



**FORM 400-E-11  
FUEL DISPENSING AND STORAGE EQUIPMENT**

**Mail Application To:**  
 SCAQMD  
 P.O. Box 4944  
 Diamond Bar, CA 91765

Tel: (909) 396-3385

**www.aqmd.gov**

This form must be accompanied by a completed Application for a Permit to Construct/Operate -Form 400A, Form CEQA, Plot Plan and Stack Form

<b>Permit to be issued to</b> (Business name of operator to appear on permit):  
<b>Address where the equipment will be operated</b> (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site): <div style="text-align: right; margin-top: 10px;"> <b>Fixed Location</b>      <b>Various Locations</b> </div>

**SECTION A: FACILITY INFORMATION**

<b>Property Zone</b>	a. Commercial      b. Residential c. Industrial      d. Parking      e. Other (specify):
<b>Business Type</b>	a. Retail      b. Non-Retail <u>For Non-Retail facilities only, do you own any fleet vehicles?</u>  No      Yes      Total number of fleet vehicles: <u>For Retail facilities only:</u> a. Has the owner/operator attended a SCAQMD approved Rule 461 training course?  No      Yes      Date of Course Completion:  b. Has the owner/operator developed an Operation and Maintenance manual as required by Rule 461?  No      Yes
<b>Operating Schedule</b>	hours/day      days/week      days/year

**SECTION B: EQUIPMENT INFORMATION**

**1. UNDERGROUND STORAGE TANK INFORMATION: COMPLETE AND CHECK THE APPROPRIATE COLUMNS (EXCLUDING DIESEL)**

Tank No.	Fuel Type (e.g. Unleaded)	Tank Capacity (Gallons)	Phase I Design		Manifold Location		New	Existing	Remove
			Coaxial	Two-Point	Underground	At Vent			

a. Provide Phase I CARB Executive Order Number (see instructions):	
b. Are any of these storage tanks dual or multi-compartment? Identify the compartments by tank number and letter (e.g. 1A, 1B, 1C, etc.).	No      Yes
c. Are any of these storage tanks methanol compatible?	No      Yes (Identify these tanks)
d. Will any of these storage tanks be located in a vault below grade?	No      Yes
e. Will a condensate/vapor trap be installed in the vapor return line?	No      Yes
f. Will the tank(s) at this site contain a remote fill?	No      Yes
g. Will a flex-type piping be used for the vapor return line?	No      Yes

All EXISTING gasoline storage tanks shall be equipped with the following CARB certified equipment:

- Phase I Vapor Control;
- Submerged Fill Tubes; and,
- Spill Boxes.

In addition to the above mentioned requirements, all NEW construction or tank replacement applications shall have a two point design Phase I vapor recovery system AND have all gasoline tanks manifolded underground. Furthermore, all underground storage tanks shall be methanol fuel compatible (include methanol compatible certificate).

**2. ABOVEGROUND STORAGE TANK INFORMATION: COMPLETE AND CHECK THE APPROPRIATE COLUMNS (EXCLUDING DIESEL)**

Tank No.	Fuel type (e.g.; Reg, Unleaded)	Tank Capacity (Gallons)	Tank Dimensions L x W x H L x Dia (Feet-Inches)	Tank Manufacturer Control Type* or CARB EO	Stack Height (Feet)	Hose Length (Feet)	New	Existing	Remove

Are any of these storage tanks dual or multi-compartment?  
 Identify the compartments by tank number and letter (e.g. 1A, 1B, 1C, etc.).      No      Yes

3. For new construction or vent pipe relocations, submit a plot plan identifying island locations, all underground piping locations with pipe diameters, dispenser locations, vent pipe locations, and structures surrounding the property line. Have you included this plot plan with this application      No      Yes

4. Identify which one of the layouts on Attachment I most accurately represents your facility's configuration (fuel pump islands and set-up). In addition, identify the direction of North by placing an arrow in the circle provided and identify dispenser location by placing a dot on the island configuration. If none of the figures in Attachment I apply to your facility, complete Figure 9 by sketching the layout of your fuel pump islands. Using the same format in Attachment I, number each island and indicate the distances between them.

