



**DEPARTMENT OF ENVIRONMENT & CONSERVATION  
AIR POLLUTION CONTROL  
401 CHURCH STREET, L & C ANNEX  
NASHVILLE, TN 37243-1531**

NOT TO BE USED FOR  
TITLE V APPLICATIONS

**PERMIT APPLICATION FOR STAGE I AND STAGE II VAPOR RECOVERY**

FOR APC USE ONLY: COUNTY COMPANY POINT # \_\_\_\_\_ LOG/PERMIT # \_\_\_\_\_ APC 150

1. FACILITY NAME _____	OWNER'S NAME _____
SITE ADDRESS (ST/RD) _____	MAILING ADDRESS (ST/RD/P.O. BOX) _____
CITY, STATE, ZIP CODE _____	CITY, STATE, ZIP CODE _____
TELEPHONE NUMBER _____	TELEPHONE NUMBER _____

2. CLAIMING INDEPENDENT SMALL BUSINESS (I. S. B.) MARKETER OF GASOLINE AS STATED IN RULE 1200-3-18-.24(2)  
 YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, SUBMIT NOTARIZED CERTIFICATION STATING THAT BUSINESS SATISFIES THE I.S.B. DEFINITION CRITERIA FOUND IN 1200-3-18-.24(2) AND PROVIDE THE FOLLOWING INFORMATION:

OWNER'S ANNUAL INCOME FROM REFINING OR MARKETING OF GASOLINE \_\_\_\_\_

OWNER'S TOTAL ANNUAL INCOME \_\_\_\_\_

3. NUMBER, GAS TYPE, CAPACITY, TYPE OF TANK – ABOVEGROUND (AG) UNDERGROUND (UG), INSTALLATION DATE									
TANK #	GAS TYPE	SIZE	TANK TYPE	INST. DATE	TANK #	GAS TYPE	SIZE	TANK TYPE	INST. DATE
1	_____	_____ GAL	AG / UG	_____	4	_____	_____ GAL	AG / UG	_____
2	_____	_____ GAL	AG / UG	_____	5	_____	_____ GAL	AG / UG	_____
3	_____	_____ GAL	AG / UG	_____	6	_____	_____ GAL	AG / UG	_____

4. TOTAL NO. GASOLINE NOZZLES \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

5. GASOLINE DISPENSER MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

6. TYPE OF STAGE I SYSTEM (CARB EXECUTIVE ORDER) \_\_\_\_\_ INSTALLATION DATE \_\_\_\_\_

7. TYPE OF STAGE II SYSTEM (CARB EXECUTIVE ORDER) \_\_\_\_\_ INSTALLATION DATE \_\_\_\_\_

8. TYPE OF PRESSURE/VACUUM VENT VALVE (IF INSTALLED) MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

9. MAXIMUM MONTHLY THROUGHPUT \_\_\_\_\_ GAL. AVERAGE YEARLY THROUGHPUT \_\_\_\_\_ GAL.

10. MINIMUM SLOPE OF STAGE II VAPOR RETURN LINES FROM DISPENSERS TO UNDERGROUND TANKS \_\_\_\_\_ INCHES PER FOOT

11. TYPE OF PERMIT REQUESTED

CONSTRUCTION ( )	STARTING DATE	COMPLETION DATE	LAST PERMIT NUMBER	EMISSION SOURCE REFERENCE NUMBER
OPERATING ( )	DATE CONSTRUCTION STARTED	DATE COMPLETED	LAST PERMIT NUMBER	EMISSION SOURCE REFERENCE NUMBER

12. SUPPLIER OF GASOLINE

COMPANY NAME _____	CONTACT NAME _____
ADDRESS _____	ADDRESS _____
PHONE NUMBER _____	PHONE NUMBER _____

13. SIGNATURE OF APPLICANT _____	DATE _____
14. SIGNER'S NAME (TYPE OR PRINT) _____	TITLE _____
	PHONE NO. WITH AREA CODE _____