



OLYMPIC REGION CLEAN AIR AGENCY

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.

GASOLINE DISPENSING AND STORAGE

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 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 type="checkbox"/> Underground	<input type="checkbox"/> Aboveground* <input type="checkbox"/> Underground	<input type="checkbox"/> Aboveground* <input type="checkbox"/> Underground	<input type="checkbox"/> Aboveground* <input type="checkbox"/> Underground
Width:				
Length:				
Volume:				
Product Stored:				
Manufacturer:				
Vapor Balancing System:	<input type="checkbox"/> Two-Point <input type="checkbox"/> Coaxial	<input type="checkbox"/> Two-Point <input type="checkbox"/> Coaxial	<input 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 type="checkbox"/> No Change	<input type="checkbox"/> Project Related <input type="checkbox"/> No Change	<input type="checkbox"/> Project Related <input 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):			<input type="checkbox"/> Project Related <input type="checkbox"/> No Change
Drop Tube:			<input type="checkbox"/> Project Related <input type="checkbox"/> No Change
Product Cap:			<input type="checkbox"/> Project Related <input type="checkbox"/> No Change
Vapor Cap:			<input type="checkbox"/> Project Related <input type="checkbox"/> No Change
Spill Container Drain Valve:			<input type="checkbox"/> Project Related <input type="checkbox"/> No Change
Vapor Adaptor:			<input type="checkbox"/> Project Related <input type="checkbox"/> No Change
Product Adaptor:			<input type="checkbox"/> Project Related <input 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:				<input type="checkbox"/> Project Related <input type="checkbox"/> No Change
Hose Assemblies:				<input type="checkbox"/> Project Related <input type="checkbox"/> No Change
Nozzles:				<input type="checkbox"/> Project Related <input type="checkbox"/> No Change
Breakaway Couplings:				<input type="checkbox"/> Project Related <input type="checkbox"/> No Change
Swivels:				<input type="checkbox"/> Project Related <input type="checkbox"/> No Change
Nozzle Type (Check all that apply): <input 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:
	Diesel:

Site Information:

Coordinate location of the centroid of the dispensers*	
Coordinate location of the of P/V Relief Valve(s)*	
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)	
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)	

* 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	
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).	

Fee schedules available here: <https://www.orcaa.org/permit-programs/fee-schedules/>