Figure      Distance A:      (ft) Distance B:      (ft) Distance C:      (ft)

5. Indicate the distance, direction from , and address of the nearest residential and commercial/industrial structure located outside the property line of the facility as measured from the approximate center of the islands (shown as in the figures):

Residential      (ft)	Commercial/Industrial      (ft)
Direction (Select One):    N   NE   E   SE   S   SW   W   NW	Direction (Select One):    N   NE   E   SE   S   SW
Located at:	Located at:

**6. FUELING POSITION INFORMATION: COMPLETE FOR ALTERATIONS OR NEW CONSTRUCTION**

Total Number of Fueling Positions After Alteration or New Construction	Total Number of Fueling Positions Prior to Alteration (For Alterations Only)	

**7. NOZZLE INFORMATION: COMPLETE ALL COLUMNS**

Fuel Type (e.g. Unleaded)	# New Nozzles	# Existing Nozzles	# Removed Nozzles	CARB Executive Order OR Control Type* (Phase II)	Maximum Monthly Throughput (Gal/Mo)	Maximum Annual Throughput (Gal/Yr)

\*See lists on page 1.

**8. GASOLINE PRODUCT INFORMATION: COMPLETE TABLE**

<b>TOTAL NUMBER OF NOZZLES:</b>		<b># Of Product (Excluding Diesel)</b>	
Number of nozzle(s) dispensing ONE product (grade) of gasoline:	X	1	=
Number of nozzle(s) dispensing TWO products (grades) of gasoline:	X	2	=
Number of nozzle(s) dispensing THREE products (grades) of gasoline:	X	3	=
<b>TOTAL NOZZLE COUNT:</b>		<b>TOTAL PRODUCT COUNT</b>	<b>=</b>

(This should be the same as TOTAL NUMBER OF NOZZLES above)

**9. DISPENSER INFORMATION: COMPLETE AND CHECK THE APPROPRIATE COLUMNS**

Dispenser		No. of Similar Dispensers	Dispenser			No. of Nozzles Per Dispenser		
Make	Model No.		New	Existing	Removed	Unleaded	Diesel	Methanol

**10. THROUGHPUT INFORMATION: PROVIDE THROUGHPUT RECORDS FOR THE PAST 2 YEARS (EXISTING SITES)**

Year of Operation	Fuel Type	Throughput (Gal/Yr)	Days of Operation
	Gasoline		
	Gasoline		

**11. For existing gasoline storage and dispensing systems and based on the following, please provide a copy of your MOST RECENT vapor recovery test results.**

<p><b>a. Balance System Tests:</b></p> <ul style="list-style-type: none"> <li>• Static Pressure (Leak-Decay);</li> <li>• Dynamic Pressure (Back-Pressure); and,</li> <li>• Liquid Removal (if applicable).</li> </ul> <p><b>c. Healy Vacuum Assisted System Tests:</b></p> <ul style="list-style-type: none"> <li>• Static Pressure (Leak-Decay);</li> <li>• Air-to-Liquid Ratio (A/L); and,</li> <li>• Vapor Return Line.</li> </ul>	<p><b>b. Vacuum Assisted System Tests (Except Healy and Hirt Systems):</b></p> <ul style="list-style-type: none"> <li>• Static Pressure (Leak-Decay); and,</li> <li>• Air-to-Liquid Ratio (A/L).</li> </ul> <p><b>d. Vacuum Assisted Hirt System Test:</b></p> <ul style="list-style-type: none"> <li>• Air-to-Liquid Ratio (A/L).</li> </ul>
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**e. For systems not mentioned, provide required test results as per that system's executive order.**

