



**FORSYTH COUNTY OFFICE OF ENVIRONMENTAL
ASSISTANCE AND PROTECTION
REGISTRATION FORM
FOR NEW GASOLINE DISPENSING FACILITIES**

OFFICIAL USE ONLY
DATE RECEIVED _____
DATE APPROVED _____
FACILITY/PREMISE NUMBER _____
FOR FCEAP OFFICE USE ONLY

Please Print, Type, or Enter in MS Word

- 1.1 CORPORATE/COMPANY NAME: _____
- 1.2 MAILING ADDRESS: _____
- 1.3 CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
- 1.4 NAME OF CORPORATE/COMPANY REPRESENTATIVE: _____
- 1.5 NAME OF FACILITY _____
- 1.6 PHYSICAL ADDRESS OF FACILITY: _____
- 1.7 CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
- 1.8 FACILITY CONTACT: _____ TITLE: _____

1.9 GASOLINE QUANTITIES DELIVERED TO FACILITY (in gallons)

If new, estimate the maximum number of gallons of gasoline projected to be dispensed monthly: _____

1.10 ENTER THE DATE YOUR FACILITY COMMENCED CONSTRUCTION/RECONSTRUCTION: _____

1.11 GASOLINE TANK INFORMATION

A. Tank ID	B. OCTANE [Reg (R), Mid-Grade (M), Premium (P)]	C. TANK SIZE Gallons	D. Distance of submerged fill pipe from bottom of Tank (in inches)	E Indicate if the Stage 1 system for each tank is Dual Point (D) or Coaxial (C).	F. Is this tank part of a manifolded vapor system?	G. Is this Tank fitted with an internal floating roof or equivalent?
	R <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/>			D <input type="checkbox"/> , C <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	R <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/>			D <input type="checkbox"/> , C <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	R <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/>			D <input type="checkbox"/> , C <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	R <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/>			D <input type="checkbox"/> , C <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	R <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/>			D <input type="checkbox"/> , C <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	R <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/>			D <input type="checkbox"/> , C <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

1.12 - To be completed for facilities in Forsyth County that entered a monthly throughput of 100,000 gallons or more in Item 1.9

Check if you have completed any of the following tests for your gasoline storage tanks.

- CARB Vapor Recovery Test Procedure TP-201.1E, Leak Rate and Cracking Pressure/Vacuum Vent Valves, adopted October 8, 2003
- CARB Vapor Recovery Test Procedure TP-201.3, Determination of 2-inch WC Static Pressure Performance of Vapor Recovery Systems of Dispensing Facilities, adopted April 12, 1996, and amended March 17, 1999.

Note: You are required to send the results of these tests within 180 days from the completion of the test.

1.13 CERTIFICATION:

Under penalty of law, by signing this document I hereby submit that to the best of my knowledge all of the information concerning the above listed facility that is contained in this document is accurate and true.

Applicant's Signature _____ Date _____

RETURN TO THE ATTENTION OF – Vapor Recovery Section
Forsyth County Office of Environmental Assistance and Protection
Forsyth County Government Center
201 N. Chestnut St
Winston-Salem , NC 27101
336-703-2440

**FORSYTH COUNTY OFFICE OF ENVIRONMENTAL ASSISTANCE AND PROTECTION
NOTIFICATION FORM
FOR NEW GASOLINE DISPENSING FACILITIES**

Repeat the following information from the respective areas of your Registration Form

1.1 CORPORATE/COMPANY NAME: _____
1.5 NAME OF FACILITY _____

In accordance with 40 CFR 63.11124, the attached Registration Form includes the required owner\addressee information and the following table fulfills the requirement to notify the delegated authorities concerning the applicability of the requirements as outlined in this section entitled "What notifications must I submit and when?"

Applicability and Compliance Notification Table

Control Questions (initial in box beside correct answer to the following questions)	
Yes	A1. Do you require that gasoline be handled in a manner that restricts vapor releases to the atmosphere for extended periods of time? Measures to be taken include, but are not limited to, the following: (1) Minimize gasoline spills (2) Clean up spills as expeditiously as practicable (3) Cover all open gasoline containers and all gasoline storage tank fill-pipes with a gasketed seal when not in use (4) Minimize gasoline sent to open-waste collection systems that collect and transport gasoline to reclamation and recycling devices, such as oil/water separators.
No	
Yes	A2. If the monthly gasoline throughput of your facility is greater than or equal to 10,000 gallons per month, is submerged filling (as specified in section 63.11117(b)) currently used for <u>all</u> gasoline storage tanks having a capacity of greater than or equal to 250 gallons?
No	
Yes	A3. If the monthly gasoline throughput of your facility is greater than or equal to 100,000 gallons per month, is vapor-balanced filling (as specified in section 63.11118(b)) currently used for <u>all</u> gasoline storage tanks except (1) Tanks constructed on or before January 10, 2008, with a capacity of less than 2,000 gallons (2) Tanks constructed after January 10, 2008, with a capacity of less than 250 gallons (3) Tanks equipped with floating roofs, or the equivalent?
No	

CERTIFICATION:

This form along with the attached Registration Form (page 1) is being submitted in order meet the initial notification requirement acknowledging that the following facility is subject to 40 CFR 63 Subpart CCCCC of the Code of Federal Regulations. Under penalty of law, by signing this document I herby submit that to the best of my knowledge all of the information concerning the above listed facility that is contained in this document is accurate and true.

Applicant's Signature _____ Date _____