BAY AREA AIR QUALITY MANAGEMENT DISTRICT

GAS DISPENSING FACILITY FORM

New form for stand-alone GDFs only.

All fields are required unless otherwise noted. Please type or print.

Mail to:
BAAQMD
Engineering Division
939 Ellis Street,
San Francisco, CA 94109

Tel: (415) 749-4990

1. Facility Information

Facility Name	BAAQMD Facility ID (Existing facilities only)

2. General Information – BAAQMD Device ID is applicable if you received a Permit to Operate after March 5, 2012.

BAAQMD Device ID (if applicable)

Device/Operation Name	Initial/proposed date of operation

Device/Operation Description (Optional)

3. Operation Activities

Which of the following activities is this gasoline dispensing facility (GDF) used for? (Select one)

- ○ Refueling Motor Vehicles (retail)
- ○ Refueling Motor Vehicles (non-retail)
- ○ Refueling Agricultural Vehicles
- ○ Refueling Aircraft (directly)
- ○ Refueling Marine Vessels

4. Tank and Vapor Recovery Information – Complete a section for each tank compartment at this GDF

- If you have more than 4 tanks or compartments, submit the additional information on a separate piece of paper.

Tank #1

Material Stored	Tank Type (Aboveground or Underground)	Tank/Compartment Volume (Gallons)

Manufacturer	Model
Phase I Vapor Recovery Type	**Phase II Vapor Recovery Type**

Tank #2

Material Stored	Tank Type (Aboveground or Underground)	Tank/Compartment Volume (Gallons)

Manufacturer	Model
Phase I Vapor Recovery Type	**Phase II Vapor Recovery Type**

Tank #3

Material Stored	Tank Type (Aboveground or Underground)	Tank/Compartment Volume (Gallons)

Manufacturer	Model
Phase I Vapor Recovery Type	**Phase II Vapor Recovery Type**

Tank #4

Material Stored	Tank Type (Aboveground or Underground)	Tank/Compartment Volume (Gallons)

Manufacturer	Model
Phase I Vapor Recovery Type	**Phase II Vapor Recovery Type**

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5. Operating Schedule – Select "Continuous" or specify specific schedule in the 4 columns

Continuous ☐	Maximum hours/day	Typical hours/day	Days/week	Weeks/year

6. Product Dispensing Nozzles

Enter the number of nozzles you have for each of the following products. Enter "0" if the nozzle type does not exist.

Product Type	# of Nozzles	Product Type	# of Nozzles
Gasoline – Single Product Nozzle		AV Gas	
Gasoline – Dual Product Nozzle		Ethanol (E85)	
Gasoline – Triple Product Nozzle		Jet fuel	
Gasoline – Four Product Nozzle		Kerosene	
Gasoline – Five Product Nozzle		Methanol	
Diesel		Other Liquid Fuel	
Biodiesel			

7. Facility Plot Plan (See instructions)

I have completed a facility plot plan and attached it with this form. ○ Yes ○ No

8. Liquid Condensate Trap

What type of liquid condensate trap is used at this GDF?

9. Material Usage – Enter the maximum **annual** usage (dispensed) for each material identified in Part 4

Material	Maximum Dispensed/Year (Gallons)	Material	Maximum Dispensed/Year (Gallons)

10. Certification/Signature of person responsible for the information on this form.

This form contains confidential information. ○ No ○ Yes (If Yes, see instructions.)

I hereby certify that I am authorized to complete this form for the facility and that all information contained herein is true and correct.

Name	Title	
Signature	Date	Phone (xxx-xxx-xxxx)

BAAQMD Office Use Only – Skip this section

Emission calculation methodology

Default methodology used? ☐ Yes ☐ No

Downstream Devices & Operations

List any abatement devices or emission points that are immediately downstream of this GDF.

Abatement Device or Emission Point Name	BAAQMD Device ID

An electronic version of this form and instructions can be found at www.baaqmd.gov.

BAY AREA AIR QUALITY MANAGEMENT DISTRICT

GAS DISPENSING FACILITY EQUIPMENT WORKSHEET

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Mail to:
BAAQMD
Engineering Division
939 Ellis Street,
San Francisco, CA 94109
Tel: (415) 749-4990

1. Facility Information

Facility Name	BAAQMD Facility ID (Existing facilities only)
	BAAQMD Device ID (Existing facilities only*)

* See instructions

2. Nozzle Types - Provide information for equipment that dispenses gasoline, ethanol, methanol or aviation gas.

Material Dispensed	Nozzle Make & Model	Material Dispensed	Nozzle Make & Model

3. Dispenser Information - Provide information for equipment that dispenses gasoline, ethanol, methanol or aviation gas.

Material Dispensed	Dispenser Make & Model	Material Dispensed	Dispenser Make & Model

4. Additional Tank Information

Are all gasoline storage tanks filled through a submerged fill pipe? ☐ Yes ☐ No

For aboveground gasoline storage tanks, if any, is/are dispenser (s) mounted on the tank? ☐ Yes ☐ No ☐ N/A

If no to any question in Part 4, please explain.

5. Other Equipment – Skip sections that are not applicable

Make & Model of Liquid Condensate Trap(s)	Number

How many blending valves are at this GDF?

6. Certification/Signature of person responsible for the information on this form.

This form contains confidential information. ☐ No ☐ Yes (If Yes, see instructions.)

I hereby certify that I am authorized to complete this form for the facility and that all information contained herein is true and correct.

Name	Title	
Signature	Date	Phone (xxx-xxx-xxxx)

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