

**DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL
DIVISION OF AIR AND WASTE MANAGEMENT
UNDERGROUND STORAGE TANK BRANCH**



391 Lukens Drive
New Castle, Delaware 19720-2774
(302) 395-2500
(302) 395-2601 Fax

**APPLICATION FOR A CONSTRUCTION/OPERATING PERMIT
FOR STAGE II VAPOR RECOVERY SYSTEMS**

A permit is required to construct and operate a Stage II Vapor Recovery System if you dispense or have dispensed more than 10,000 (ten thousand) gallons (total of all grades) of gasoline in any one month after November 15, 1990. This application must be completed and received by the Department and will serve as 60 (sixty) 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 is submitted again to complete the application process.

UST Facility Identification # _____ **Owner's Name** _____
Facility's Name _____ **Street** _____
Street _____ **City** _____ **State** _____ **Zip** _____
City _____ **Zip** _____ **Phone** _____ **Fax** _____
County _____ **Phone** _____ **Contact Person** _____

Current Status:
 Permitted for Stage I Yes No
 If Yes, Permit # _____ Date _____ **Contractor's Company Name** _____
 Street _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Contact Person _____

CONSTRUCTION PERMIT APPLICATION

Estimated Start Date _____ and Estimated Completion Date _____ of installation. You must include a construction permit fee of \$120 (One Hundred Twenty Dollars) per facility with this application. Make checks payable to the State of Delaware

Type of Stage II System: Vapor 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 3)
 Exhibit #: _____ (Balance Only)

Are pressure/vacuum valves fitted on vent lines? _____ If yes, what are the settings? Pressure _____ Vacuum _____
 Are the VAPOR return lines manifolded? _____ Are the VENT return lines manifolded? _____ If yes, diagram the vapor piping below:

