NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

AIR QUALITY PERMITTING

# **GENERAL PERMIT REGISTRATION FORM**

# **FOR**

# **A FUEL DISPENSING FACILITY EQUIPPED WITH PHASE I AND PHASE II**

# **VAPOR RECOVERY CONTROL SYSTEMS**

**SECTION A: FACILITY PROFILE**

Facility ID Number Facility Name

##### Street Address

Address Line 1

Address Line 2

Address Line 3

City State Zip

##### Mailing Address [ ]  Check if same as street address above

Address Line 1

Address Line 2

Address Line 3

City State Zip

##### County

County Where Facility Is Located

##### Location Description

Mailing Instructions

and Information:

Mail Registration Form & Fee to:

Mail Code 401-02

NJDEP - Air Quality Permitting Program

PO Box 420

Trenton, NJ 08625

**Submittal Fee:** $1,090

Make check payable to “Treasurer, State of NJ”

For Assistance, please call:

**(609) 633-2829**

##### Industry Information

Primary SIC

##### Facility Contact (s)

Contact types for each of the following are mandatory: Fee/ Billing Contact, Air Permit Information Contact and Responsible Official. (Attach additional facility contact sheets if necessary) [ ]  Fee/Billing Contact [ ]  Air Permit Information Contact [ ]  Responsible Official

Name Organization

Title Organization Type

Phone ( )

Fax ( ) Mailing Address

Other ( ) Address Line 2

Type Address Line 3

E-mail City State Zip

**SECTION B: REASON FOR APPLYING** (Check one)

[ ]  Unpermitted (new equipment or existing unpermitted equipment)

[ ]  Permitted (modification or replacement of existing pieces of equipment currently listed on an NJDEP permit)

**Any permit numbers written below will be superseded**

Previous Permit Number(s) if any: PCP/GEN –

**SECTION C: EQUIPMENT INVENTORY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tank Content /Equipment Designation | EquipmentDescription | TankLocation | Tank Capacity(Gallons) | Installation Date |
| [ ]  Gasoline  **OR**[ ]  E-85  |  | Above Ground [ ]  **OR**Below Ground [ ]  |  |  |
| [ ]  Gasoline  **OR**[ ]  E-85  |  | Above Ground [ ]  **OR**Below Ground [ ]  |  |  |
| [ ]  Gasoline  **OR**[ ]  E-85  |  | Above Ground [ ]  **OR**Below Ground [ ]  |  |  |
| [ ]  Gasoline  **OR**[ ]  E-85  |  | Above Ground [ ]  **OR**Below Ground [ ]  |  |  |
| [ ]  Gasoline  **OR**[ ]  E-85  |  | Above Ground [ ]  **OR**Below Ground [ ]  |  |  |

Note: If you need to add more equipment, please add them in a different page.

**SECTION D: CONTROL DEVICE INVENTORY**

|  |  |  |
| --- | --- | --- |
| **Control Device Designation** |  | **Type of Vapor Control System** |
| Stage I [ ]  |  | Dual point (no coaxial) [ ]  **OR**Single point (coaxial) [ ]  |
| **===========================**Stage II [ ]  |  | **=========================================**Vapor Balance System [ ]  **OR**Vacuum Assist System **OR** [ ] Enhanced Vacuum Assist (ORVR compatible nozzles) [ ]  |
| **===========================**Additional Vapor Recovery System@95 % of recovery [ ]  |  | **=========================================**Description:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SECTION E: EMISSION UNIT INVENTORY**

|  |
| --- |
| When did this Facility commence operation?[ ]  Prior 6/29/2003 OR [ ]  After 6/29/2003 |
| Facility’s maximum Gasoline throughput? gallons /year |

**SECTION F: PERMITTING OPTIONS (CHECK ONE)**

 **N / A** **FD-4A-1** Marina gasoline storage tank(s) equipped with Stage I vapor control system

 used exclusively for refueling marine vehicles

 **APPLY FOR A GP-004B at** [**http://www.state.nj.us/dep/aqpp/gp1list.htm**](http://www.state.nj.us/dep/aqpp/gp1list.htm)

