

Instructions for Completing the Registration Form

Owner Information

- 1.1 - Corporate/Company Name:** Input the corporation/partnership name or name of the company
- 1.2, 1.3 - Mailing Address, City, State, Zip:** Postal address for all correspondence intended for the facility.
- 1.3 - Phone:** Enter the phone number for the Corporate/Owner contact
- 1.4 - Name of Corporate/Company Representative:** Corporate person to contact regarding this facility.
- 1.5 - Name of Facility:** Enter the name of your facility. If your company has more than one facility with the same name, include the location name (e.g., “A Better Gas – Store #5”, “A Better Gas – Robinhood Road”).
- 1.6, 1.7 - Physical Address of Facility, City, State, Zip:** The facility’s physical location – i.e., the address you would tell emergency services to respond (911 address). No Post Office Box numbers here.
- 1.8 - Facility Contact Title:** List the name of the person in charge of operating the facility and their title
- 1.9 – Gasoline Quantities Delivered to Facility (in gallons)** If your facility is new, project your annual gas dispensing quantities based on your average monthly throughput to date or your anticipated sales.
- 1.10– self-explanatory – Note definition of reconstruction¹**

¹ *Reconstruction*, means the replacement of components of an affected or a previously non-affected source to such an extent that:

(1) The fixed capital cost of the new components exceeds 50 percent of the fixed capital cost that would be required to construct a comparable new source; and

(2) It is technologically and economically feasible for the reconstructed source to meet the relevant standard(s) established by the Administrator (or a State) pursuant to section 112 of the Act. Upon reconstruction, an affected source, or a stationary source that becomes an affected source, is subject to relevant standards for new sources, including compliance dates, irrespective of any change in emissions of hazardous air pollutants from that source.)

Please complete each part of section 1.11 for each gasoline storage tank or each separate compartment of each compartmentalized gasoline storage tank at your facility.

- 1.11 A –** Input a unique identifier used by you to distinguish this tank from others at the facility, may be numeric or alpha-numeric. (e.g., “Tank #1, or Tank A, or Tank A1)
- 1.11 B –** Input the grade of gasoline kept in the storage tank. (R = Regular, M = Mid-Grade, P = Premium)
- 1.11 C –** Input the Size of the gasoline storage tank in gallons. (If the tank is compartmentalized then list the size of the storage compartment for the specific grade of gasoline you listed in **1.11 B** in gallons.
- 1.11 D –** Input the distance in inches that the submerged fill pipe for the specific grade of gasoline listed in **1.11 B** is located from the bottom of the storage tank. (The submerged fill pipe extends downward toward the bottom of the tank from the fitting on the gasoline storage tank that the tanker truck pumps gasoline through when it fills up the tank.)
- 1.11 E –** Check the appropriate box indicating whether the Stage I vapor recovery system at your facility is equipped with Coaxial¹ or Dual Point² vapor recovery.
- ¹Coaxial vapor recovery system is defined as – “the delivery of the product and recovery of vapors through a single coaxial fill tube, which is a tube within a tube. Product is delivered through the inner tube, and vapor is recovered through the annular space between the walls of the inner tube and outer tube.”
- ²Dual Point vapor recovery system is defined as – “the delivery of the product to the stationary storage tank and the recovery of vapors from the stationary storage tank through two separate openings in the storage tank and two separate hoses between the tank truck and the stationary storage tank.”
- 1.11 F –** Check the appropriate box. Is the tank or compartment manifolded with other tanks or compartments?
- 1.11 G –** Is the tank or compartment equipped with an internal floating roof or equivalent?
- 1.12 -** This question is only relevant to facilities that have had a monthly throughput of 100,000 gallons or more. The two CARB vapor recovery tests mentioned here must be completed within 180 days from your startup date. Results from the test must be copied to the Forsyth County Office of Environmental Assistance and Protection no later than 180 days following the testing date.
- 1.13 –** Please sign and date the application indicating that to the best of your knowledge all information submitted concerning the facility in question is accurate and true.

If you need further assistance with completing this form, please contact the Forsyth County Office of Environmental Assistance and Protection at (336) 703-2440.

Instructions for Completing the Notification Form

COMPLETE THE REGISTRATION FORM FIRST. Follow the instructions for this Notification Form and refer to the Registration Form where needed to complete this notification requirement.

All new facilities are required to be in compliance with the federal rules at the time they trigger applicability (e.g. first monthly throughput of 10,000 or more, first monthly throughput of 100,000 gallons or more of gasoline) and are required to submit an initial notification and a notification of compliance both to the Forsyth County Office of Environmental Assistance and Protection (FCEAP) and to Region 4 of the U.S. Environmental Protection Agency (EPA Region 4).

Question **A1** is applicable to all new (constructed after January 10, 2008) gasoline dispensing facilities and must be answered. Questions **A2** and **A3** should only be answered if it applies to your facility. In general, most gasoline dispensing facilities dispensing to the public will fall under the requirements associated with question **A2** and only large throughput facilities will be answering **A3**. Leave the answers blank or write NA in one of the blanks if question A2 or A3 do not apply to your facility.

Note: Facility owners/operators with one or more GDF that have triggered a monthly throughput of 100,000 gallons or more should review 40 CFR 63.11118, Table 1, and the associated testing and monitoring requirements found in Subpart CCCCCC to ensure compliance with the details of the Federal Rule. Details include notification, testing, and reporting requirements.

All facilities should be in compliance with the applicable requirement by their compliance date. If you are a new facility and answer “No” to a question that applies to your facility, please attach a discussion of your plans to comply with the rule. Feel free to call FCEAP at 703-2440 for assistance if you are unsure of how to answer any of the questions on either form.

If you have web access and want to see the rules, here is one way of finding them. Type <http://ecfr.gpoaccess.gov/> in your browser address box, then go to the “Browse” box and click on “Title 40 ..”, then click on Volume 14 ([63.8980-End](#)), then to the table of contents and find **Subpart CCCCCC**

Where to Send the Completed Form(s):

If you were only required to complete the Registration Form, then retain a copy for yourself and send the copy with the original signature to this address:

Forsyth County Office of Environmental Assistance and Protection
Forsyth County Government Center
Attn: Vapor Recovery Section
201 N. Chestnut St
Winston-Salem, NC 27101-4120

If you were also required to complete the Notification Form, then retain copies of both the registration form and the notification form and send a copy of both forms with the original signatures to the above address. The rule also states that you send notification to:

EPA Region IV,
Director, Air, Pesticides and Toxics Management Division
Atlanta Federal Center
61 Forsyth Street
Atlanta, GA 30303-3104.