

BULK FUEL STORAGE FACILITY SUMMARY

Permit processing will be delayed if this form is incorrectly completed. Include this form with an application submittal for either a new or a proposed modification to an existing bulk fuel storage facility. If the application is for a modification, please complete the form in a manner reflecting **proposed changes of existing facility equipment, throughput, product type, or operating hours.**

I. GENERAL INFORMATION

a. The "doing business as" name of the facility is: _____

b. Facility location: _____

c. The equipment owner(s) are: _____

d. The onsite operator/dealer's name is: _____

e. Operating hours: _____ hours/day, _____ days/year.

f. Yes No. Is the facility boundary line located within 1000 feet of a school?

II. TANK INFORMATION

a. Submerged fill pipe: Yes No

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Application Form -25b

b. Complete the following table:

Tank #	Gallons per tank	Product Type	Under- ground	Above- ground
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

III. PHASE I VAPOR RECOVERY INFORMATION

*(TANK/TRUCK LOADING - DELIVERY OF PRODUCT FROM TRUCK TO
STORAGE TANK OR STORAGE TANK TO TRUCK)*

a. Truck loading of gasoline will occur of diesel fuel will occur will not occur

b. For each tank installed ABOVEGROUND, provide the tank manufacturer's name:

Tank Number	Manufacturer Name
_____	_____
_____	_____
_____	_____
_____	_____

California Air Resource Board (CARB) Executive Order Number if known:

c. For each tank installed UNDERGROUND, provide the following information:

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Tank Number	Vapor Recovery System		Overfill Protection	
	Type (Two Point or Coaxial)	Manufacturer	Installed?	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CARB Executive Order Number if known: _____

IV. THROUGHPUT INFORMATION (Please insure that the throughput figures are acceptable)

The anticipated maximum monthly throughput of product for the entire facility is:

_____ gallons gasoline loaded into storage tanks

_____ gallons of gasoline loaded into bulk trucks.

V. BULK PLANT INFORMATION

Number of gasoline bulk truck loading arms/connections _____. Number of diesel fuel bulk truck loading arms/connections _____. Number of gasoline bulk plant pumps _____. Will gasoline be bottom loaded into the trucks? yes no. Horsepower rating of gasoline bulk plant pumps _____. Number of diesel fuel bulk plant pumps _____. Horsepower rating of diesel fuel bulk plant pumps _____. Please provide a simplified process flow diagram showing the tanks, pumps, truck unloading equipment, truck loading equipment and product and vapor piping (including vents).

COMPLETED BY: _____ TITLE: _____
(Please Print)

DATE: _____ PHONE: _____

SIGNATURE: _____

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