 **N / A FD-4A-2** Aviation gasoline storage tank(s) equipped with Stage I vapor control system

 used exclusively for refueling of aircrafts

 **APPLY FOR A GP-004B at** [**http://www.state.nj.us/dep/aqpp/gp1list.htm**](http://www.state.nj.us/dep/aqpp/gp1list.htm)

 **N / A FD-4A-3** Fuel service station gasoline storage tank(s) equipped with Stage I vapor control

 system having a monthly facility throughput of less than or equal to 10,000 gallons that commenced operation on or before June 29, 2003 and/or E-85 storage tank(s) equipped with Stage I vapor control system

 **APPLY FOR A GP-004B at** [**http://www.state.nj.us/dep/aqpp/gp1list.htm**](http://www.state.nj.us/dep/aqpp/gp1list.htm)

[ ]  FD-4A-4 Fuel service station gasoline storage tank(s) equipped with Stage I and Stage II vapor

 control systems having an annual facility throughput of less than or equal to 9,000,000 gallons and/or E-85 storage tank(s) equipped with Stage I vapor control system

[ ]  FD-4A-5 Fuel service station gasoline storage tank(s) equipped with Stage I and Stage II

 vapor control systems with an additional vapor recovery system control having an annual facility throughput of less than or equal to 15,000,000 gallons and/or E-85 storage tank(s) equipped with Stage I vapor control system

##### SECTION G: CERTIFICATION

"I certify under penalty of law that I believe the information provided in this document is true, accurate, and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information."

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Name of Individual Title Signature Date

With Direct Knowledge

“I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attached documents and, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information.”

Name of Responsible Official Title Signature Date

 For Department Use Only PER# Fee

 **INSTRUCTIONS FOR COMPLETING THE REGISTRATION FORM**

**FOR**

 **FUEL DISPENSING FACILITIES EQUIPPED WITH PHASE I AND PHASE II**

 **VAPOR RECOVERY CONTROL SYSTEMS**

### SECTION A: FACILITY PROFILE

Facility (ID Number & Facility Name) - Enter the New Jersey air pollution facility identification number (ID) followed by the facility name for which the General Permit is being registered. The facility ID is a five-digit number assigned by the New Jersey Department of Environmental Protection. Your facility name is the one registered with the New Jersey Secretary of State, under which your facility does business.

**Street Address** - Enter the address of the facility where the equipment to be permitted is physically located. Note: This address shall be the same as the UST (Underground Storage Tank) Registration street address.

**Mailing Address** - Enter the facility's mailing address. If it is the same as the facility location, check the box provided. Note: This address shall be the same as the UST (Underground Storage Tank) Registration mailing address.

Mailing Instructions & Information - Once the General Permit Registration Form has been completed, it should be mailed along with the appropriate fee(s) to the New Jersey Department of Environmental Protection at the address listed on the front page of the Registration form. The submittal fee is $1,090.00 per General Permit Registration Form submitted. Make checks payable to: "Treasurer, State of New Jersey".

**County** - Enter the county in which the facility is located (not the mailing Address County).

Location Description - Describe the facility's location if it is difficult to find using the street address. If you have to give a visitor direction to your facility, consider showing them here. (*Example*: Two miles down the access road that leaves state highway 29 at mile marker 10.)

Industry Information - Enter the facility's three-digit Standard Industrial Classification SIC. Commonly Used SIC Code for this General Permit:

|  |  |
| --- | --- |
| Description | SIC |
| Gasoline Service Stations | 5540 |
| Marinas | 4493 |
| Airport Terminal Services | 4583 |

Facility Contact (s)- Check the box(es) indicating a Fee/ Billing Contact, Air Permit Information Contact and Responsible Official at the facility . Complete the entire section for each of the three mandatory contact types

### SECTION B: REASON FOR APPLICATION

New or Existing Unpermitted units (new equipment or existing unpermitted equipment) - Check this box if this application is being filed for a unit(s) for which no current permit exists.

**Select "Unpermitted"** if **all** of the pieces of Equipment covered by this General Permit are existing equipment that were never covered by an air permit, or is new equipment that is going to be installed. Continue to Section C: Equipment Inventory.