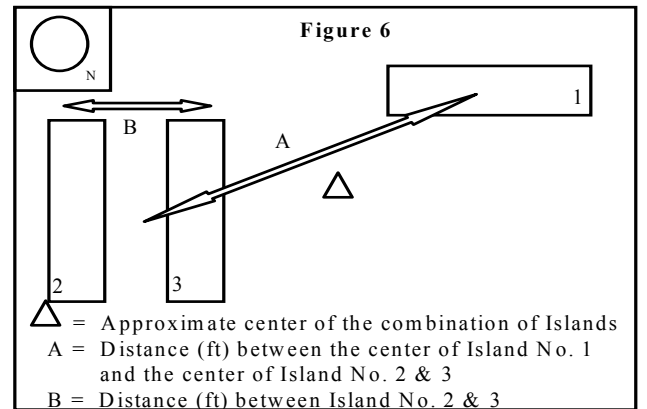
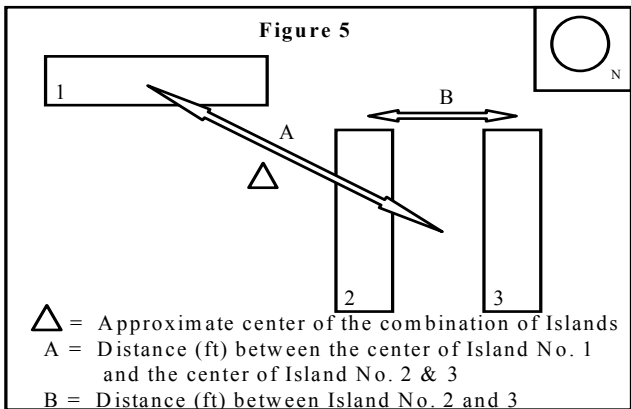
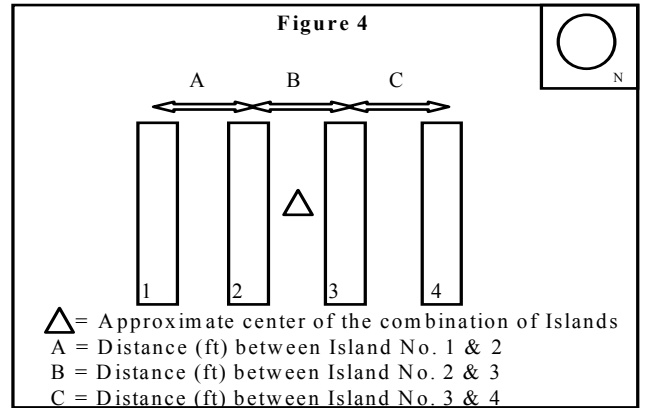
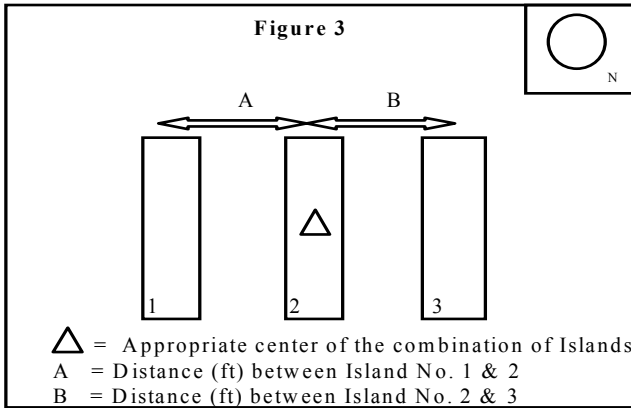
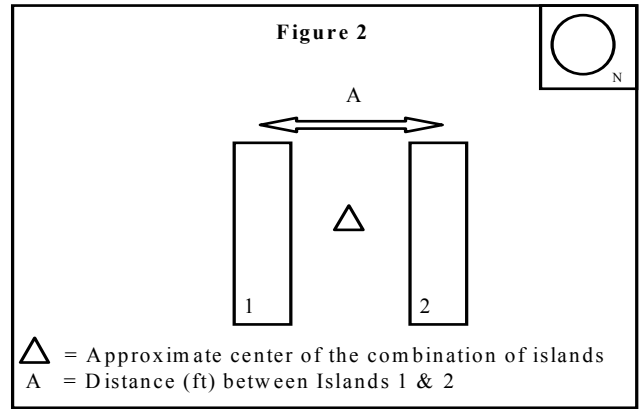
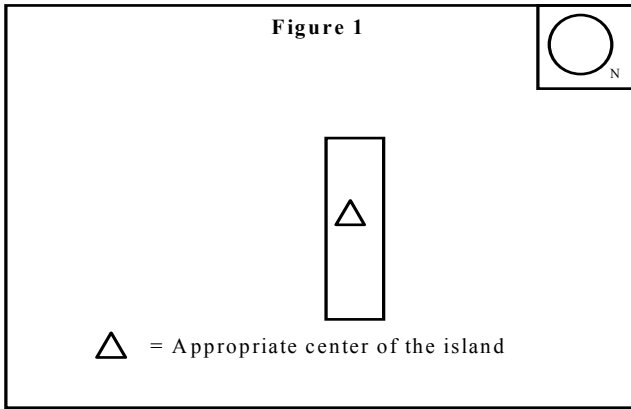
**12. Include All drawings as mentioned in Form 400-E-11 Requirements.**

