

**BULK FUEL STORAGE FACILITY SUMMARY**

**Permit processing will be delayed if this form is incorrectly completed.** Include this form with an application submittal for either a new or a proposed modification to an existing bulk fuel storage facility. If the application is for a modification, please complete the form in a manner reflecting **proposed changes of existing facility equipment, throughput, product type, or operating hours.**

I. GENERAL INFORMATION

a. The "doing business as" name of the facility is: \_\_\_\_\_  
\_\_\_\_\_

b. Facility location: \_\_\_\_\_  
\_\_\_\_\_

c. The equipment owner(s) are: \_\_\_\_\_  
\_\_\_\_\_

d. The onsite operator/dealer's name is: \_\_\_\_\_  
\_\_\_\_\_

e. Operating hours: \_\_\_\_\_ hours/day, \_\_\_\_\_ days/year.

f.  Yes  No. Is the facility boundary line located within 1000 feet of a school?

II. TANK INFORMATION

a. Submerged fill pipe:  Yes  No

b. Complete the following table:

Tank #	Gallons per tank	Product Type	Under-ground	Above-ground
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

III. PHASE I VAPOR RECOVERY INFORMATION

*(TANK/TRUCK LOADING - DELIVERY OF PRODUCT FROM TRUCK TO STORAGE TANK OR STORAGE TANK TO TRUCK)*

a. Truck loading [ ] of gasoline will occur [ ] of diesel fuel will occur [ ] will not occur

b. For each tank installed ABOVEGROUND, provide the tank manufacturer's name:

Tank Number	Manufacturer Name
_____	_____
_____	_____
_____	_____
_____	_____

California Air Resource Board (CARB) Executive Order Number if known:

\_\_\_\_\_

c. For each tank installed UNDERGROUND, provide the following information:

Bulk Fuel Storage  
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Tank Number	Vapor Recovery System Type (Two Point or Coaxial)	Manufacturer	Overfill Protection Installed?	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CARB Executive Order Number if known: \_\_\_\_\_

IV. THROUGHPUT INFORMATION (Please insure that the throughput figures are acceptable)

The anticipated maximum monthly throughput of product for the entire facility is:

\_\_\_\_\_ gallons gasoline loaded into storage tanks

\_\_\_\_\_ gallons of gasoline loaded into bulk trucks.

V. BULK PLANT INFORMATION

Number of gasoline bulk truck loading arms/connections \_\_\_\_\_. Number of diesel fuel bulk truck loading arms/connections \_\_\_\_\_. Number of gasoline bulk plant pumps \_\_\_\_\_. Will gasoline be bottom loaded into the trucks?  yes  no. Horsepower rating of gasoline bulk plant pumps \_\_\_\_\_. Number of diesel fuel bulk plant pumps \_\_\_\_\_. Horsepower rating of diesel fuel bulk plant pumps \_\_\_\_\_. Please provide a simplified process flow diagram showing the tanks, pumps, truck unloading equipment, truck loading equipment and product and vapor piping (including vents).

COMPLETED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_  
(Please Print)

DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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