



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#: 3-001205 Select one: ☒ UST ☐ AST
Name: Dash In 1408 Street: 4700 Limestone Road
City: Wilmington Zip: 19808 County: New Castle
Phone: _____ Fax: _____ Email: _____

2. UST OWNER INFORMATION

Name/Corporation: Dash In Food stores, Inc. Contact, if not named above: Bertha Ballew
Street: PO Box 2810 City: LaPlata State: MD Zip: 20646
Phone: 301-932-3600 Fax: _____ Email: bballew@willsgroup.com

3. CONTRACTOR INFORMATION

Co. Name: SPATCO Contact Name: Mark Devey
DE Certification #: A0885 Street: 920 Keith Lane, Unit 4
City: Owings State: MD Zip: 20736
Phone: 410-286-3850 Fax: 410-286-3851 Email: mark.devey@spatco.com

4. CURRENT PERMIT STATUS

Stage I: ☐ Yes ☒ No If yes, Permit # _____ Date: _____

CONSTRUCTION PERMIT APPLICATION

Estimated Start Date: 11/25

Estimated Completion Date: 4/26

Tank ID# (1)	Grade of Gas (2a)	Capacity (Gallons) (2b)	Fill-Tube Within 6" of Bottom (3)	Type of Overfill Protection (4)
1	Regular	12,000	yes	Flapper Drop Tube
2	PREMIUM	8,000	yes	Flapper 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: _____

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)

Component	Manufacturer	Model
Fill Tube	OPW	71S0-410C
Fill Adaptor	OPW	61SALP-1020-EVR
Vapor Adaptor	OPW	61VSA-1020-EVR
Vapor Cap	OPW	1711T-7085-EVR
Fill Cap	OPW	634TT-7085-EVR
ATG/Interstitial Cap & Adaptor	OPW	62-MA
Spill Container	OPW	1C-31512P
Vapor Container	OPW	1C-3101P
Extractor	OPW	233-4420
Pressure/Vacuum Valve	OPW	723V-2203

Signature of Tank System Owner: Bertha Ballaw Date: 5/12/2025

[illegible]

DO NOT SIGN UNTIL CONSTRUCTION IS COMPLETED.

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: _____

Date Received: 6/20/25 **Ck. Amt.** \$370.00 **Ck. #** 8009 **Bank #** 51409579

Construction Permit Number: APC-2026/4106.CI EVR **Date Issued:** _____

Date Operating Permit Application Received: _____

Operating Permit Number: _____ Date Issued: _____