



Permit-by-Rule Notification Form
Gasoline Dispensing Facility

Submission of this form constitutes notice that the party identified in Section I of this form intends to be authorized to install/operate a source of air pollution according to the permit-by-rule provisions of OAC 3745-31-03. By submitting this form, the applicant agrees to operate and maintain the facility and equipment in accordance with the applicable permit-by-rule provisions. An original signature is needed and forms transmitted by fax will not be accepted. Complete all information as indicated by the instructions.

I. Applicant Information / Mailing Address

Company (Applicant) Name: \_\_\_\_\_

Mailing (Applicant) Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

II. Facility / Site Location Information

Facility Name: \_\_\_\_\_

Facility Address / Location: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Facility Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Ohio EPA Facility ID Number (10-digit) if known - See Instructions: \_\_\_\_\_

III. Reason for Submitting Notification:

Initial request Equipment modification or Stage II Decommissioning Ownership change

Request for revocation of current permit - See Instructions and complete additional information below

Permit to install (PTI) or Permit to operate (PTO) number

Emission Unit ID (4-digit)

\_\_\_\_\_

\_\_\_\_\_

IV. Permit-by-Rule Requested - See Instructions for eligibility by county

Facility with Stage I controls in one of the following counties: Delaware, Franklin, Licking, Lucas, Mahoning, Stark, Trumbull, or Wood

Facility with only Stage I controls or Stage I and II controls in one of the following counties: Ashtabula, Butler, Clark, Clermont, Cuyahoga, Geauga, Greene, Hamilton, Lake, Lorain, Medina, Miami, Montgomery, Portage, Summit, or Warren

V. Storage Tank Information

Yes No Are all gasoline tanks equipped with submerged fill pipes? \_\_\_\_\_

VI. Vapor Control System for Tank Filling (Stage I controls):

Vapor balance, single point Vapor balance, dual point Other, describe \_\_\_\_\_

**VII. Vapor Control System for Vehicle Refueling (Stage II controls):** *Required in certain counties, see Instructions*

Manufacturer Name: \_\_\_\_\_ Model Number: \_\_\_\_\_

CARB Executive Order Number: \_\_\_\_\_ Date installed (month/year) \_\_\_\_\_

Number of nozzles	Manufacturer	Model Number

**VIII. Volume of Gasoline Dispensed:** \_\_\_\_\_ gal/month, \_\_\_\_\_ gal/year

**IX. Vapor Control System Exemption Status (check all that apply)**

- Stage I controls exemption per OAC 3745-21-09(R)(4) – *See Instructions for additional information required to be submitted with this form.*
- Stage II controls exemption per OAC 3745-21-09(DDD)(4) – *See Instructions for additional information required to be submitted with this form.*
- This is a new gasoline dispensing facility that was not required to install Stage II vapor control per OAC 3745-21-09(DDD)(4) and installed low permeation hoses.
- Not applicable

**X. Decommissioned Stage II Vapor Control System:**

- This is an existing gasoline dispensing facility that decommissioned in accordance with OAC 3745-21-09(DDD)(5) and installed low permeation hoses on \_\_\_\_\_ (month/year)

I certify under penalty of law that all statements or assertions of fact made in this notification are true and complete, and shall subject the signatory to liability under state laws forbidding false or misleading statements.

Applicant Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETAIN A COPY OF THIS FORM FOR YOUR RECORDS**

Mail the original signed form to the appropriate Air Permit Review Agency (District Office/Local Air Agency) for your county. (Please refer to the Air Permit Review Agency map in the attached instructions for mailing address).

Rev 12/10

For Ohio EPA Use Only:

FAC ID: \_\_\_\_\_

Date received \_\_\_\_\_

# INSTRUCTIONS: Permit-by-Rule Form Gasoline Dispensing Facility

## GENERAL INSTRUCTIONS:

Provide complete responses to all applicable questions. Submittal of an incomplete form will delay review and processing. If you need assistance, contact your Ohio EPA District Office or Local Air Agency for assistance. Contact the Ohio EPA, Division of Air Pollution Control at (614) 644-2270 for more information on contacting your local district office or go to <http://www.epa.ohio.gov/> and select "Local Air Agencies" from the "Divisions and Offices" link on the title bar. For more information on the permit-by-rule process, including online tracking of your notification form, go to <http://www.epa.ohio.gov/dapc/pbr/permitbyrule.aspx>

This is a notification form for a gasoline dispensing facility intended to be installed and/or operated according to the permit-by-rule provisions of OAC 3745-31-03. The permit-by-rule (PBR) provisions cover all equipment (pumps, nozzles, storage tanks, vapor recovery systems, piping, etc.) which are part of gasoline dispensing operations but do not cover other types of air pollution sources, if present at the facility, such as solvent parts washers, boilers, or diesel electrical generators which may require air pollution permits. For copies of these regulations, contact your Ohio EPA District Office or Local Air Agency. State regulations may also be viewed and downloaded from the Ohio EPA website at <http://www.epa.ohio.gov/dapc/regs/regs.aspx>

