



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#: 3-003747 Select one: UST AST
Name: Wawa Food Market #891 Street: 1115 S. College Ave
City: Newark Zip: 19702 County: New Castle
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	11,000	Yes	90% a;arm & 95% flapper on drop tube
5	Regular	11,000	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:

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-31512P
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: Paul Beu  Digitally signed by Paul Beu
Date: 2024.05.31 08:09:33 -04'00' Date: _____



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: _____

For Official Use Only	
Date Received: <u>6/4/2024</u>	Ck. Amt. <u>\$120 & \$250</u> Ck. # <u>1100450847 & 1100450848</u> Bank # <u>031202770</u>
Construction Permit Number: <u>APC-2024/4142.CI EVR</u>	Date Issued: _____
Date Operating Permit Application Received: _____	
Operating Permit Number: _____	Date Issued: _____