**SECTION C: APPLICANT CERTIFICATION STATEMENT**

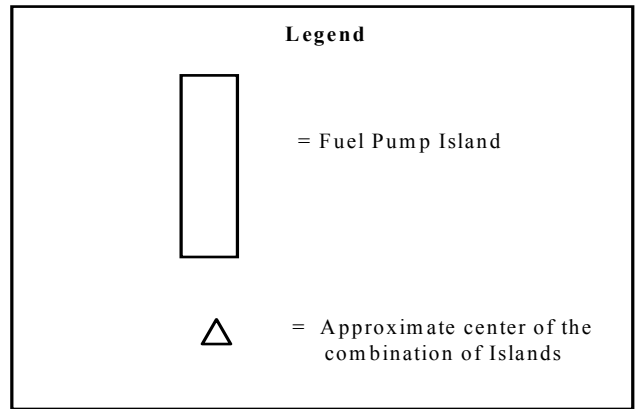
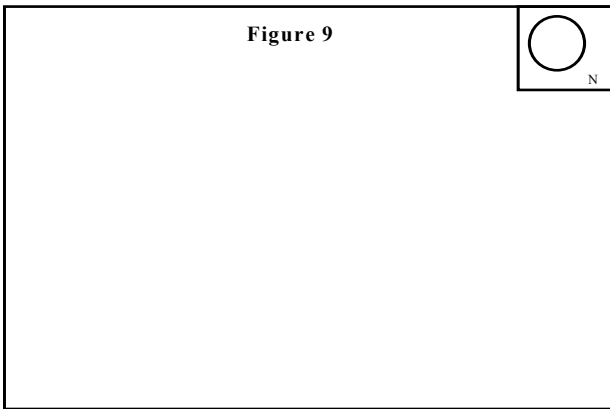
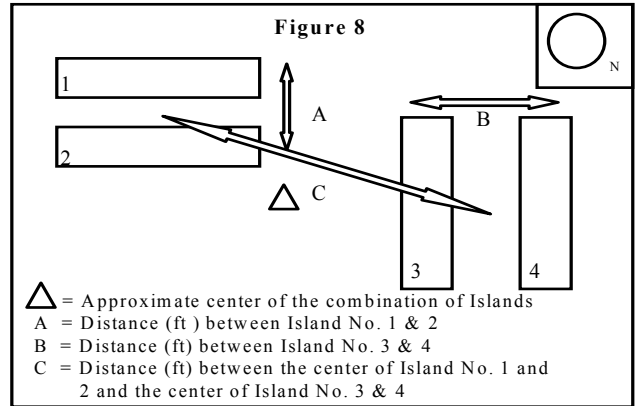
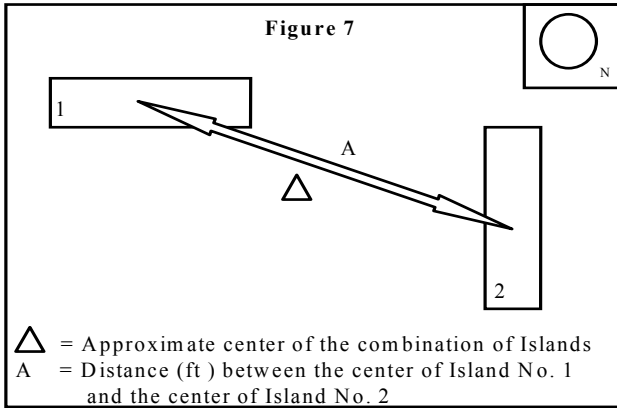
I hereby certify that all information contained herein and information submitted with this application is true and correct.

SIGNATURE OF PREPARER:	TITLE OF PREPARER:	PREPARER'S TELEPHONE NUMBER:
		PREPARER'S E-MAIL ADDRESS:
CONTACT PERSON FOR INFORMATION ON THIS EQUIPMENT:	CONTACT PERSON'S TELEPHONE NUMBER:	DATE SIGNED:
E-MAIL ADDRESS:	FAX NUMBER:	

**ATTACHMENT I  
 LAYOUTS**



**ATTACHMENT I (Continued)  
 LAYOUTS**



**FORM 400-E-11 REQUIREMENTS**

**WHO MUST APPLY FOR A PERMIT:**

A fuel transfer and dispensing permit application is required for any new installation, alteration, facility with an expired permit, change of permittee, or change of permit condition.