**Select "Permitted"** if **one or more** of the pieces of Equipment covered by this General Permit is existing equipment that is or was covered by an air permit, or new equipment that will replace existing pieces of equipment currently listed on an air permit.

If you are unsure the equipment listed in Section C: Equipment Inventory has ever been issued an air permit, please refer to your list of all permits at <http://www.state.nj.us/dep/aqpp/> under “Reports- Approved PCP permits”.

### SECTION C: EQUIPMENT INVENTORY

#### Equipment NJID # - see Emission Unit NJID #

**Tank Content / Equipment Designation** - Check the box that corresponds to the type of fuel stored in the tank.

Equipment Description - Enter a name by which you can identify the equipment. The limit on the designation of equipment name is a maximum 12 characters.

Tank location - Check the box that corresponds to the right location of the tank. Installation Date - Enter the date on which the tank was installed. (MM/DD/YYYY). Tank Capacity – Enter the maximum design capacity of the tank in gallons.

### SECTION D: CONTROL DEVICE INVENTORY

#### Control Device NJID # - see Emission Unit NJID #

Control Device Designation- Check the box that corresponds to the type of control. Please specify if the Facility have Stage I, Stage II and/or an additional vapor recovery control. This additional control shall be a Vapor Recovery System with at least 95% of recovery.

**Type of Stage I Vapor Control System** - Check the box that corresponds to the system of Stage 1 (Dual Point or Single Point)

**Type of Stage 2 Vapor Control System** - Check the box that corresponds to the system of Stage 2 (Vacuum Assist System or Vapor Balance System)

**Additional Vapor Recovery System** - Enter a brief description (manufacturer name, type of control, etc) of the additional Vapor Recovery System.

Installation Date - Enter the date on which the control device was installed. (MM/DD/YYYY).

### SECTION E: EMISSION UNIT INVENTORY

**Emission Unit NJID #** - A facility may do either one of the following:

* 1. Enter a unique 6 digit identification number (*example:* U-000010) that identifies the equipment covered by this General Permit. Once a number is used to identify the equipment or any another piece of equipment group at the facility, the same number cannot be used to identify any other piece of equipment at the facility. (***Note:*** If the 6 digit identification number the facility enters is incorrect or conflicts with any number registered with the Department, then the Department will assign an appropriate number for the equipment);
	2. Leave this line blank and the Department will assign an appropriate 6-digit identification number for the equipment operation covered by this General Permit. The Department will not assign the same two numbers for any piece of equipment registered for the facility.

**Facility Description of Emission Unit -** Enter a name by which you can identify the equipment. Maximum 12 characters, so abbreviate.

Example: Two Gasoline Storage Tanks and one E-85

**Additional Information-** Please specify if the Facility commenced operation prior to or after June 29, 2003

**Gasoline Dispensing Facility’s Throughput**- Please specify the Facility’s highest monthly throughput in a consecutive twelve-month period and the annual throughput in gallons per year.

### SECTION F: PERMITTING OPTIONS

A different compliance plan is established by selecting the type of Facility, Fuel throughput and control.

Only Options FD-4A-4 and FD-4A-5 can be selected. Select ONE option.

### SECTION G: POTENTIAL TO EMIT

The same value will be loaded for any permitting option selected.

### SECTION H: CERTIFICATION

Print or type the name and title of person, submit with original signature, and date the application in the spaces provided.

Individual with Direct Knowledge - Individual listed as the contact person or any person with direct knowledge of and responsibility for the information contained in the General Permit Registration Form. This may or may not be the same person who signs as the Responsible Official defined below.

Responsible Official - Any company executive charged with environmental responsibilities. A Responsible Official as defined in N.J.A.C. 7:27-1.4 is as follows:

 For a corporation: a president, secretary, treasurer, or vice-president of the corporation; any other person who performs similar policy or decision making functions for the corporation; or a duly authorized representative responsible for the overall operation of a facility (plant manager, etc.).

 For a partnership: a general partner.

 For a sole proprietorship: the proprietor

 For a government agency: either a principal executive officer or ranking elected official