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New Source Review Application For Gasoline Dispensing Facility Removal of Stage II Equipment

To Construct, Install, Establish, or Alter an Air Contaminant Source and/or Control Facility

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

Type of Process: Removal of stage II vapor control equipment as allowed under WAC 173-491

SAVE DOCUMENT BEFORE CLICKING LINK

Does the facility meet the criteria in [WAC 173-491-040](#)
(5)(b) and (c) allowing for the removal of Stage II vapor
recovery equipment? ☐ Yes ☐ No

Estimated Project Completion Date: _____

Estimated annual throughput: _____

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

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The following must accompany this application:

- * All NSR fees in accordance with NWCAA [324.2](#); ([NWCAA NSR fee schedule](#))
- * A complete [SEPA checklist](#)
- * A Gasoline Station Throughput Report for the most recent calendar year

NWCAA OFFICE USE ONLY

Application Received: _____ Approval Issued: _____
Registration #: _____ N.O.C. #: _____
NOC Fee Received: ☐ Yes ☐ No \$ _____
Date Received: _____
Receipt #: _____