



**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: 3-001095 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 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)

Equipment Information: (8)

Component	Manufacturer	Model	Check if Existing
Drop Tube Overfill Prevention			
Fill Adaptor			
Vapor Adaptor			
Vapor Cap			
Fill Cap			
Tank Gauge Port Components			
Fill Spill Container			
Vapor Spill Container			
Pressure/Vacuum Vent Valve			

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

Signature of Tank System Owner: Thomas E Ruszin 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: 5/5/26 Ck. Amt. \$750.00 Ck. # 20240 Bank # 520000113

Construction Permit Number: APC-2026/4289.CI EVR Date Issued: \_\_\_\_\_

Date Operating Permit Application Received: \_\_\_\_\_

Operating Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_