



MAJOR SOURCE OPERATING PERMIT APPLICATION
 STAGE I AND STAGE II VAPOR RECOVERY

1. FACILITY NAME:							FOR AQD USE ONLY	AQD COMPANY NO.		
								LOG / PERMIT NO.		
2. NUMBER, GAS TYPE, CAPACITY, TYPE OF TANK [ABOVEGROUND (AG), UNDERGROUND (UG)], INSTALLATION DATE										
TANK #	GAS TYPE	SIZE	TANK TYPE circle one	INST. DATE	TANK #	GAS TYPE	SIZE	TANK TYPE circle one	INST. DATE	
1		GAL.	AG / UG		7		GAL.	AG / UG		
2		GAL.	AG / UG		8		GAL.	AG / UG		
3		GAL.	AG / UG		9		GAL.	AG / UG		
4		GAL.	AG / UG		10		GAL.	AG / UG		
5		GAL.	AG / UG		11		GAL.	AG / UG		
6		GAL.	AG / UG		12		GAL.	AG / UG		
3. TOTAL NUMBER OF GASOLINE NOZZLES: _____ NOZZLE MODEL NUMBER: _____										
4. GASOLINE DISPENSER MFR.: _____ DISPENSER MODEL NUMBER: _____										
5. TYPE OF STAGE I SYSTEM: _____ TYPE OF STAGE II SYSTEM: _____										
6. MAXIMUM MONTHLY THROUGHPUT: _____ GAL. AVERAGE YEARLY THROUGHPUT: _____ GAL.										
7. SUPPLIER OF GASOLINE:										
COMPANY NAME: _____					CONTACT NAME: _____					
ADDRESS: _____					ADDRESS: _____					
TELEPHONE NUMBER WITH AREA CODE: _____					TELEPHONE NUMBER WITH AREA CODE: _____					
8. PAGE NUMBER :				REVISION NUMBER:				DATE OF REVISION:		