



**Department Of Natural Resources And Environmental Control**  
**Tanks Compliance Branch**  
**391 Lukens Drive**  
**New Castle, DE 19720**  
**(302)395-2500 (phone)**  
**DNRECTanksCompliance@delaware.gov**  
**https://dnrec.alpha.delaware.gov/waste-hazardous/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#: 8-000295 Select one:  UST  AST  
 Name: Milton Bulk Plant Street: 15046 Gravel Hill Rd.  
 City: Milton Zip: 19968 County: Sussex  
 Phone: 302-645-7000 Fax: \_\_\_\_\_ Email: matt@wilsonbaker.com

**2. OWNER INFORMATION**

Name/Corporation: Wilson Baker Inc. Contact, if not named above: Matt Baker  
 Street: PO BOX 250 City: Milton State: DE Zip: 19968  
 Phone: 302-645-7000 Fax: \_\_\_\_\_ Email: matt@wilsonbaker.com

**3. CONTRACTOR INFORMATION**

Co. Name: Delmarva Petroleum Service, LLC Contact Name: Travis Walls  
 DE Certification #: B9205 Street: PO Box 71  
 City: Lincoln State: DE Zip: 19960  
 Phone: 3024228148 Fax: \_\_\_\_\_ Email: Office@DPS.email

**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)
#6	Regular 87 E-10	39,900	Yes	Sensor w/ Pump Kill
#5	Non-Ethanol Mid Grade	20,000	Yes	Sensor w/ Pump Kill

CARB Executive Order #: (5) ~~VR-402-G~~ VR-402-E

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: \_\_\_\_\_

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	N/A-Steel (tanks are bottom fill)	
Fill Adaptor	Morrison Brothers	927-0400AAEVR
Vapor Adaptor	Morrison Brothers	323-0300AAEVR
Vapor Cap	Morrison Brothers	323C-0100ACEVR
Fill Cap	Morrison Brothers	735DC-4000ACEVR
ATG/Interstitial Cap & Adaptor	Morrison Brothers	305XPA-1200AKEVR
Spill Container	N/A- Concrete Containment Dike	
Vapor Container	N/A- Concrete Containment Dike	
Extractor	N/A- No Extractor	
Pressure/Vacuum Valve	Husky	5885

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

Signature of Owner: Matthew J. Baker Digitally signed by Matthew J. Baker  
Date: 2025.03.27 09:23:20 -04'00' Date: 3/27/25



**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>	4/3/2025	\$120.00	22055
Date Received:	<u>5/5/2025</u>	Ck. Amt. <u>\$250.00</u>	Ck. # <u>22136</u> Bank # <u>31100872</u>
Construction Permit Number:	<u>APC-2025/4172.CI AST EVR</u>		Date Issued: _____
Date Operating Permit Application Received:	_____		
Operating Permit Number:	_____	Date Issued:	_____