EMISSIONS ACTIVITY CATEGORY FORM
GASOLINE, DIESEL, AND/OR KEROSENE DISPENSING FACILITY

This form is to be completed for each facility that dispenses gasoline, diesel fuel or kerosene products into vehicles. State/Federal regulations which may apply to these facilities are listed in the instructions. Note that there may be other regulations which apply to this emissions unit which are not included in this list.

1. Reason this form is being submitted (Check one)

☐ New Permit ☐ Renewal or Modification of Air Permit Number(s) (e.g. G001)

2. Complete the table below for all tanks that store gasoline, diesel, or kerosene to be dispensed into motor vehicles and/or portable containers. See item (4) for additional information on the types of vapor control systems for tank filling. Also, any tank that stores used lubricating oil is to be included in the table below.

<table>
<thead>
<tr>
<th>Tank ID</th>
<th>Tank Capacity (gallons)</th>
<th>Date Installed (mo/yr)</th>
<th>Material Stored (gasoline) (kerosene) (diesel) (used oil)</th>
<th>Type of Vapor Control System for Tank Filling (none, VB-1, VB-2, or other)</th>
<th>Fill Pipe Within 6 inches of Tank Bottom (yes or no)</th>
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3. Provide the number of dispensing nozzles for each petroleum product:

__________ gasoline  _________ diesel  _________ kerosene

If a vapor control system is employed for gasoline motor vehicle refueling (Stage II), complete item (5) and mark an "X" here. __________
4. Provide the total gallons of petroleum products dispensed in each of the last two years (if a new facility, provide an estimate of the maximum expected throughput for a full year).

<table>
<thead>
<tr>
<th>Year of 20_ _</th>
<th>______________ gallons of gasoline</th>
<th>Year of 20_ _</th>
<th>______________ gallons of gasoline</th>
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<tbody>
<tr>
<td>______________ gallons of diesel</td>
<td>______________ gallons of diesel</td>
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<td>______________ gallons of kerosene</td>
<td>______________ gallons of kerosene</td>
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5. Vapor Control System for Tank Filling (Stage I): If applicable, mark an "X" in the appropriate space and complete the data requested.

____ (VB-1): Vapor Balance System, Single Point. This system consists of a coaxial, concentric or tube-in-tube fill pipe designed for simultaneous loading of the storage tank and return of displaced vapor to the delivery vessel. An adapter is needed for proper attachment to the delivery vessel's liquid/vapor connection. Identify the manufacturer and item number of the drop tube, adapter and any fitting on the line below.

_______________________________________________________________________

____ (VB-2): Vapor Balance System, Dual Point. This system consists of a pipe, separate from the fill pipe, designed for the return of displaced vapor to the delivery vessel during loading of the storage tank. An adapter is needed on the vapor return pipe for proper attachment to the delivery vessel's vapor hose. Identify the manufacturer and item number of the vapor return pipe, adapter and fitting on the line below.

_______________________________________________________________________

____ (Other): Vapor Control System, Other Tank Vapor Balance. This system is designed to recover or reduce the emission of displaced vapor during loading of the storage tank, but it is not a vapor balance system as indicated above. Identify the manufacturer, model number and type of vapor control system on the line below. (Additional information on this system may be requested if needed.)

_______________________________________________________________________

6. Vapor Control System for Gasoline Motor Vehicle Refueling (Stage II):

Type of vapor collection and control system (check one only):

_____ Vapor Balance   _____ Vacuum Assist   _____ Other ______________________

Complete the following table for the all equipment (i.e., nozzles, hoses and dispensers) that constitute the vapor recovery system. If more than one type nozzle or hose identify each.

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Number of Items</th>
<th>Manufacturer’s Name</th>
<th>Model Number</th>
<th>CARB Number (i.e., Executive Order No.)</th>
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7. **Exemption from Stage II**: If applying for an exemption from the State II vapor control requirements based on average gasoline throughput per month, please complete this item.

   a. Average gallons of gasoline per month: _______________ gallons/month*

   *Basis for gallons/month (check one):

   _____ Based on average monthly sales from November 16, 1990 through November 15, 1992. The facility was not inactive during this two-year period.

   _____ Based on average monthly sales for twenty-four months of activity. The facility was inactive during a portion of the two-year period from November 16, 1990 through November 15, 1992. (Attach summary on monthly sales.)

