

**GASOLINE DISPENSING FACILITY**  
**PERMIT APPLICATION INSTRUCTIONS FOR**  
**CONSTRUCTION & OPERATION OF STAGE I (ONE) VAPOR RECOVERY SYSTEMS**

***General Information:***

This application must be completed accurately and in its entirety. Provide all Facility, Owner, and Contractor information requested. If you have already installed Stage I controls and are currently permitted, please indicate such under current status. Receipt of a completed construction permit application shall serve as 60 days' notice for the Department's review and approval process. (In the event of an incomplete or otherwise inaccurate application, the 60-day review process will begin when the Department has *all* the required information.) However, construction must *not* begin before the permit is issued.

***Construction Permit Application:***

This section is to be completed, submitted to the Department and a construction permit issued **PRIOR** to starting construction. The tank owner must sign the completed application.

For each gasoline tank on site, be sure to indicate the following: (*numbers correspond to required information on permit application*)

1. The tank ID# as it appears on the UST registration certificate or AST registration form.
2. List grade of gasoline (2a) and tank capacity in gallons (2b)
3. Is the fill tube positioned no more than 6" from the tank bottom? Enter YES or NO
4. Describe the type of overfill protection used for the tank system, i.e., float vent valve, fill line restrictor, high level alarm or other approved device.
5. If there is more than one tank at the site, indicate whether or not the vent lines are manifolded together.
6. On a separate sheet, list tanks and ID #s that are manifolded and diagram the vent and vapor configuration.
7. Indicate whether the vapor and fill connections are standard or swivel type.
8. Indicate whether there is a remote fill and/or remote vapor connection. NOTE: Float vent valves cannot be used with remote fill and/or vapor configurations.
9. Complete the equipment table.

Sign and date the application and return the form along with the construction permit fee of \$120 made payable to the *State of Delaware* to:

DNREC-DWHS-TMS  
391 Lukens Drive  
New Castle, DE 19720

In addition, Vapor Recovery Regulations require the advertisement of virgin sites in local newspapers. There will be an additional \$250 fee assessed to recover DNREC's cost of the required advertising.

Upon approval by the Department, you will receive a Construction Permit and a copy of your application at which time installation of the Stage I Vapor Recovery system may begin. *Save this copy of your permit application.* You will need to resubmit it as the operating permit application.

***Operating Permit Application:***

Complete this section and mail to the TMS *after* construction is finished but **PRIOR** to beginning operations. The construction permit serves as a temporary operating permit for up to sixty (60) days after completion of testing to allow time for the operating permit to be processed and issued. You will be billed for the annual \$75 operating permit fee during our annual tank registration fee billing cycle. Upon approval by the Department an Operating Permit will be issued. This permit will be automatically renewed upon payment of the annual \$75 fee.

***Permit Amendments:***

When any changes are planned to the system that will change the equipment listed in the current application and operating permit, a new construction permit application must be completed and an amended permit received **BEFORE** the new equipment can be installed. Submission of the Vapor Recovery Notification form will help make this determination. An amended operating permit application must also be submitted after installation of the new equipment is completed. Note: any installation of equipment not specified in the current permit constitutes a permit violation and could be subject to enforcement action by the Department.



Department of Natural Resources  
 and Environmental Control  
 Tank Management Section  
 391 Lukens Drive  
 New Castle, DE 19720  
 302-395-2500 (phone)  
 302-395-2555 (fax)  
 www.dnrec.delaware.gov/Tanks/

**STAGE I VAPOR RECOVERY SYSTEM  
 CONSTRUCTION AND OPERATING PERMIT APPLICATIONS**

File Code 04

A permit is required to construct and operate a Stage I Vapor Recovery System if you dispense or have dispensed more than 10,000 gallons (total of all grades) of gasoline in any one month after November 15, 1990. This application must be completed, returned to the Department and will serve as 60 days' notice for the Department's review and approval process. **You must include a construction permit fee of \$120.00 per facility with this application made payable to the State of Delaware.**

**1. FACILITY INFORMATION**

Facility ID#: \_\_\_\_\_ Select one: \_\_\_ UST \_\_\_ AST  
 Name: \_\_\_\_\_ Street: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**2. UST OWNER INFORMATION**

Name/Corporation: \_\_\_\_\_ Contact, if not named above: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**3. CONTRACTOR INFORMATION**

Co. Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 DE Certification #: \_\_\_\_\_ Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**4. CURRENT PERMIT STATUS**

Stage I: \_\_\_ Yes \_\_\_ No If yes, Permit # \_\_\_\_\_ Date: \_\_\_\_\_

**CONSTRUCTION PERMIT APPLICATION**

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Tank ID# (1)	Grade of Gas (2a)	Capacity (Gallons) (2b)	Fill-Tube Within 6" of Bottom (3)	Type of Overfill Protection (4)

Are tank vent and vapor lines manifolded? (5) Yes: \_\_\_ No: \_\_\_

List I.D. #s of tanks that are manifolded (6) and diagram the piping configuration on separate sheet: \_\_\_\_\_

Vapor and fill connection type (7) Standard: \_\_\_\_\_ Swivel: \_\_\_\_\_

Is there a remote fill and/or remote vapor connection? (8) Yes: \_\_\_\_\_ No: \_\_\_\_\_

Equipment Information: (9)

Component	Manufacturer	Model
Fill Tube		
Fill Adaptor		
Vapor Adaptor		
Vapor Cap		
Fill Cap		
Spill Container		
Extractor		
Float Vent Valve		
Pressure/Vacuum Valve		

I, (Print Name) \_\_\_\_\_ have reviewed the above application and confirm my application for a Stage I Vapor Recovery Permit with my signature below.

Signature of Tank System Owner: \_\_\_\_\_ Date: \_\_\_\_\_



**OPERATING PERMIT APPLICATION**

**DO NOT SIGN UNTIL CONSTRUCTION IS COMPLETED.**

Complete this section **AFTER** the installation and post-construction testing. The Construction Permit serves as a temporary Operating Permit for up to sixty (60) days after completion of the testing. During the 60 days, the Operating Permit must be applied for and received. The complete Operating Permit application includes the signed application, post-construction tests, soils analysis, and soils disposition as specified in the construction permit.

I, (Print Name) \_\_\_\_\_ certify under penalty of law that the installed Stage I Vapor Recovery System conforms to all the conditions listed in the construction permit.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

***For Official Use Only***

Date Received: \_\_\_\_\_ Ck. Amt. \_\_\_\_\_ Ck. # \_\_\_\_\_ Bank # \_\_\_\_\_

Construction Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Date Operating Permit Application Received: \_\_\_\_\_

Operating Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_