



Department of Natural Resources  
and Environmental Control  
Tank Management Section  
391 Lukens Drive  
New Castle, DE 19720  
302-395-2500 (phone)  
302-395-2555 (fax)  
www.dnrec.delaware.gov/Tanks/

**STAGE I EVR VAPOR RECOVERY SYSTEM  
CONSTRUCTION AND OPERATING PERMIT APPLICATIONS**

File Code 04

A permit is required to construct and operate a Stage I EVR Vapor Recovery System if you dispense or have dispensed more than 10,000 gallons (total of all grades) of gasoline in any one month after November 15, 1990. This application must be completed, returned to the Department and will serve as 60 days' notice for the Department's review and approval process. **You must include a construction permit fee of \$120.00 per facility with this application made payable to the State of Delaware.**

**1. FACILITY INFORMATION**

Facility ID#: 1-000493 Select one:  UST  AST  
Name: Wawa Food Market #886 Street: 11455 S. Dupont Highway  
City: Felton Zip: 19943 County: Kent  
Phone: Fax: Email:

**2. UST OWNER INFORMATION**

Name/Corporation: Wawa, Inc. Contact, if not named above: Paul Beu  
Street: 260 W. Baltimore Pike City: Wawa State: PA Zip: 19063  
Phone: (610)361-3839 Fax: Email: paul.beu@wawa.com

**3. CONTRACTOR INFORMATION**

Co. Name: Monridge Construction Contact Name: Jim Lai  
DE Certification #: B6147 Street: 386 Parkmount Rd.  
City: Glen Riddle State: PA Zip: 19063  
Phone: 610-558-4744 Fax: 610-558-4748 Email: monridge2@aol.com

**4. CURRENT PERMIT STATUS**

Stage I:  Yes  No If yes, Permit # \_\_\_\_\_ Date: \_\_\_\_\_

**CONSTRUCTION PERMIT APPLICATION**

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Tank ID# (1)	Grade of Gas (2a)	Capacity (Gallons) (2b)	Fill-Tube Within 6" of Bottom (3)	Type of Overfill Protection (4)
1	Premium	10,000	Yes	90% a;arm & 95% flapper on drop tube
2	Regular	20,000	Yes	90% a;arm & 95% flapper on drop tube
4	Regular	12,000	Yes	90% a;arm & 95% flapper on drop tube
5	Regular	12,000	Yes	90% a;arm & 95% flapper on drop tube

CARB Executive Order #: (5) VR-102-U

Are tank vent and vapor lines manifolded? (6) Yes:  No:

List I.D. #s of tanks that are manifolded (7) and diagram the piping configuration on separate sheet: Drawing

Vapor and fill connection type (8) Standard:  Swivel:

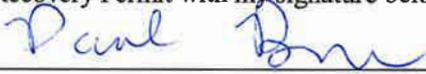
Is there a remote fill and/or remote vapor connection? (9) Yes:  No:

(Continued on P. 2)

Equipment Information: (10)

Component	Manufacturer	Model
Fill Tube	Franklin Fueling	708592901
Fill Adaptor	OPW	61VSA-1020-EVR
Vapor Adaptor	OPW	61SALP-1020-EVR
Vapor Cap	OPW	1711 LPC-0300
Fill Cap	OPW	634LPC-0400
ATG/Interstitial Cap & Adaptor	Morrison Bros.	305XPA1100AKEVR
Spill Container	OPW	1C-31502P
Vapor Container	OPW	1C-3202P
Extractor	OPW	233
Pressure/Vacuum Valve	OPW	723V-3203

I, (Print Name) Paul Beu have reviewed the above application and confirm my application for a Stage I EVR Vapor Recovery Permit with my signature below.

Signature of Tank System Owner:  Date: 11/16/23



**OPERATING PERMIT APPLICATION**

**DO NOT SIGN UNTIL CONSTRUCTION IS COMPLETED.**

Complete this section **AFTER** the installation and post-construction testing. The Construction Permit serves as a temporary Operating Permit for up to sixty (60) days after completion of the testing. During the 60 days, the Operating Permit must be applied for and received. The complete Operating Permit application includes the signed application, post-construction tests, soils analysis, and soils disposition as specified in the construction permit.

I, (Print Name) \_\_\_\_\_ certify under penalty of law that the installed Stage I EVR Vapor Recovery System conforms to all the conditions listed in the construction permit.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Official Use Only</b>	\$120.00	1100444769
Date Received: <u>11/20/2023</u>	Ck. Amt. <u>\$250.00</u>	Ck. # <u>1100444770</u> Bank # <u>3120277</u>
Construction Permit Number: <u>APC-2024/4122.CI EVR</u>	Date Issued: _____	
Date Operating Permit Application Received: _____		
Operating Permit Number: _____	Date Issued: _____	