

**GASOLINE DISPENSING FACILITY
PERMIT APPLICATION INSTRUCTIONS FOR
CONSTRUCTION & OPERATION OF STAGE I (ONE) EVR VAPOR RECOVERY SYSTEMS**

General Information:

This application must be completed accurately and in its entirety. Provide all Facility, Owner, and Contractor information requested. If you have already installed Stage I EVR controls and are currently permitted, please indicate such under current status. Receipt of a completed construction permit application shall serve as 60 days' notice for the Department's review and approval process. (In the event of an incomplete or otherwise inaccurate application, the 60-day review process will begin when the Department has all the required information.) However, construction must **not** begin before the permit is issued.

Construction Permit Application:

This section is to be completed, submitted to the Department and a construction permit issued PRIOR to starting construction. The tank owner must sign the completed application.

For each gasoline tank on site, be sure to indicate the following: (*numbers correspond to required information on permit application*)

1. The tank ID# as it appears on the UST registration certificate or AST registration form.
2. List grade of gasoline
3. List tank capacity in gallons
4. Identify Carb Executive Order (see Vapor Recovery Regulations for compliant CARB Orders)
5. If there is more than one tank at the site, indicate whether the vent lines are manifolded together.
6. List tanks and ID #s that are manifolded.
7. Indicate whether there is a remote fill and/or remote vapor connection.
8. Complete the equipment table.

Sign and date the application and return the form along with the construction permit fee of \$500 made payable to the *State of Delaware* to:

DNREC-DWHS-Tanks Compliance Program
391 Lukens Drive
New Castle, DE 19720

In addition, Vapor Recovery Regulations require the advertisement of virgin sites in local newspapers. There will be an additional \$250 fee assessed to recover DNREC's cost of the required advertising.

Upon approval by the Department, you will receive a Construction Permit and a copy of your application at which time installation of the Stage I EVR Vapor Recovery system may begin. *Save this copy of your permit application.* You will need to resubmit it as the operating permit application.

Permit Amendments:

When any changes are planned to the system that will change the equipment listed in the current application, a new construction permit application must be completed and an amended permit received BEFORE the new equipment can be installed. Note: any installation of equipment not specified in the current permit constitutes a permit violation and could be subject to enforcement action by the Department.

Operating Permit Application:

Complete this section and email to DNRECTanksCompliance@delaware.gov after construction is finished but **PRIOR** to beginning operations. The construction permit serves as a temporary operating permit for up to sixty (60) days after completion of testing to allow time for the operating permit to be processed and issued. You will be billed for the annual operating permit fee during our annual tank registration fee billing cycle. Upon approval by the Department an Operating Permit will be issued. This permit will be automatically renewed upon payment of the annual fee.



**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 \$500.00 per facility with this application made payable to the State of Delaware.**

1. FACILITY INFORMATION

Facility ID: _____ Select one: ___ UST ___ AST
Name: _____ Street: _____
City: _____ Zip: _____ County: _____
Phone: _____ Fax: _____ Email: _____

2. UST OWNER INFORMATION

Name/Corporation: _____ Contact: _____
Street: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

3. CONTRACTOR INFORMATION

Co. Name: _____ Contact Name: _____
DE Certification #: _____ Street: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

4. CURRENT PERMIT STATUS

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

CONSTRUCTION PERMIT APPLICATION

Estimated Start Date: _____ Estimated Completion Date: _____

Tank ID (1)	Grade of Gas (2)	Capacity (Gallons) (3)

CARB Executive Order: (4) _____

Are tank vent lines manifolded? (5) Yes: _____ No: _____

Use Tank ID to identify tanks that are manifolded (6): _____

Is there a remote fill and/or remote vapor connection? (7) Yes: _____ No: _____

(Continued on P. 2)

