

OLYMPIC REGION CLEAN AIR AGENCY

2940 Limited Lane NW - Olympia, Washington 98502 - 360-539-7610 – Fax 360-491-6308

FORM 1- NOTICE OF CONSTRUCTION

TO CONSTRUCT - INSTALL - ESTABLISH OR MODIFY AN AIR CONTAMINANT SOURCE

Form 1 Instructions:

1. Please complete all the fields below. **This NOC application is considered incomplete until signed.**
2. If the application contains any confidential business information, please complete a Request of Confidentiality of Records (www.orcaa.org).
3. Duty to Correction Application: An applicant has the duty to supplement or correct an application. Any applicant who fails to submit any relevant facts or who has submitted incorrect information in a permit application must, upon becoming aware of such failure or incorrect submittal, promptly submit supplementary factors or corrected information.

Business Name: Safeway Inc.	For ORCAA use only File No: 952 County No: 67 Source No: 2418 Application No: 23 NOC 1592
Mailing Address: 16300 SE Evelyn Street - Clackamas, OR 97015	Date Received: <div style="color: red; font-size: 1.2em; font-weight: bold;">Received</div> <div style="color: red; font-size: 1.2em; font-weight: bold;">MAR 23 2023</div> <div style="color: red; font-size: 1.2em; font-weight: bold;">ORCAA</div>
Physical Address of Project or New Source: Safeway 1619 -1109 E. YELM AVE - YELM, WA 98597	
Billing Address: 16300 SE Evelyn Street - Clackamas, OR 97015	
Project or Equipment to be installed/established: Gasoline dispensers will be retrofitted to utilize traditional hoses, existing balance gasoline hoses will be removed.	
Anticipated startup date: 4 / 3 / 23 Is facility currently registered with ORCAA? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
This project must meet the requirements of the State Environmental Policy Act (SEPA) before ORCAA can issue final approval. Indicate the SEPA compliance option: <input type="checkbox"/> SEPA was satisfied by _____ (government agency) on ___/___/___ (date) - Include a copy of the SEPA determination <input type="checkbox"/> SEPA threshold determination by _____ (government agency) is pending - Include a copy of the environmental checklist <input type="checkbox"/> ORCAA is the only government agency requiring a permit - Include ORCAA Environmental Checklist <input type="checkbox"/> This project is exempt from SEPA per _____ (WAC citation).	
Name of Owner of Business: Shawn Carter-Elton	Agency Use Only
Title: Fuel and Convenience Sales Manager	
Email: shawn.carter-elton@safeway.com Phone: 503-704-2683	
Authorized Representative for Application (if different than owner): Jason M. Tuggle	
Title: Service Director Mascottec Equipment	
Email: jtuggle@mascottec.com Phone: 509-630-6669	
I hereby certify that the information contained in this application is, to the best of my knowledge, complete and correct.	
Signature of Owner or Authorized Representative: (sign in Blue Ink)	
	Date: 3/20/2023
IMPORTANT: Do not send via email or other electronic means. ORCAA must receive Original, hardcopy, signed application and payment prior to processing application.	

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FORM 1D- Contact Information

Business Name Safeway 1619 (Safeway Inc.)	FOR ORCAA USE
	FILE #
Physical Site Address (Street address, city, state, zip) 1109 E. YELM AVE - YELM, WA 98597	CTY #
	SRC #
Previous Business Name (if applicable)	Date Received Received
	MAR 23 2023 ORCAA

Contact Information

Inspection Contact	
Name Shawn Carter Elton	Title Fuel and Convenience Sales Manager
Phone 503-704-2683	Email Shawn.Carter-Elton@safeway.com
Billing Contact	
Name Jason Tuggle	Title Service Director Mascott Equipment
Phone 509-630-6669	Email jtuggle@mascottec.com
Emission Inventory Contact	
Name Jason Tuggle	Title Service Director Mascott Equipment
Phone 509-630-6669	Email jtuggle@mascottec.com
Complaint Contact	
Name Shawn Carter Elton	Title Fuel and Convenience Sales Manager
Phone 503-704-2683	Email Shawn.Carter-Elton@safeway.com
Permit Contact	
Name Jason Tuggle	Title Service Director Mascott Equipment
Phone 509-630-6669	Email jtuggle@mascottec.com

The **inspection contact** is the on-site person responsible for the everyday operation of the site and is available for inspections.

