



## Gasoline Dispensing Facilities - Notice of Intent to Operate (NOI)

This NOI form applies to gasoline dispensing facilities that are located within the jurisdiction of the Olympic Region Clean Air Agency. To file a NOI for exemption from a Notice of Construction under ORCAA Rule 6.1(b)(3), complete this notification and submit it to ORCAA. This form, along with the appropriate fee, must be submitted a minimum of 15 days prior to commencing construction.

**\*Note: If you are the owner/operator of any one of the following types of facilities listed below, do not submit this form. Please complete and submit Form 1 and Form 16 to apply for a Notice of Construction (NOC).**

- (1) A facility that is subject to the Stage II requirements in WAC 173-491-040(5);
- (2) A facility that is proposing to remove a Stage II vapor recovery system: or,
- (3) A facility that is part of a source subject to ORCAA Rule 5 ([Operating Permit Program](#)); or,

If your facility does not fall under any of the descriptions listed in 1 - 3 above, please proceed with this form. If you are unsure, please call our office.

Please complete the following:

- Read ORCAA Rule 8.12. You can find ORCAA's Regulations online at [www.orcaa.org](http://www.orcaa.org).
- Fill out this form completely, sign and date it. This form is considered incomplete until signed.
- Provide a site map depicting the property lines and the location of the dispensers.
- Indicate what equipment you will be installing by checking the appropriate box on Page 3. **All new and modified gasoline dispensing facilities must install current CARB-Approved Stage I EVR systems.**
- Enclose a check made out to the Olympic Region Clean Air Agency for the notification fee, or pay online at [www.orcaa.org](http://www.orcaa.org)
- Submit the **original** notification by mail or drop it off at our office in Olympia

If the notification contains any confidential business information, please complete a Request of Confidentiality of Records.

**OLYMPIC REGION CLEAN AIR AGENCY**

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

**FORM 1G- NOTICE OF INTENT TO OPERATE (NOI)**

CONSTRUCTION or MODIFICATION OF A GASOLINE DISPENSING FACILITY – ORCAA Rule 6.1(b)(3)

|   |                          |                           |
|---|--------------------------|---------------------------|
| Business Name:  |                          | <b>For ORCAA use only</b> |
| Mailing Address (address, city, state, zip):  |                          | File No:                  |
| Physical Address of Project/New Source (address, city, state, zip):   |                          | County No:                |
| Billing Address (address, city, state, zip):  |                          | Source No:                |
| Are you currently registered with ORCAA? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                          | Application No:           |
| Process/Material/Equipment to be installed or modified:   |                          | Date Received:            |
| Project Start Date:   | Project Completion Date: |                           |
| Do you request confidentiality? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please visit <a href="http://www.orcaa.org">www.orcaa.org</a> or contact ORCAA’s Public Records Officer to learn about the process for submittal. |                          |                           |
| Name of Applicant or Owner of Business:   |                          | <b>Agency Use Only</b>    |
| Title:  |                          |                           |
| Phone:  |                          |                           |
| Email:  |                          |                           |
| Authorized Representative for Application (if different than above):  |                          |                           |
| Title:  |                          |                           |
| Phone:  |                          |                           |
| Email:  |                          |                           |
| Facility Operations Contact Name (if different than owner):   |                          |                           |
| Title:  |                          |                           |
| Phone:  |                          |                           |
| Email:  |                          |                           |
| I hereby certify that the information contained in this request is, to the best of my knowledge, complete and correct.  |                          |                           |
| Signature of Owner or Authorized Representative:  | Date:                    |                           |

