



1600 South Second Street  
 Mount Vernon, WA 98273-5202  
 ph 360-428-1617  
 fax 360-428-1620  
 info@nwcleanairwa.gov  
 www.nwcleanairwa.gov

# Gasoline Dispensing Facility Notice of Construction Application

Facility Name: _____	Contact Person: _____
Facility Owner: _____	Phone #: _____
Physical Address: _____	Phone #: _____
City: _____ State: _____	Zip Code: _____
Billing Address: _____	Phone #: _____
City: _____ State: _____	Zip Code: _____

**Stage I Control Method**

Stage I Type:     Dual Point System  
                            Coaxial System

Equipment Manufacturer & Part Number

Drop Tube \_\_\_\_\_

Vapor Adaptor \_\_\_\_\_

Vapor Cap \_\_\_\_\_

CARB Executive Order: \_\_\_\_\_

Does product drop tube extend to within 6 inches from the tank bottom?     Yes     No

Number of underground storage tanks: \_\_\_\_\_

Total gasoline storage capacity: \_\_\_\_\_

**Stage II Control Method**

System Type:     Vapor Balance System  
                            Vacuum Assisted System

CARB Executive Order: \_\_\_\_\_

If vacuum assisted, what brand/model:  
 \_\_\_\_\_

Dispenser Type:     Multi Product Dispenser  
                            Single Product Dispenser

Underground Stage II Piping Layout:  
                            Manifold System  
                            Segregated System

Will the underground piping slope at least 1/8 inch per linear foot toward the tanks?     Yes     No

Please enclose a vapor piping diagram

*Only California Air Resource Board (CARB) approved equipment will be authorized for use.*

Estimated Completion Date: _____	
Applicant Name (print/type): _____	Title: _____
Applicant Signature _____	Date _____

**NWCAA OFFICE USE ONLY**

**A filing fee and applicable New Source Review fees must accompany this application in accordance with the NWCAA Regulation Section [324.2](#); (see [NWCAA NSR fee schedule](#) on our website.)**

Form: NOC Gas station Form04JAN18 MEA

SEPA Checklist Included    NOC#: \_\_\_\_\_

NOC Fee Received:     Yes     No    \$ \_\_\_\_\_

Date Received: \_\_\_\_\_

Receipt #: \_\_\_\_\_