The **billing contact** is the person invoices are sent.

The **emission inventory contact** is the person requests for emissions information and material use information are sent.

The **complaint contact** is the person who receives and responds to complaints received on-site and who is contacted regarding complaints ORCAA receives.

The **permit contact** is the person responsible for filling out permit applications and receiving approval from ORCAA.



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2940 Limited Lane NW - Olympia, Washington 98502

Telephone: (360)-539-7610 – Fax: (360)-491-6308

www.orcaa.org

FORM 16

Fill out all the equipment information below and submit the appropriate fees.

Received
MAR 23 2023

GASOLINE DISPENSING AND STORAGE

ORCAA

Project Type(s):	<input type="checkbox"/> New Construction or Reconstruction of Facility	<input type="checkbox"/> Stage I Vapor Recovery System or Dispensing Equipment Replacement/Modification
	<input checked="" type="checkbox"/> Stage II Vapor Recovery Removal/Modification/Replacement	

Tank(s) Information

	Tank #1	Tank #2	Tank #3	Tank #4
Type:	<input type="checkbox"/> Aboveground* <input checked="" type="checkbox"/> Underground	<input type="checkbox"/> Aboveground* <input checked="" type="checkbox"/> Underground	<input type="checkbox"/> Aboveground* <input checked="" type="checkbox"/> Underground	<input type="checkbox"/> Aboveground* <input type="checkbox"/> Underground
Width:	120	120	120	
Length:	410	205	205	
Volume:	20073	10037	10037	
Product Stored:	Regular Unleaded	Prem. Unleaded	Diesel	
Manufacturer:	Modern Welding	Modern Welding	Modern Welding	
Vapor Balancing System:	<input checked="" type="checkbox"/> Two-Point <input type="checkbox"/> Coaxial	<input checked="" type="checkbox"/> Two-Point <input type="checkbox"/> Coaxial	<input checked="" type="checkbox"/> Two-Point <input type="checkbox"/> Coaxial	<input type="checkbox"/> Two-Point <input type="checkbox"/> Coaxial
Tank Status:	<input type="checkbox"/> Project Related <input checked="" type="checkbox"/> No Change	<input type="checkbox"/> Project Related <input checked="" type="checkbox"/> No Change	<input type="checkbox"/> Project Related <input checked="" type="checkbox"/> No Change	<input type="checkbox"/> Project Related <input type="checkbox"/> No Change

* If aboveground storage tank, specify color of shell paint: _____

➔ Please provide tank specification sheets for new tanks.

Stage I Vapor Recovery System

	Manufacturer	Model	Equipment Status
P/V Relief Valve(s):	Husky Mfg	5885	<input type="checkbox"/> Project Related <input checked="" type="checkbox"/> No Change
Drop Tube:	Franklin Fueling	708592902 Defender Series	<input type="checkbox"/> Project Related <input checked="" type="checkbox"/> No Change
Product Cap:	OPW	634TT7085EVR	<input type="checkbox"/> Project Related <input checked="" type="checkbox"/> No Change
Vapor Cap:	OPW	1711T7085EVR	<input type="checkbox"/> Project Related <input checked="" type="checkbox"/> No Change
Spill Container Drain Valve:	Phil Tite	85100-1	<input type="checkbox"/> Project Related <input checked="" type="checkbox"/> No Change
Vapor Adaptor:	Phil Tite	SWV101SS	<input type="checkbox"/> Project Related <input checked="" type="checkbox"/> No Change
Product Adaptor:	Phil Tite	SWF100SS	<input type="checkbox"/> Project Related <input checked="" type="checkbox"/> No Change
CARB Executive Order No.*			

* For new constructions of facilities, a Stage I vapor recovery system will be required with a CARB Executive Order.

➔ Please provide component specification sheets for new constructions of facilities or system replacements.

