

## Document Submission Information

Please give us your name, email and contact number so we may contact you if needed regarding the document you are submitting.

Thank You.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

PERMIT APPLICATION  
FOR  
THE LOADING, STORAGE & DISPENSING  
OF LIQUID AND GASEOUS ORGANIC COMPOUNDS

1. NAME OF FIRM OR ORGANIZATION: \_\_\_\_\_

2. TYPE OF LOADING, STORAGE & DISPENSING FACILITY:

MANUFACTURING, PRODUCTION OR PROCESSING FACILITY WHICH STORES  
AND USES LIQUID AND/OR GASEOUS ORGANIC COMPOUNDS

BULK GASOLINE PLANT

BULK GASOLINE TERMINAL

GASOLINE DISPENSING FACILITY

PETROLEUM REFINERY SOURCE

ETHYLENE PRODUCING PLANT

OTHER (SPECIFY) \_\_\_\_\_

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2. BRIEFLY DESCRIBE THE LOADING, STORAGE AND DISPENSING OPERATIONS AT  
THIS FACILITY. (IF A VAPOR RECOVERY OR OTHER POLLUTION CONTROL SYSTEM IS  
OR WILL BE INSTALLED, PLEASE COMPLETE FORM APC 107.)

3. NORMAL SCHEDULE OF OPERATION: \_\_\_\_\_

HOURS/DAY \_\_\_\_\_ DAYS / WEEK \_\_\_\_\_ WEEKS / YEAR \_\_\_\_\_

PEAK PRODUCTION SEASON (IF ANY): \_\_\_\_\_



5. FOR **GASOLINE DISPENSING FACILITIES**, PLEASE ESTIMATE THE MONTHLY THROUGHPUT FOR EACH TANK.

MONTHLY THROUGHPUT - GALLONS							
MONTH	TANK NO.	TOTALS					
JAN							
FEB							
MAR							
APR							
MAY							
JUN							
JUL							
AUG							
SEP							
AUG							
SEP							
OCT							
NOV							
DEC							
TOTALS							

