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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: _____
Estimated annual throughput: _____	

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 Form 01/03/2023 MEA

<input type="checkbox"/> SEPA Checklist Included NOC#: _____ NOC Fee Received: <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Date Received: _____ Receipt #: _____	
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