Dispensing Equipment

	Manufacturer	Model	Quantity	Equipment Status
Dispensers:	Wayne Fueling Systems	Ovation 2	7	<input type="checkbox"/> Project Related <input checked="" type="checkbox"/> No Change
Hose Assemblies:	VST	V34EC-008-MSMS	14	<input checked="" type="checkbox"/> Project Related <input type="checkbox"/> No Change
Nozzles:	OPW	14E-0400	14	<input checked="" type="checkbox"/> Project Related <input type="checkbox"/> No Change
Breakaway Couplings:	OPW	66REC-1000	14	<input checked="" type="checkbox"/> Project Related <input type="checkbox"/> No Change
Swivels:	Husky	0350	14	<input checked="" type="checkbox"/> Project Related <input type="checkbox"/> No Change
Nozzle Type (Check all that apply): <input checked="" type="checkbox"/> Dripless <input type="checkbox"/> Liquid Removal Device <input type="checkbox"/> Vapor Check Valve				

➡ For new constructions of facilities or dispensing equipment replacements, please provide spec sheets for nozzles, hoses, dispensers, couplings and swivels.

Stage II Vapor Recovery System * (Currently or intended to be in operation N/A)

Manufacturer	Model	System Type:
		<input type="checkbox"/> Balanced <input type="checkbox"/> Vacuum Assisted
CARB Executive Order No.*		

➡ For new constructions of gasoline dispensing facilities, include a list of each component of the Stage II EVR system including vapor polishers, ISD systems, thermal oxidizers, air separators and membrane processors.

* All Stage II vapor recovery systems (Pre-EVR and EVR) must be certified with a CARB Executive Order with approved manufacturers and models.

Product Sales/Transferred:

If this is a new facility , what is the estimated annual sale? (in gallons)	Gasoline:
	Diesel:
If this is an existing facility , what were the annual gasoline sales for the past calendar year? (in gallons)	Gasoline: 2,305,352gallons
	Diesel: 201,691gallons

Site Information:

Coordinate location of the centroid of the dispensers*	46.93470636559121
	-122.59503640521355
Coordinate location of the of P/V Relief Valve(s)*	46.93489686315023
	-122.59480700678834
Distance from the centroid of the pumps to the nearest point on the property line of the nearest lot on which a permanent residence is located (include units)	35M
Distance from the P/V Relief Valve(s) to the nearest point on the property line of the nearest lot on which a permanent residence is located (include units)	59M

* Coordinates may be inputted as Latitude/Longitude or UTM – Easting/Northing

➡ Please provide a map illustrating the above distances, including buildings, dispensers and property lines.

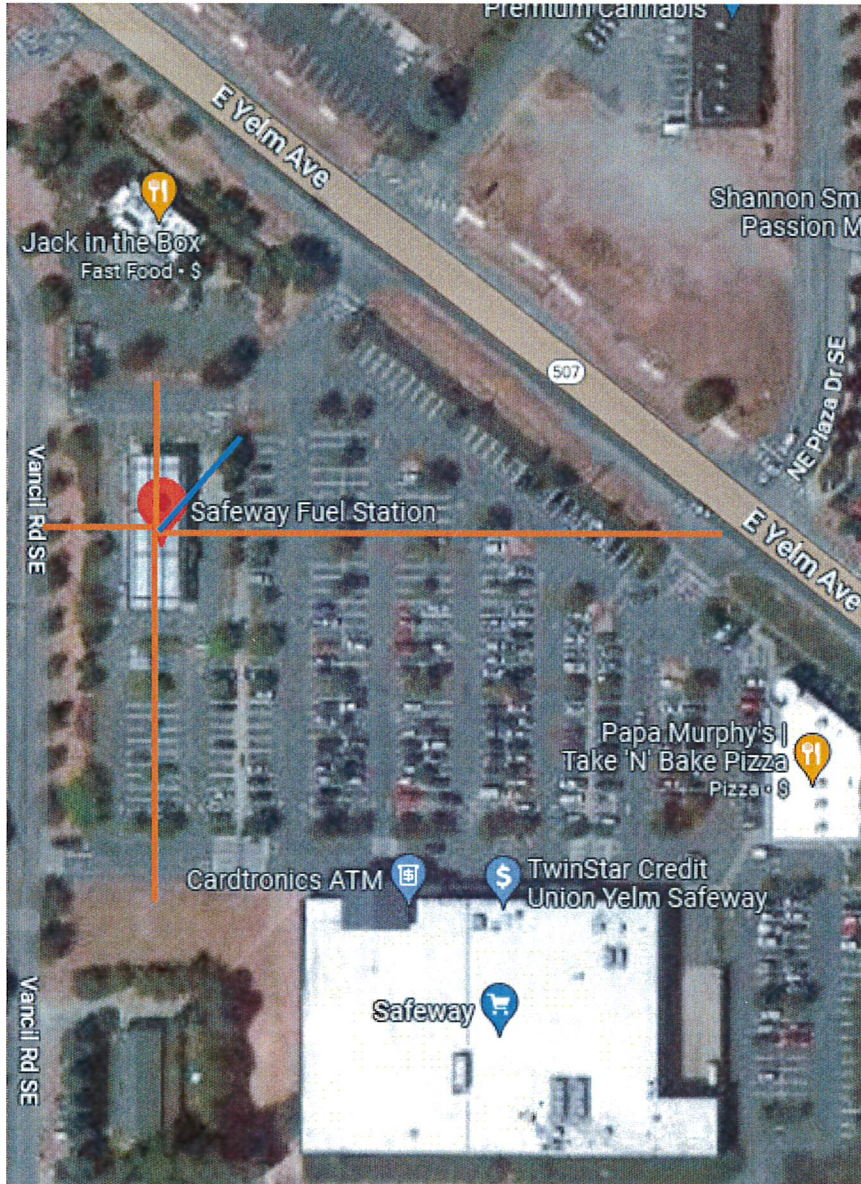
Filing Fees:

Modification of an existing gasoline dispensing facility	\$1850.00
Construction of a new gasoline dispensing facility (or the re-construction of a facility)	
Storage tanks, reservoirs, and containers with a total capacity of 6,000 or more but less than 40,000 gallons at facilities <u>other than retail gasoline dispensing facilities</u> . (in addition to the fee above).	

ORCAA Notice of Construction Information

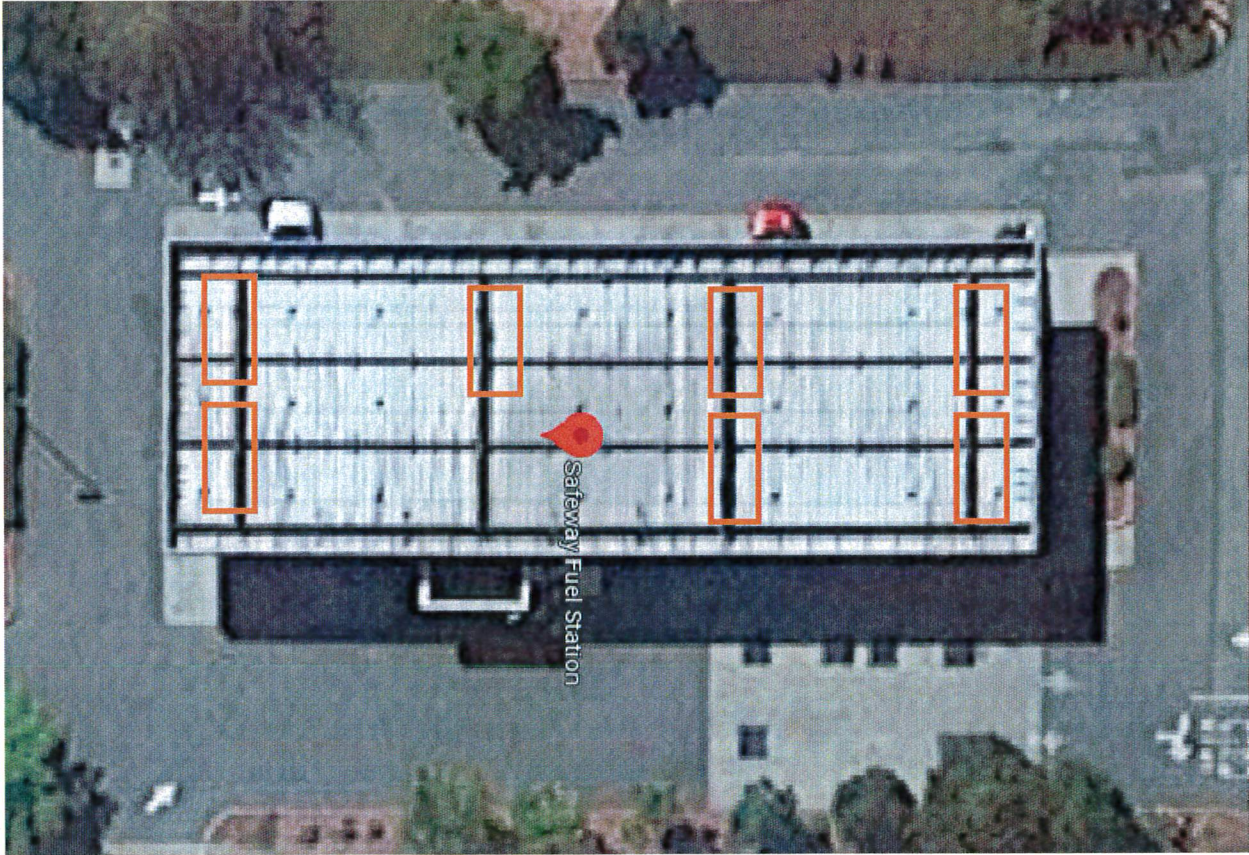
Safeway 1619
E Yelm Ave.
Yelm, WA 98597

Estimated property line measurements:



Latitude & Longitude 46.934700871101754, -122.59502567637715
Center to West Property Line 22M, Center to North Property Line 46M
Center to East Property Line 100M, Center to South Property Line 75M
Vent located 24M to the NE (blue line)

Affected equipment locations:



Throughput Information:

	January	February	March	April	May	June	July	August	September	October	November	December	Grand Total
Safeway - 1619 YELM WA	186,370	210,870	206,873	175,985	184,293	187,650	161,536	179,041	183,723	247,222	195,073	186,717	2,305,352
1 - REGULAR	168,091	189,607	185,552	158,942	167,206	170,449	144,352	160,476	164,742	223,838	175,550	166,979	2,075,785
2 - PREMIUM	18,279	21,263	21,320	17,042	17,087	17,201	17,184	18,565	18,981	23,384	19,523	19,738	229,567

	January	February	March	April	May	June	July	August	September	October	November	December	Grand Total
Safeway - 1619 YELM WA	6,033	14,047	18,182	14,672	17,359	14,725	17,748	22,796	19,130	23,175	18,225	15,600	201,691
3 - DIESEL	6,033	14,047	18,182	14,672	17,359	14,725	17,748	22,796	19,130	23,175	18,225	15,600	201,691