   _____ Based on the last twenty-four months of activity for facilities which records are not available for 1990 to 1992.

   _____ Based on estimated average of 24 months of activity for new facilities or recently purchased facilities for which no previous records are available.

   b. Claiming exemption for less than 10,000 gallons/month throughput:  
      _____ Yes    _____ No

   c. Claiming exemption for less than 50,000 gallons/month throughput and status as an independent small business marketer:  
      _____ Yes    _____ No

8. **Independent Small Business Marketer**: This item must be completed if claiming status as an independent small business marketer.

   a. The owner of the facility is a refiner:  _____ Yes    _____ No

   b. The owner of the facility controls, is controlled by, or is under common control with a refiner:  
      _____ Yes    _____ No

   c. The owner is otherwise directly or indirectly affiliated (as determined under the regulations of the U.S. Environmental Protection Agency) with a refiner or with a person who controls, is controlled by, or is under a common control with a refiner (unless the sole affiliation referred to herein is by means of a supply contract or an agreement or contract to use as a trademark, trade name, service mark, or other identifying symbol or name owned by such refiner or any such person):  
      _____ Yes    _____ No

   d. The owner of the facility receives less than fifty percent of its annual income from refining or marketing of gasoline:  _____ Yes    _____ No

   If all four conditions of item (8) are answered "No", the owner of the gasoline dispensing facility can claim status as an "independent small business marketer".

   **NOTE**: The term "refiner" shall not include any refiner whose total refinery capacity (including the refinery capacity of any person who controls, is controlled by, or is under common control with, such refiner) does not exceed sixty-five thousand barrels per day, and the term "control" of a corporation means ownership of more than fifty percent of its stock.
9. (Optional) Stage II Compliance Schedule for Independent Small Business Marketer: If the facility is owned by an independent small business marketer and the facility is not otherwise exempted, then the following compliance schedule is applicable:

a. A minimum of thirty-three percent of the gasoline dispensing facilities owned shall achieve final compliance by March 31, 1994;

b. A minimum of sixty-six percent of the gasoline dispensing facilities owned shall achieve compliance by March 31, 1995;

c. One hundred percent of the gasoline dispensing facilities owned shall achieve final compliance by March 31, 1996.

If item (8) is applicable, please attach documentation on the Stage II compliance schedule for all facilities owned by the independent small business marketer. Also, item (8) must be completed. If documentation is attached, mark an "X" here: ____
INSTRUCTIONS FOR COMPLETION OF THE EMISSIONS ACTIVITY CATEGORY FORM FOR A GASOLINE, DIESEL AND/OR KEROSENE DISPENSING FACILITY

GENERAL INSTRUCTIONS:

Provide complete responses to all applicable questions. If an item does not apply to the emissions unit, write in “Not Applicable” or “NA.” If the answer is not known, write in “Not Known” or “NK.” If you need assistance in understanding a question after reading the instructions below, contact your Ohio EPA District Office or Local Air Agency for assistance. Submittal of an incomplete application will delay application review and processing. In addition, the application may be returned as incomplete if all applicable questions are not answered appropriately.

This is a technical information form for gasoline, diesel and/or kerosene dispensing facilities. A gasoline, diesel and/or kerosene dispensing facility (GDF) is any site where such fuels are dispensed to motor vehicle tanks from stationary storage tanks. An air pollution permit from Ohio EPA is required for all GDFs having a maximum annual throughput greater than six thousand gallons of gasoline and located in the following counties: Ashtabula, Butler, Clark, Clermont, Clinton, Columbiana, Cuyahoga, Delaware, Franklin, Geauga, Greene, Hamilton, Jefferson, Lake, Licking, Lorain, Lucas, Mahoning, Medina, Miami, Montgomery, Portage, Preble, Stark, Summit, Trumbull, Warren, Washington, and Wood.

Stage I pertains to the control of volatile organic compound (VOC) emissions during delivery of gasoline from a tank truck to storage tanks at the gasoline dispensing facility. Stage II pertains to the control of VOC emissions during dispensing of gasoline into motor vehicle storage tanks.

For gasoline dispensing facilities located in the following 16 counties, items (5) through (8) (Stage II vapor controls) must be completed: Ashtabula, Butler, Clark, Clermont, Cuyahoga, Geauga, Greene, Hamilton, Lake, Lorain, Medina, Miami, Montgomery, Portage, Summit, and Warren.

