



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 6.4, 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.
- 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
- 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) FOR GASOLINE DISPENSING FACILITIES ORCAA RULE 6.4(a)(3)

Form 1G Instructions:

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

Business Name:	For ORCAA use only
Mailing Address:	File No: County No: Source No: Notification No:
Physical Address of Project or New Source:	Date Received:
Billing Address:	
Process, Material or Equipment to be installed or modified:	
Project Start Date: ___ / ___ / ___ Anticipated Completion Date: ___ / ___ / ___	
Is facility currently registered with ORCAA? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Owner of Business:	Agency Use Only
Title:	
Email:	Phone:
Authorized Representative for Notification (if different than owner):	
Title:	
Email:	Phone:
I hereby certify that the information contained in this notification is, to the best of my knowledge, complete and correct.	
Signature of Owner or Authorized Representative: (sign in Blue Ink)	
	Date:
IMPORTANT: Do not send via email or other electronic means. ORCAA must receive Original, hardcopy, signed form and payment prior to processing notification.	

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
Volume (in gallons):				
Product Stored:				
Manufacturer:				
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

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"/> Phil-Tite System (VR-101-*) <input type="checkbox"/> OPW System (VR-102-*) <input type="checkbox"/> CNI System (VR-104-*) <input type="checkbox"/> EMCO Wheaton System (VR-105-*)	<u>PHASE I</u> <input type="checkbox"/> OPW System (VR-401-*) <input type="checkbox"/> Morrison Brothers (VR-402-*) <u>STANDING LOSS CONTROL</u> <input type="checkbox"/> Standing Loss Control for New Installation (VR-302-*)
Attach the Equipment List from the CARB Executive Order marked above and highlight the proposed equipment <i>Note: CARB refers to the system as Phase I & 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 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:				<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				

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