



Gasoline Station - Supplemental Application Form -25E

Santa Barbara County Air Pollution Control District
260 N. San Antonio Road, Suite A
Santa Barbara, CA 93110-1315

1.0 PURPOSE: This supplemental form is required by all applicants that plan to install or modify *Phase II Enhanced Vapor Recovery (EVR)*.

2.0 TYPE OF PROJECT:

- Yes No New or rebuilt station?
- Yes No Major modification to an existing station¹?
- Yes No Phase II EVR upgrade or modification only (no tank or piping modifications)?
- Yes No In-Station Diagnostics (ISD) installation only?

3.0 PHASE II EVR:

3.1 *Phase II Executive Order* (include revision letter): VR - _____

- 3.2 *Vapor Recovery Equipment:* Healy Clean Air Separator Model No: _____
- VST Membrane Processor Model No: _____
- Veeder-Root Vapor Polisher Model No: _____
- HIRT Thermal Oxidizer Model No: _____

3.3 *ISD Console Model:* Veeder-Root INCON Model No: _____

3.4 *Vapor Recovery System Certified Technicians:* Unless otherwise specified, only Certified Technicians may perform installation, maintenance or repairs (i.e., the technicians are trained and licensed by the manufacturer of the vapor recovery system installed).

Yes No Will Certified Technicians be used to install, maintain and repair this Phase II VRS?

Provide the following contact information for the Certified Technicians:

VRS CERTIFIED TECHNICIANS (attach additional documentation as needed)					
Company Name					
Contact Name					
Position/Title					
Mailing Address					
City:		State		Zip	
Tel #		Fax #		E-mail	
Certifications (check all that apply)		<input type="checkbox"/> Healy <input type="checkbox"/> VST <input type="checkbox"/> Veeder-Root <input type="checkbox"/> Hirt <input type="checkbox"/> EMCO Wheaton			

¹ Modification of the Phase I system that involves the addition, replacement or removal of an underground storage tank, or modification that causes the tank to be unburied, is considered a major modification of the Phase I system. Modification of the Phase II system that involves the addition, replacement or removal of 50 percent or more of the buried vapor piping, or the replacement of dispensers, is considered a major modification of the Phase II system.

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- 3.5 *In-Station Diagnostics Certified Technicians:* Unless otherwise specified, only Veeder-Root/INCON Certified Technicians may perform installation, maintenance or repairs on the ISD system (i.e., ISD specific certification).

Yes No Will Veeder-Root/INCON ISD Certified Technician(s) be used to install, maintain and repair this Phase II VRS?

Provide the following contact information for the Veeder-Root/INCON certified installers:

VEEDER-ROOT /INCON ISD CERTIFIED TECHNICIANS (attach additional documentation as needed)					
Company Name					
Contact Name					
Position/Title					
Mailing Address					
City:		State		Zip	
Tel #		Fax #		E-mail	
Certifications (check all that apply)		<input type="checkbox"/> Veeder-Root <input type="checkbox"/> INCON			

- 3.6 *Vapor Recovery Piping*²: For new facilities and major modification to existing facilities:

NEW / MAJOR MOD	EXISTING	REQUIREMENT
x		Vapor return and vent lines shall have a minimum nominal ID of 2 inches from the dispensers to the first manifold and all lines from the first manifold back to the UG tank, including tank ties, shall have a minimum ID of 3 inches
x		The Phase II riser shall have a minimum nominal internal diameter of one inch (1" ID). The connection between the Phase II riser and the dispenser shall be made with materials listed for use with gasoline and shall have a minimum nominal 1" ID
	x	The dispenser to riser connection shall be installed such that liquid in the lines will drain to the UST. The internal diameter of the connector (including the fittings) shall be not less ½ inch
x	x	After backfilling the vapor return and vent lines, the maximum pressure drop shall not exceed 0.5" WC at 60 scfh for assist systems or 0.35" WC at 60 scfh for balance systems as per TP-201.4 (<i>Dynamic Backpressure</i>). The pressure drop shall be measured from the dispenser riser to the UST with the PV vent valves installed and the Phase I connection popped open
x	x	Condensate traps are prohibited, except as certified in VR-201 and VR-202
x	x	Wherever feasible, the recommended minimum slope of the vapor return piping, from the dispensers to the tank, shall be at least one-fourth (1/4) inch per foot of run. The minimum slope, in all cases, shall be at least one-eighth (1/8) inch per foot of run
x	x	No vapor return piping length restriction as long as pressure drop or alternative V/L test is passed
x	x	No product shall be dispensed from any GDF fueling point if a vapor line is disconnected and open to the atmosphere

Yes No Is this a new or major modified facility?

Yes No Will the proposed Phase II EVR installation meet the above requirements?

² In addition to the requirements of the Phase II EVR Executive Order, new facilities or major modifications to existing facilities must also comply with Section 4.12 of the ARB's CP-201 (*Vapor Return Path*).

3.7 *Construction Drawings.* Submit a complete set of “approved for construction” architectural drawings (Sheet Size E) for new / rebuilt stations, tank additions/replacements, and Phase II EVR upgrades that require VRS piping replacement. The drawings shall include details on all tanks, dispensers, product piping, tank manifold cross tie piping, vapor return piping, vent piping, tank pressure management system (e.g., clean air separator) and piping connection to the vent lines. Identify the material, nominal ID, length and slope of all piping as well as the height of the tank pressure management system air breather assembly. The drawings must be specific to the facility subject to this application (generic diagrams are not acceptable).

Yes No Are the facility-specific Construction Drawings (Size E) attached?

Applicant/Preparer Certification Statement

The person who prepares the application also must sign the permit application. The preparer may be an employee of the owner/operator or an authorized agent (contractor/consultant) working on behalf of the owner/operator (an *Authorized Agent Form -01A* is required).

I certify that all information contained herein and information submitted with this application is true and correct.	
_____	_____
signature of application preparer	date
_____	_____
print name of application preparer	employer name

**PLEASE NOTE THAT FAILURE TO COMPLETELY PROVIDE ALL REQUIRED INFORMATION WILL
RESULT IN YOUR APPLICATION BEING RETURNED OR DEEMED INCOMPLETE.**