- I. Enter the company name, corporate name or other name and mailing address for the legal entity which owns or operates the facility specified in the permit-by-rule notification (example: Hi-Way Gas Stations, Inc. or ABC Petroleum Corporation). Provide the name of the individual to be contacted concerning questions about the notification form being submitted.
- II. Enter the name and address for the facility at which the permit-by-rule units (equipment) operate (example: 45th Street Shop, Station #27). This could be the same as the applicant name if the facility has no independent name. This address information is the location of the facility and not the mailing address, unless they are the same. Provide the name of the individual at the facility to be contacted concerning questions about the operation of the facility. Please specify the 10-digit Ohio EPA facility ID number if the facility has been issued air pollution permits from the Ohio EPA. If no permits exist, leave this blank. The facility ID number is contained in permits to install, permits to operate, or fee emission reports sent to the facility by Ohio EPA. If not known, contact the District Office or Local Air Agency with jurisdiction in the area the facility is located to confirm the facility ID number.
- III. Check all applicable boxes. Check "Initial" if this is a new installation or the first request to operate under a permit-by-rule provision. Check "Equipment modification" if making substantial equipment changes (example: replacing vapor control system or **decommissioning the vapor control system**) since the initial notification. Check "Ownership change" if the facility has changed names, contact person, or has a new owner intending to operate under a permit-by-rule provision. If using this form to also request the revocation of existing permits, specify the permit numbers and all applicable 4-digit emission unit IDs (G001, T001, etc.) These numbers are contained in permits to install, permits to operate, or fee emission reports sent to the facility by Ohio EPA. If not known, contact the District Office or Local Air Agency with jurisdiction in the area the facility is located to confirm the permit numbers and emission unit ID numbers.
- IV. Check the permit-by-rule provision requested. Facilities in Delaware, Franklin, Licking, Lucas, Mahoning, Stark, Trumbull, and Wood counties are eligible for the Stage I controls PBR. Facilities in Ashtabula, Butler, Clark, Clermont, Cuyahoga, Geauga, Greene, Hamilton, Lake, Lorain, Medina, Miami, Montgomery, Portage, Summit, and Warren counties are eligible for the Stage I controls or Stage I and II controls PBR (**GDFs decommissioning the vapor control system would check the box for Stage I and/or II controls**).
- V. Check "Yes" or "No" to indicate if all gasoline storage tanks have a fill pipe that extends to within six inches of the tank bottom. Also see OAC 3745-21-01 for the regulatory definition of "submerged fill pipe". Please note if you answer "No", the facility is not eligible for PBR authorization to install or operate. Please complete a permit-to-install application (forms are available at <http://www.epa.ohio.gov/dapc/fops/eac/eacforms.aspx>) or continue to operate in accordance with your existing permits if the gasoline dispensing facility has been previously permitted.
- VI. This refers to the type of system employed to control volatile organic compound (VOC) emissions during delivery of gasoline from a tank truck to storage tanks at the gasoline dispensing facility (i.e. Stage I controls). Check the appropriate box as follows: Vapor Balance System, Single Point (VB-1) means coaxial fill pipe and adaptor; Vapor Balance System, Dual Point (VB-2) means separate fill pipe and vapor return pipe; and Other means a system other than vapor balance (e.g., vapor adsorption or refrigeration). If an exemption from the Stage I control requirements is being claimed (Section IX), leave this blank.
- VII. This section **MUST** be completed for a facility located in Ashtabula, Butler, Clark, Clermont, Cuyahoga, Geauga, Greene, Hamilton, Lake, Lorain, Medina, Miami, Montgomery, Portage, Summit, and Warren counties unless an exemption from the Stage II control requirements is claimed or if the facility has decommissioned. If claiming an exemption or if the facility has decommissioned (Sections IX. Or X.), leave this blank. Identify the manufacturer and model number of the Stage II vapor control equipment and date the system was/will be installed. Provide the Executive Order Number (issued by California Air Resources Board) for the equipment; for example, G-70-14-AA.

Identify the quantity, manufacturer, and model number of each type of dispensing nozzle. Information and copies of executive orders, approval letters, equipment advisories, and equivalent test procedures may be obtained by writing to: "California Air Resources Board, Monitoring and Laboratory Division, P.O. Box 2815, Sacramento, CA, 95812-2815" or by calling (916) 327-0900. The full texts of all CARB certification documents are also available in electronic format at <http://www.arb.ca.gov/vapor/vapor.htm> or by contacting your equipment vendor or Ohio EPA District Office or Local Air Agency.

- VIII. Provide the maximum gasoline throughput based on the previous two calendar years. For new facilities provide an estimate of the maximum expected gasoline throughput for a full month and year. To qualify for permit-by-rule, this throughput must be below 3,800,000 gallons/year for the Stage I permit-by-rule, and below 16,000,000 gallons/year for the Stage II permit-by-rule.
- IX. If claiming an exemption from the Stage I or Stage II vapor control equipment requirements pursuant to paragraphs (R)(4) or (DDD)(4) of OAC rule 3745-21-09 respectively, please attach a written description of the appropriate exemption to this notification form. If claiming exempt status as an independent small business marketer (ISBM), please contact your Ohio EPA District Office or Local Air Agency.
- X. Check the box if this is an existing gasoline dispensing facility that decommissioned the Stage II vapor recovery system and include the date (month/year) the system was decommissioned.

**Signature Requirements** – This notification will be deemed incomplete if it is not signed by the appropriate signatory. Please see the following guidance at [http://www.epa.ohio.gov/portals/27/title\\_v/respoff.pdf](http://www.epa.ohio.gov/portals/27/title_v/respoff.pdf) for more information on who is authorized to sign this form or contact your Ohio EPA District Office or Local Air Agency.