APPLICABLE REGULATIONS

The following State and Federal Regulations may be applicable to gasoline/diesel/kerosene dispensing facilities. Note that there may be other regulations which apply to this emissions unit which are not included in this list.

Federal: None

State: OAC rule 3745-31-02 (Permit to Install)
       OAC rule 3745-35-02 (Permit to Operate)
       OAC rule 3745-21-09 (R) (Stage I vapor control systems)
       OAC rule 3745-21-09 (DDD) (Stage II vapor control systems)

If you would like a copy 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.state.oh.us/dapc/regs/regs.html. Federal regulations may be viewed and downloaded at http://www.epa.gov/docs/epacfr40/chapt-l.info/subch-C.htm.

CALCULATING EMISSIONS:

Emissions of Volatile Organic Compounds (VOC) can be estimated by using emission factors and the following equations:
For facilities equipped with Stage I controls only:

\[ \text{VOC emissions (tons/yr)} = \frac{\text{Annual throughput of gasoline (gallons)} \times 13.0}{2,000,000} \]

For facilities equipped with Stage I and Stage II controls:

\[ \text{VOC emissions (tons/yr)} = \frac{\text{Annual throughput of gasoline (gallons)} \times 3.1}{2,000,000} \]

Manufacturers of some types of control equipment develop emissions estimates or have stack test data which you can request. Stack testing of the emissions may be done. Emissions unit sampling test data may be either for this emissions unit or a similar one located at the facility or elsewhere.

**SPECIFIC INSTRUCTIONS:**

1. Indicate whether this is an application for a new permit or an application for permit renewal. If applying for a permit renewal, provide the 4-character OEPA emissions unit identification number.

2. Complete this table for all tanks located at the gasoline, diesel and/or kerosene dispensing facility. The "Tank ID" may be your company's own method of identification or the numbering of each tank starting with "1". Under "Tank Capacity" enter the total capacity of each tank in gallons and under "Date Installed" enter the month and year in which the tank was installed. Enter the material stored under the "Material Stored" column. Under "Type of Vapor Control System for Tank Filling" enter the appropriate type for Stage I vapor control as follows:

   - **None:** means there is no current vapor control system for tank filling
   - **VB-1:** means Vapor Balance System, Single Point (coaxial fill pipe and adaptor)
   - **VB-2:** means Vapor Balance System, Dual Point (separate fill pipe and vapor return pipe)
   - **Other:** means Vapor Control System other than vapor balance (e.g., vapor adsorption or refrigeration)

   In the last column, enter a "yes" or "no" to indicate if the fill pipe extends to within six inches of the tank bottom.

3. Provide the number of nozzles for each type of petroleum product.

4. Identify the two previous calendar years and enter the total gasoline, diesel, and kerosene dispensed within each year. New facilities, provide an estimate of the maximum expected throughput for a full year.

5. Complete this item for each type of vapor control system identified in item (1).

6. Check the type of Stage II vapor recovery system installed or to be installed at the facility. Completely fill out the table for vapor recovery equipment. Count only equipment which is used for gasoline. Provide the number of nozzles, hoses and dispensers and manufacturer's name and model number. If more than one type of nozzle or hose identify each. Also, provide the Executive Order Number (issued by California Air Resources Board) for the nozzles, hoses and dispensers. Check to see if the Executive Order for each item is compatible with the other items (i.e., are the
hoses compatible with the nozzles, etc.). If any item in the table is not known at the time of submission of this form, please insert "unknown" and provide a date for submittal of the missing information.

7. If applying for an exemption from the Stage II vapor control requirements, this item must be completed. Provide the average gallons of gasoline per month based on either average monthly sales from November 16, 1990 through November 15, 1992 or average monthly sales for 24 months if the facility was inactive during the two-year period. Exemption can be claimed if the facility has less than 10,000 gallons/month throughput or if the facility has less than 50,000 gallons/month throughput and is owned by an independent small business marketer. If claiming status as an independent small business marketer, then item (8) must be completely filled out. New facilities may base exemption on an average estimation of twenty four months of activity. Facilities for which records are not available for 1990 to 1992 may base average on the last 24 months of activity.

8. To claim status as an independent small business marketer, items (8a) through (8d) must be completed.

9. If claiming status as an independent small business marketer, then the compliance schedule under this item could be used. If this schedule is employed, then documentation on the compliance schedule for all facilities owned by the independent small business marketer must be attached and this item checked.