



Jefferson County Department of Health
Environmental Health Services
Air and Radiation Protection Division
P.O. Box 2648, Birmingham, AL 35202 (205)933-9110

**Permit Application
for
Gasoline Dispensing Facilities**

FACILITY NUMBER

□	□	□	□	□	□	□	□	□	□
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Do not write in this space

1. Name of owner of facility _____
2. Name of operator if different from owner _____
3. Name of service station _____
4. Mailing address to which correspondence is to be sent:

Number	Street	City
County	Zip Code	Telephone

5. Physical address (if different from question #4):

Number	Street	City
Email Address	Zip Code	Telephone

6. Facility classification (check one):

Retail Sales Private / Commercial usage Government usage

7. Purpose of this application (check one):

Change of Ownership or Company Name
 Initial application to construct a new dispensing facility
 Modification of equipment

8. Bulk Storage Tank Information

Tank I.D. Number	1	2	3	4	5	6
Product Stored (ex. Reg, Super, Plus, Diesel)						
Tank Capacity (Gallons)						
Above or Below Ground						
Date Tank Installed (Month/Day/Year)						

9. Please check one for each of the following questions

Is this facility equipped with:

a. Stage I Vapor Balance System?

(Jefferson County Board of Health Air Pollution Control Rules & Regulations state that a Stage I Vapor Balance System is a vapor-tight system that transfers the vapors displaced from the stationary storage tanks to the gasoline tank truck.)

Yes No*

*If "No" is checked, when will it be installed? _____

b. Submerged fill Pipe(s)?

Yes No

c. Vapor vent line(s) with pressure relief valves?

(Vapor vent lines equipped with pressure relief valves allow for the controlled release of vapors during periods of increased vapor pressure within the gasoline storage tanks.)

Yes No

10. Please check the type of vapor balance system installed or to be installed:

Coaxial*

Coaxial systems consist of one (tube-in-tube) tank port opening. In this type of system, the fill and vapor hoses are connected to the coaxial port opening by a single adaptor. During loading, the gasoline product is simultaneously delivered through the inner tube as the displaced vapors are being returned to the tank truck through the outer tube.

**Note: The coaxial vapor balance system is NOT approved for gasoline dispensing facilities subject to 40 CFR Part 63, Subpart CCCCC, effective January 10, 2008.*

Dual Point

Dual point systems consist of two separate tank port openings. In this type of system, the vapor port opening has a spring-loaded valve that maintains a tight seal when not in use. During loading, one hose is connected to the fill port opening to allow for gasoline product delivery, and the other hose is connected to the vapor port opening to allow for the displaced vapors to be returned to the tank truck.

Manifold Dual Point

Manifold dual point systems are the same as dual point systems (description above) except this system utilizes a single vapor connection for multiple gasoline storage tanks. Displaced vapors from multiple gasoline storage tanks are recovered through one vapor port connection.

11. What is the number of gallons of gasoline dispensed for the months of June, July, and August of the previous year? Do not include Diesel or Kerosene. If this is a new facility, estimate the number of gallons to be dispensed in June, July, and August.

_____ Gallons of gasoline

12. What is the total number of gallons of gasoline dispensed for any 12-month period? If this is a new facility, estimate the number of gallons to be dispensed in one 12-month period.

_____ Gallons of gasoline

13. Could this facility have any 30-day period (rolling average) that the total volume of gasoline loaded into all gasoline storage tanks is greater than or equal to 100,000 gallons.

Please Check One Yes* No

*If "Yes" is checked, your facility may be subject to 40 CFR Part 63, Subpart CCCCCC, effective January 10, 2008.

14. In the space below, sketch a layout indicating the location of each storage tank, dispensing pumps and nozzles for which this application is made. Include nearby roads or highways on sketch.

15. *"I certify to the accuracy of the plans, specifications and supplementary data submitted with this application. It is my opinion that any new equipment installed in accordance with these submitted plans and operated in accordance with the manufacturer's recommendations can meet emission limitation specified in the Jefferson County Board of Health Air Pollution Control Rules and Regulations."*

Signature _____ Print Name _____

Title _____

Please enclose a copy of the business license. If applicable, also enclose a copy of the certificate of formation or articles of incorporation.