



**North Coast Unified Air
Quality Management District**
707 L Street
Eureka, CA 95501
(707) 443-3093

**GASOLINE BULK STORAGE FACILITY
FORM 1312**

Form 1300 must also accompany all submittals

Section I – Company Information

1. Company Name: _____.

2. Equipment Address: _____.

Section II – Equipment Information

1. Tank Description: _____.

2. Tank Number: _____ Drawing Number: _____.

3. Throughput (all materials), last 12 months: _____ thousand gallons **or** _____ thousand bbls

4. Typical % of total annual throughput: Dec. – Feb. _____% Mar. – May _____%
Jun – Aug. _____% Sep. – Nov. _____%

5. Tank Type: Underground Aboveground Fixed Roof Internal Floating Roof
 Floating Roof Pressure Other _____

6. Tank Volume: _____ thousand gallons **or** _____ thousand bbls

7. Tank Diameter: _____ ft Height or Length: _____ ft

Section III – Fixed Roof Tanks Only

8. Maximum Fill Rate: _____ gal/hr **or** _____ bbl/hr

9. Average Height of Vapor Space: _____ ft

10. Emissions vent to what source(s) and/or abatement device(s)?

11. Do all gauging/sampling devices have gas-tight covers? Yes No

12. Paint Color: Aluminum White Light Gray Medium Gray Other: _____

13. Paint Condition: Good Poor

Section IV – Floating Roof Tanks Only

14. Seal Type: Single Double Other: _____

15. Maximum Withdrawal Rate: _____ gal/hr **or** _____ bbl/hr

16. Do all gauging/sampling devices enter below liquid level and have gas-tight covers? Yes No

17. Roof Type: Pan Pontoon Other: _____

18. Roof Weight with Seals _____ lbs Tank Vent Area _____ ft²

19. Primary (Lower) Seal (type/mfg) _____ Drawing No. _____.

20. Secondary (Upper) Seal (type/mfg) _____ Drawing No. _____.

21. Center Column Seal (type/mtl) _____.
22. Gauge Column Seals (type/mtl) _____.
23. Sample Tube Seal (type/mtl) _____.
24. Manhole Seal (type/mtl) _____.
25. Roof Opening Skirts Extended _____ feet into the liquid product

Section VI - Certification

I hereby certify that all information and data contained in this application and all information submitted with this application are true and as accurate as possible, to the best of my knowledge and professional expertise and experience.

Signed this _____ day of _____

Signature of responsible official of firm: _____

Title of responsible official of firm: _____

Type or print name of responsible official of firm:	Responsible official's phone no.	Date signed:
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I hereby certify that all information and data contained in this application and all information submitted with this application are true and as accurate as possible, to the best of my knowledge and professional expertise and experience.

Signed this _____ day of _____

Signature of preparer, if prepared by person other than responsible official of firm: _____

Title of preparer: _____

Note: If this application has been submitted by a person other than the responsible official, a letter from the responsible official must accompany this form giving the preparer authority to prepare this form.

Type or print name of preparer, if prepared by person other than responsible official of firm:	Preparer's telephone number	Date signed:
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NOTE TO APPLICANT:

Before acting on an application for Authority to Construct or Permit to Operate, the District may require further information, plans, or specifications. Forms with insufficient information may be returned to the applicant for completion, which will cause a delay in application processing and may increase processing fees. The applicant should correspond with equipment and material manufacturers to obtain the information requested on this supplemental form.