



MAJOR SOURCE OPERATING PERMIT APPLICATION
 STAGE I AND STAGE II VAPOR RECOVERY

1. FACILITY NAME:							FOR	APC COMPANY NO.		
							APC USE ONLY	LOG / PERMIT NO.		
2. NUMBER, GAS TYPE, CAPACITY, TYPE OF TANK [ABOVEGROUND (AG), UNDERGROUND (UG)], INSTALLATION DATE										
TANK #	GAS TYPE	SIZE	TANK TYPE circle one	INST. DATE	TANK #	GAS TYPE	SIZE	TANK TYPE circle one	INST. DATE	
1		GAL.	AG / UG		7		GAL.	AG / UG		
2		GAL.	AG / UG		8		GAL.	AG / UG		
3		GAL.	AG / UG		9		GAL.	AG / UG		
4		GAL.	AG / UG		10		GAL.	AG / UG		
5		GAL.	AG / UG		11		GAL.	AG / UG		
6		GAL.	AG / UG		12		GAL.	AG / UG		
3. TOTAL NUMBER OF GASOLINE NOZZLES: _____ NOZZLE MODEL NUMBER: _____										
4. GASOLINE DISPENSER MFR.: _____ DISPENSER MODEL NUMBER: _____										
5. TYPE OF STAGE I SYSTEM: _____ TYPE OF STAGE II SYSTEM: _____										
6. MAXIMUM MONTHLY THROUGHPUT: _____ GAL. AVERAGE YEARLY THROUGHPUT: _____ GAL.										
7. SUPPLIER OF GASOLINE:										
COMPANY NAME: _____					CONTACT NAME: _____					
ADDRESS: _____					ADDRESS: _____					
TELEPHONE NUMBER WITH AREA CODE: _____					TELEPHONE NUMBER WITH AREA CODE: _____					
8. PAGE NUMBER :				REVISION NUMBER:			DATE OF REVISION:			

INSTRUCTIONS FOR APC FORM V.33
STAGE I AND II VAPOR RECOVERY

SOURCES THAT ARE REQUIRED TO OBTAIN A PERMIT UNDER PARAGRAPH 1200-3-9-.02(11) OF TENNESSEE AIR POLLUTION CONTROL REGULATIONS, MUST COMPLETE AND RETURN THIS FORM, IF APPLICABLE. APPLICATIONS ARE INCOMPLETE UNLESS ALL APPLICABLE INFORMATION REQUESTED HEREIN IS SUPPLIED. FAILURE TO SUPPLY ANY ADDITIONAL INFORMATION REQUESTED BY THE TECHNICAL SECRETARY TO ENABLE HIM TO ACT ON THE APPLICATION MAY RESULT IN DENIAL OF THIS APPLICATION. IF THERE IS ADDITIONAL INFORMATION THAT WILL NOT FIT ON A FORM, PLEASE DECLARE THE INFORMATION ON ADDITIONAL SHEET(S) AND ATTACH IT TO THE BACK OF THE ORIGINAL.

REQUIRED IN SUMNER, RUTHERFORD, WILSON AND WILLIAMSON COUNTIES ONLY.

- ITEM 2 BRIEF DESCRIPTION OF TANKS FUEL USE, CAPACITY, AGE AND LOCATION (ABOVE OR BELOW GROUND).
- ITEM 3 BRIEF DESCRIPTION OF THE TOTAL NUMBER OF NOZZLES USED TO DISPENSE GASOLINE FUEL ONLY ALONG WITH THE MODEL AND MODEL NUMBER OF THE NOZZLES.
- ITEM 4 BRIEF DESCRIPTION OF THE DISPENSERS USED TO DISPENSE GASOLINE FUEL ONLY ALONG WITH THE MODEL NUMBER OF THE DISPENSER.
- ITEM 5 BRIEF DESCRIPTION OF THE STAGE I SYSTEM (CO-AXIAL OR DUAL POINT) USED OR TO BE USED AT THE FACILITY. SECONDLY, A BRIEF DESCRIPTION OF THE STAGE II SYSTEM (BALANCE, VACUUM ASSIST OR COMBUSTOR) USED OR TO BE USED AT THE FACILITY.
- ITEM 6 AVERAGE YEARLY THROUGHPUT IS TO BE ESTABLISHED BY TAKING AN AVERAGE FROM THROUGHPUT FIGURES GATHERED OVER THE PAST TWO YEARS FOR THE FACILITY NAMED ON THIS APPLICATION.
- ITEM 7 SUPPLY NAME, ADDRESS AND PHONE NUMBER OF THE GASOLINE FUEL SUPPLIER AS WELL AS CONTACT PERSON FOR THE SUPPLIER WITH ADDRESS AND PHONE NUMBER.
- ITEM 8 PAGE NUMBER MUST BE FILLED IN. REVISION NUMBER AND DATE OF REVISION ARE TO BE FILLED IN ONLY IF THE INFORMATION ON THIS FORM IS BEING REVISED.

IF ANY ITEM ON THIS APPLICATION IS NOT APPLICABLE TO THIS FACILITY, THE ITEM MUST BE FILLED IN WITH "NOT APPLICABLE" OR "N/A".