

**GASOLINE DISPENSING FACILITY**  
**PERMIT APPLICATION INSTRUCTIONS FOR**  
**CONSTRUCTION & OPERATION OF STAGE II (TWO) 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 II controls and are currently permitted by the Department of Natural Resources and Environmental Control, please indicate such under current status. Receipt of a completed construction permit application shall serve as sixty (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. You must complete all applicable parts of the Equipment Information Table. Be sure to provide makes, model numbers for each component and the appropriate California Air Resources Board (CARB) Executive Orders for the Stage II system. If there is more than one tank at the site, be sure to include whether or not the vent lines are manifolded together.

Sign and date the application and return the form along with the Stage II 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 II Vapor Recovery System may begin. *Save this copy of your permit application.* Upon completion of construction, you must resubmit the application and include the information required for an operating permit.

***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. Sign and return the application form, along with the test results specified in the text of the construction permit, to the above address. Upon approval by the Department, an Operating Permit will be issued. You will be billed the annual \$75 operating permit fee during our annual tank registration fee billing cycle. This permit will be automatically renewed upon payment of the annual \$75 fee.

***Permit Amendments:***

When any changes to the system are planned, and either new equipment is to be installed under the existing CARB Executive Order or the changes require a different CARB Executive Order than that listed in the current application and 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 II VAPOR RECOVERY SYSTEM  
 CONSTRUCTION AND OPERATING PERMIT APPLICATIONS**

File Code 04

A permit is required to construct and operate a Stage II 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. This application will be returned to the applicant with your approved construction permit. Following construction, the operating permit section must be completed and this same form submitted again to complete the application 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: \_\_\_\_\_  
 Stage II Yes / No: \_\_\_ If yes, Permit # \_\_\_\_\_ Date: \_\_\_\_\_

**CONSTRUCTION PERMIT APPLICATION**

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

**Type of Stage II System:**     Balance     Vacuum Assist     Other (Explain)

Please list all the appropriate CARB Executive Orders with applicable attachments wherein approval is given for the proposed equipment.

CARB Executive Order #s: \_\_\_\_\_ (Maximum of three)  
 Exhibit #: \_\_\_\_\_ (Balance only)

Are the VENT lines manifolded?: \_\_\_ Yes \_\_\_ No      If yes, diagram the piping configuration below:

**Equipment Information:**

| Component  | Manufacturer | Model |
|--|--------------|-------|
| Nozzle   |              |       |
| Overhead Hose Retractor (if any)                 |              |       |
| Dispenser  |              |       |
| Coaxial Hose Assembly                            |              |       |
| Coaxial Hose Assembly with liquid removal system |              |       |
| Coaxial Hose Fitting                             |              |       |
| Coaxial Hose Breakaway Fitting                   |              |       |
| Nozzle Swivel                                    |              |       |
| Vapor Pump                                       |              |       |
| Vapor Shear Valve                                |              |       |
| Pressure/Vacuum Valve                            |              |       |

Underground piping:  Steel  FRP  Other (explain)

I, (Print Name) \_\_\_\_\_ have reviewed the above application and confirm my application for a Stage II 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 II 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: \_\_\_\_\_