## Tank(s) Information

|                      | Tank #1  | Tank #2  | Tank #3  | Tank #4  |
|----------------------|--|--|--|--|
| Type:                | <input type="checkbox"/> Aboveground<br><input type="checkbox"/> Underground   | <input type="checkbox"/> Aboveground<br><input type="checkbox"/> Underground   | <input type="checkbox"/> Aboveground<br><input type="checkbox"/> Underground   | <input type="checkbox"/> Aboveground<br><input type="checkbox"/> Underground   |
| Volume (in gallons): |  |  |  |  |
| Product Stored:      |  |  |  |  |
| Manufacturer:        |  |  |  |  |
| Tank Status:         | <input type="checkbox"/> Project Related<br><input type="checkbox"/> No Change | <input type="checkbox"/> Project Related<br><input type="checkbox"/> No Change | <input type="checkbox"/> Project Related<br><input type="checkbox"/> No Change | <input type="checkbox"/> Project Related<br><input type="checkbox"/> No Change |

## Stage I Enhanced Vapor Recovery System Information

\*Current CARB-approved Stage I EVR systems are required for any new or upgraded gasoline storage tank with a storage capacity of 2,000 gallons or more and located at a gasoline dispensing facility with a cumulative gasoline storage capacity of  $\geq 10,000$  gallons.

| Underground Storage Tank Systems  | Aboveground Storage Tank Systems  |
|---|---|
| <input type="checkbox"/> <a href="#">Phil-Tite System (VR-101-*)</a><br><input type="checkbox"/> <a href="#">OPW System (VR-102-*)</a><br><input type="checkbox"/> <a href="#">EBW System (VR-103-*)</a><br><input type="checkbox"/> <a href="#">CNI System (VR-104-*)</a><br><input type="checkbox"/> <a href="#">EMCO Wheaton System (VR-105-*)</a> | <b>PHASE I</b><br><input type="checkbox"/> <a href="#">OPW System (VR-401-*)</a><br><input type="checkbox"/> <a href="#">Morrison Brothers (VR-402-*)</a><br><br><b>STANDING LOSS CONTROL</b><br><input type="checkbox"/> <a href="#">Standing Loss Control for New Installation (VR-302-*)</a> |
| <b>Attach the Equipment List from the CARB Executive Order marked above and highlight the proposed equipment</b><br><i>Note: CARB refers to the system as Phase I &amp; Phase II instead of Stage I and Stage II</i>  |   |

## Dispensing Equipment

| Stage II Vapor Recovery System: <input type="checkbox"/> Currently in operation <input type="checkbox"/> To be installed as part of project <input type="checkbox"/> N/A |                                    |              |                 |   |
|--|------------------------------------|--------------|-----------------|---|
| Stage II <a href="#">CARB Executive Order No.:</a>   | System Type (check all that apply) |              |                 |   |
|  | <u>Manufacturer</u>                | <u>Model</u> | <u>Quantity</u> | <u>Equipment Status</u>   |
|  |                                    |              |                 | <input type="checkbox"/> Balanced<br><input type="checkbox"/> Vacuum Assisted<br><input type="checkbox"/> ORVR Compatible |
| Dispensers:  |                                    |              |                 | <input type="checkbox"/> Project Related<br><input type="checkbox"/> No Change  |
| Hose Assemblies:   |                                    |              |                 | <input type="checkbox"/> Project Related<br><input type="checkbox"/> No Change  |
| Nozzles:   |                                    |              |                 | <input type="checkbox"/> Project Related<br><input type="checkbox"/> No Change  |
| Breakaway Couplings:   |                                    |              |                 | <input type="checkbox"/> Project Related<br><input type="checkbox"/> No Change  |
| Swivels:   |                                    |              |                 | <input type="checkbox"/> Project Related<br><input type="checkbox"/> No Change  |
| <b>Nozzle Type (Check all that apply):</b> <input type="checkbox"/> Dripless <input type="checkbox"/> Liquid Removal Device <input type="checkbox"/> Vapor Check Valve   |                                    |              |                 |   |

|   |           |
|---|-----------|
| What are the expected annual gasoline sales for the facility (in gallons)   | Gasoline: |
| Coordinate location of the centroid of the dispensers (Latitude & Longitude or UTM)   |           |
| Distance from the centroid of the pumps to the nearest point on the property lines of the nearest lot on which a permanent residence is located |           |
| <b>***Please provide a map illustrating the above distances, including buildings, dispensers, and property lines***</b>                         |           |