**WHEN TO APPLY:**

Prior to any new construction, alteration, or change of permit condition. An application should be filed prior to use if ownership has changed. Installing any equipment contrary to the Permit to Construct or to the information provided in this form without notifying the AQMD engineer will void this application or your permit, and will require submittal of a new application and associated fees. Sites with expired permits or existing equipment operating without permit should apply as soon as possible to avoid possible enforcement action. Sites requesting a change of permit condition must receive new permit approval prior to dispensing requested throughput change.

**HOW TO APPLY:**

- A. Fill out Forms 400-A, 400-E-11, and 400-CEQA for each facility for new construction, alteration, change of permittee, change of permit condition, and reinstatement of expired permits.  
If AQMD has identified your facility as a Title V facility, use the telephone numbers in Section B below to obtain further assistance.
- B. The proper filing fee is found in Rule 301. Checks or money orders should be made payable to the South Coast Air Quality Management District. Send the completed application to: SCAQMD, P. O. Box 4944, Diamond Bar CA 91765. Further information may be obtained by calling (909) 396-2468, (909) 396-2469, or (909) 396-2470.
- C. Submit equipment location drawings which shall be to scale (suggested scale: 1 inch = 100 feet; accuracy of measurements to the nearest 5 feet will be satisfactory) and shall show at least the following:
  1. The property involved and outlines of all buildings. Identify property lines plainly.
  2. Location and identification of the proposed equipment on the property.
  3. Location of the property with respect to streets and all adjacent properties. Identify adjacent properties. Identify buildings or vacant lots outside the property lines. Identify all such buildings as residential and commercial/industrial. Indicate direction (north) on the drawing.
  4. Drawings showing all tanks, vapor recovery and product piping with pipe diameters to be installed, provide details of dispensing nozzles, vapor return connectors, vent pipe location, and vapor processing systems (if any). Any vapor recovery system being installed or operated must be of a type certified by the California Air Resources Board.
  5. Drawings showing all islands, dispensers, and fueling positions (before and after alterations or for new construction).
- D. For all existing sites, submit annual gasoline throughput records and days of operation for the last two years.

**NOTICE:** *Construction or operation prior to receipt of Permit to Construct or Operate constitutes a violation of the Rules and Regulations of the SCAQMD.*

**VAPOR RECOVERY SYSTEMS:**

Rule 461 (c)(1) regulates the transfer of gasoline and methanol from delivery vehicles to storage tanks and requires installation of CARB certified submerged fill pipes, spill boxes, and vapor return equipment (Phase I vapor recovery). Phase I vapor recovery transfers these vapors from the storage tank into the unloading delivery vehicle so that it can be transported back to the terminal vapor processor for recovery or destruction.

Rule 461 (c)(2) regulates the transfer of gasoline and methanol into motor vehicle tanks larger than five gallons. A special fill nozzle and vapor piping allow these vapors to be returned from the vehicle fuel tank to the storage tank or to vapor processing equipment (Phase II vapor recovery).

For aboveground tanks and mobile refuelers dispensing gasoline or methanol, the standard Phase I and Phase II vapor control systems must be installed for compliance. Rule 461 also requires the installation of a pressure-vacuum relief valve.

**UNDERGROUND TANK AND PIPING REQUIREMENTS:**

Rule 1170(c)(1) states that after July 1, 1988 a person shall not install or allow the installation of any new underground fuel storage tank(s) unless at least one such tank at any single motor vehicle fueling facility, along with all associated underground pipes is capable of safely storing and transporting methanol fuel, as evidenced by written certification from the manufacturer for the useful life of the tank. In addition, all gasoline equipment shall be installed, equipped, and operated with CARB certified equipment (submerged fill tubes, spill boxes, etc.). Furthermore, all new gasoline tanks shall be manifolded underground and be equipped with a two-point Phase I design.

### FORM 400-E-11 INSTRUCTIONS

**FUEL TYPE:**

Provide the type of fuel stored in each tank (e.g. gasoline grades, diesel, or methanol).

CONTROL TYPE CODES FOR PHASE I VAPOR RECOVERY SYSTEMS*			
Phil-Tite Enhanced Vapor Recovery (EVR)	VR-101-B	OPW – EVR	VR-102-A
Standard^ (Non-EVR)	G-70-97-A		
^Standard cannot be used on new installations after 7/1/01			

\*If the system is not mentioned, provide CARB Executive Order (EO) Number.