Hanging Hardware Information:

Dispensing Equipment

Stage II Vapor Recovery System: <input type="checkbox"/> Currently in operation <input type="checkbox"/> To be installed as part of project <input checked="" type="checkbox"/> N/A				
Stage II CARB Executive Order No.:		System Type (check all that apply)	<input type="checkbox"/> Balanced <input type="checkbox"/> Vacuum Assisted <input type="checkbox"/> ORVR Compatible	
	<u>Manufacturer</u>	<u>Model</u>	<u>Quantity</u>	<u>Equipment Status</u>
Dispensers:	Wayne Fueling Systems	Ovation 2	7	<input type="checkbox"/> Project Related <input checked="" type="checkbox"/> No Change
Hose Assemblies:	VST	V34EC-008-MSMS	14	<input checked="" type="checkbox"/> Project Related <input type="checkbox"/> No Change
Nozzles:	OPW	14E-0400	14	<input checked="" type="checkbox"/> Project Related <input type="checkbox"/> No Change
Breakaway Couplings:	OPW	66REC-1000	14	<input checked="" type="checkbox"/> Project Related <input type="checkbox"/> No Change
Swivels:	HK	0350	14	<input checked="" type="checkbox"/> Project Related <input type="checkbox"/> No Change
Nozzle Type (Check all that apply): <input checked="" type="checkbox"/> Dripless <input type="checkbox"/> Liquid Removal Device <input type="checkbox"/> Vapor Check Valve				

Vent Location:



Latitude & Longitude 46.93489686315023, -122.59480700678834
Vent located approximately 24M Northeast of Centroid.
Vent located approximately 59M to the nearest permanent residence.

Centroid to Permanent Residence:

