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/forms).
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:	For ORCAA use only
Dashmesh Petroleum 13 Inc	File No: 954
Mailing Address:	County No: 9
1133 State Route 6 Chehalis, Wa 98532	Source No: 2032
	Application No: 26NOC1786
Physical Address of Project or New Source:	Date Received:
504 S Lincoln St Port Angeles, Wa 98362	Received AUG 25 2026 ORCAA
Billing Address:	
1133 State Route 6 Chehalis, Wa 98532	

Project or Equipment to be installed/established:

None

Commence construction date: ___ / ___ / ____ Is facility currently registered with ORCAA? Yes ☒ No ☐

This project must meet the requirements of the State Environmental Policy Act (SEPA) before ORCAA can issue final approval. Indicate the SEPA compliance option:

- ☐ SEPA was satisfied by _____ (government agency) on ___/___/___ (date) - Include a copy of the SEPA determination
- ☐ SEPA threshold determination by _____ (government agency) is pending - Include a copy of the environmental checklist
- ☐ ORCAA is the only government agency requiring a permit - Include ORCAA Environmental Checklist
- ☐ This project is exempt from SEPA per _____ (WAC citation).

Name of Owner of Business:		Agency Use Only
Harnek Dhudwal		
Title: Owner		
Email: dhudwal1@aol.com	Phone: 360-751-4905	
Authorized Representative for Application (if different than owner):		
Title:		
Email:	Phone:	
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)		
[signature]	**Date:** 08/14/2026	

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 16

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

GASOLINE DISPENSING AND STORAGE

Project Type(s):	☐ New Construction or Reconstruction of Facility ☐ Stage II Vapor Recovery Removal/Modification/Replacement	☐ Stage I Vapor Recovery System or Dispensing Equipment Replacement/Modification

Tank(s) Information

	Tank #1	Tank #2	Tank #3	Tank #4
Type:	☐ Aboveground* ☒ Underground	☐ Aboveground* ☒ Underground	☐ Aboveground* ☒ Underground	☐ Aboveground* ☒ Underground
Width:	N/A	N/A	N/A	N/A
Length:	N/A	N/A	N/A	N/A
Volume:	N/A		N/A	N/A
Product Stored:	N/A	N/A	N/A	N/A
Manufacturer:	N/A	N/A	N/A	N/A
Vapor Balancing System:	☒ Two-Point ☐ Coaxial	☒ Two-Point ☐ Coaxial	☒ Two-Point ☐ Coaxial	☒ Two-Point ☐ Coaxial
Tank Status:	☐ Project Related ☒ No Change	☐ Project Related ☒ No Change	☐ Project Related ☒ No Change	☐ Project Related ☒ 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):	OPW	623V	☐ Project Related ☒ No Change
Drop Tube:	OPW	61T	☐ Project Related ☒ No Change
Product Cap:	OPW	634TT	☐ Project Related ☒ No Change
Vapor Cap:	OPW	1711T	☐ Project Related ☒ No Change
Spill Container Drain Valve:	OPW	DEVM	☐ Project Related ☒ No Change
Vapor Adaptor:	OPW	633LVV	☐ Project Related ☒ No Change
Product Adaptor:	OPW	633T	☐ Project Related ☒ 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:	Gilbarco	Veeder	4	☐ Project Related ☒ No Change
Hose Assemblies:	Continental	Flex steel	8	☐ Project Related ☒ No Change
Nozzles:	OPW	11A	8	☐ Project Related ☒ No Change
Breakaway Couplings:	OPW	NTS	8	☐ Project Related ☒ No Change
Swivels:	OPW	45	8	☐ Project Related ☒ No Change
Nozzle Type (Check all that apply): ☐ **Dripless** ☐ **Liquid Removal Device** ☒ **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:
		☐ Balanced ☐ 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:** 110,000
	Diesel: None

Site Information:

Coordinate location of the centroid of the dispensers*	(48.1146554, -123.4353387)
Coordinate location of the of P/V Relief Valve(s)*	(48.1146672, -123.4353169)
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)	N/A
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)	N/A

* 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	N/A
Construction of a new gasoline dispensing facility (or the re-construction of a facility)	N/A
Storage tanks, reservoirs, and containers with a total capacity of 6,000 or more but less than 40,000 gallons at facilities other than retail gasoline dispensing facilities. (in addition to the fee above).	N/A