP rule? Yes No If Yes, list rule citation, including Part, Subpart, and applicable Sections:					
STAGE I AND II SYSTEM DESCRIPTIONS					
4. Stage I system CARB executive order: Installation date:					
5. Stage II system CARB executive order: Installation date:					
Check general type of Stage II system:		Balance:		Vacuum vapor assist:	
6. Minimum slope of Stage II vapor return lines from dispensers to tank (inches per foot):					
7. Type of pressure/vacuum vent valve (if installed)					
Make:			Model:		
THROUGHPUT AND SUPPLIER					
8. Maximum monthly throughput (Gal.):		Average yearly throughput (Gal.):			
9. Supplier of gasoline (company name)			Supplier of gasoline (contact name)		
Mailing address (St./Rd./Hwy.)			Mailing address (St./Rd./Hwy.)		
City	State	Zip code	City	State	Zip code
Phone number			Phone number		

GASOLINE TANK AND DISPENSER INFORMATION

10. List gas type, capacity, and type of tank (Aboveground or Underground, Check one), and installation date for each tank at facility. Attach additional sheet if more than 10 tanks to list.

Tank #	Gas type	Capacity (Gal.)	Tank type		Installation date
1.			Aboveground	Underground	
2.			Aboveground	Underground	
3.			Aboveground	Underground	
4.			Aboveground	Underground	
5.			Aboveground	Underground	
6.			Aboveground	Underground	
7.			Aboveground	Underground	
8.			Aboveground	Underground	
9.			Aboveground	Underground	
10.			Aboveground	Underground	

11. Total number of gasoline nozzles:

Make:

Model:

12. Gasoline dispenser

Make:

Model:

SIGNATURE

If this form is being submitted at the same time as an APC 100 form, then a signature is not required on this form. Date this form regardless of whether a signature is provided. If this form is NOT being submitted at the same time as an APC 100 form, then a signature is required.

Based upon information and belief formed after a reasonable inquiry, I, as the responsible person of the above mentioned facility, certify that the information contained in this application is accurate and true to the best of my knowledge. As specified in TCA Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

13. Signature

Date

Signer's name (type or print)

Title

Phone number with area code