

**SUPPLEMENTAL APPLICATION
GASOLINE STORAGE TANK: PHASE I & II VAPOR RECOVERY**

Submit the following information with your application for an authority to construct:

1. Facility Name: _____

2. Type of Construction: New Modification

3. Tanks: New Existing (date installed [m/yr]) _____

Number/Capacity: (3.1) _____ (3.2) _____

(3.3) _____ (3.4) _____

4. Phase I Vapor Recovery System: 2-Point Coaxial

4.1 CARB Executive Order # _____ Exhibit # _____

5. Phase II Vapor Recovery Piping System: Individual Manifolded

5.1 CARB Executive Order # _____ Exhibit # _____ Figure _____

6. Phase II Components: Vendor Name _____

6.1 CARB Executive Order # _____ Exhibit # _____

6.2 Nozzles: Make/Model _____ Number _____

6.3 Hoses: Make/Model _____

6.4 Dispensers: Make/Model _____ Number _____

6.5 Indicate as required by Exhibit:

6.5.1 Hose Swivel: Make/Model _____ Degree _____

6.5.2 Check Valve: Make/Model _____ Location _____

6.5.3 High Hose Retractor: Make/Model _____

6.5.4 P/V Valves: Make/Model _____ Number _____

6.5.5 Other (Specify) _____

7. Estimated Construction Start Date: _____

AQMD Verification	
1	
2	
3	
3.1	3.2
3.3	3.4
4	
4.1	
5	
5.1	
6	
6.1	
6.2	
6.3	
6.4	
6.5.1	
6.5.2	
6.5.3	
6.5.4	
6.5.5	
7	

Note: A dimensioned site specific plot plan, with key dimensions noted, must be submitted.