CONTROL TYPE CODES FOR PHASE II VAPOR RECOVERY SYSTEMS* (UNDERGROUND TANKS):					
Balance Hi Hose	(92)	Hasstech VCP-3A	(14)	Hirt VCS	(17)
Balance Retractor	(91)	Healy 400 ORVR	(18)	MCS (Gilbarco) Vapor Vac	(10)
Dresser/Wayne Wayne Vac	(11)	Healy 600	(15)	MCS w/ Catlow	(19)
Franklin Intellivac	(16)	Healy 600 ORVR	(20)	OPW Vapor EZ	(13)
Hasstech	(85)	Hirt Hi Hose	(88)	Tokheim Max Vac	(12)

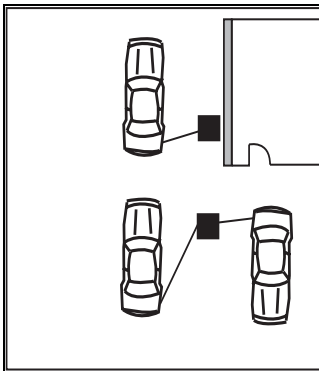
\*If the system is not mentioned, provide CARB Executive Order (EO) Number.

CONTROL TYPE CODES FOR PHASE II VAPOR RECOVERY SYSTEMS* (ABOVEGROUND TANKS)					
Above Ground Tank Vault	G-70-160	(69)	Healy Model 400-ORVR	G-70-187	
Bryant	G-70-168	(51)	Hoover Fuelmaster	G-70-161	(66)
Containment Solutions Hoover Vault	G-70-194		LRS Fuelmaster	G-70-133-A	(56)
Convault	G-70-116-F	(50)	Lube Cube	G-70-148-A	(60)
Cretex Fuel Vault	G-70-195		Moiser Brothers	G-70-152	(61)
Ecovault (Balance)	G-70-157	(64)	P/T Vault	G-70-143	(59)
Ecovault (Vacuum Assist)	G-70-156	(63)	Petroleum Marketing	G-70-155	(62)
Enviro Vault	G-70-167	(68)	Petrovault	G-70-130	(53)
Firesafe	G-70-136	(57)	San Luis Firesafe	G-70-158-A	(65)
Fuelsafe	G-70-137	(58)	Steel Tank Fireguard	G-70-162-A	(67)
Guardian Containment Armor Cast	G-70-190		Supervault	G-70-132-B	(55)
Hasstech VCP-3A	G-70-175		Tank Vault	G-70-131-A	(54)

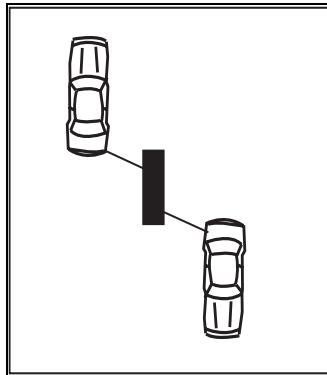
\*If the system is not mentioned, provide CARB Executive Order (EO) Number.

**FUELING POSITIONS:**

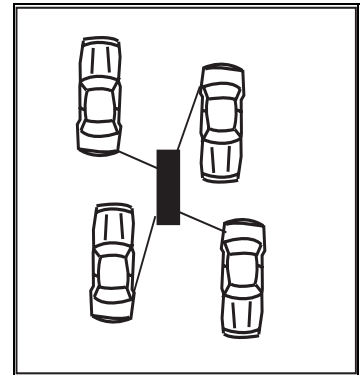
The number of fueling positions is equal to the number of nozzles that can mechanically and electronically be operated at the same time.



A. 3 Fueling Positions



B. 2 Fueling Positions



C. 4 Fueling Positions

**GASOLINE PRODUCTS**

Complete table by identifying the number of gasoline nozzles that dispenses either one, two, or three products (grades). Compute the overall total nozzle count and total product count.

**SIGNATURE OF RESPONSIBLE MEMBER OF ORGANIZATION**

This form shall be signed by a responsible person from the company applying for the permit, rather than by the contractor working on the project. In addition, include a telephone number where this person can be contacted for additional information regarding this application.

**NOTE: IF FORM 400-E-11 IS INCOMPLETE, THE APPLICATION WILL BE RETURNED**