



Department Of Natural Resources And Environmental Control  
 Tanks Compliance Branch  
 391 Lukens Drive  
 New Castle, DE 19720  
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 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#: 3-001267 Select one:  UST  AST  
 Name: SKY Petroleum Inc Street: 3100 Lancaster Ave  
 City: Wilmington Zip: 19805 County: New Castle  
 Phone: 563-2145 Fax: Email: manjitsingh535@yahoo.com

**2. OWNER INFORMATION**

Name/Corporation: SKY Petroleum Inc Contact, if not named above:  
 Street: 234 Colonial Ave City: Wilmington State: DE Zip: 19805  
 Phone: 302-563-2140 Fax: 718-3877 Email:

**3. CONTRACTOR INFORMATION**

Co. Name: STATE PETROLEUM Contact Name: STACY GALLO  
 DE Certification #: B5110 Street: 714 GALLO Rd  
 City: HARRINGTON State: DE Zip: 19952  
 Phone: 632-7895 Fax: 3984631 Email: FSTATE714@gmail.com

**4. CURRENT PERMIT STATUS**

Stage I:  Yes  No If yes, Permit # \_\_\_\_\_ Date: \_\_\_\_\_

**CONSTRUCTION PERMIT APPLICATION**

Estimated Start Date: 11/1/23

Estimated Completion Date: 12/31/23

Tank ID# (1)	Grade of Gas (2a)	Capacity (Gallons) (2b)	Fill-Tube Within 6" of Bottom (3)	Type of Overfill Protection (4)
(1)	Regular	20,000	YES	OPW-7150 Flapper Valve
(2)*	Super	8,000	YES	OPW-7150 Flapper Valve

\* 20,000-gallon compartmentalized UST for storing 12,000-gallons of diesel and 8,000-gallons of super 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:

Equipment Information: (10)

Component	Manufacturer	Model
Fill Tube	OPW	7150-410 C
Fill Adaptor	OPW	615ALP-1020-EVR
Vapor Adaptor	OPW	61VSA-1020-EVR
Vapor Cap	OPW	1711T-7085-EVR
Fill Cap	OPW	634TT-7085-EVR
ATG/Interstitial Cap & Adaptor	MORRISON	305XPA-B00AK EUR
Spill Container	OPW	1C-2115-PEVR
Vapor Container	OPW	1C-2100-PEVR
Extractor	OPW	233-4430
Pressure/Vacuum Valve	OPW	723V-2203

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

Signature of Owner: \_\_\_\_\_



Date: 05/25/2023



**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>			
Date Received: <u>6/26/2023</u>	Ck. Amt. <u>\$120.00</u>	Ck. # <u>42406</u>	Bank # <u>31302955</u>
Construction Permit Number: <u>APC-2023/4140.CI EVR</u>		Date Issued: _____	
Date Operating Permit Application Received: _____			
Operating Permit Number: _____		Date Issued: _____	