

Fact Sheet

New Tennessee Retail Gasoline Stage I Vapor Recovery Regulation

Several counties in Tennessee have recently been redesignated as non-attainment for the new, tighter federal air quality standard for ozone (smog). As a part of a strategy to meet the new standard, the State Air Pollution Control Board has issued a new air pollution regulation extending Stage I Vapor Recovery (for loading and unloading tankers) to most gasoline dispensing facilities in designated counties.

AFFECTED COUNTIES:

Anderson, Blount, Carter, Cheatham, Dickson, Fayette, Hamilton, Hawkins, Haywood, Jefferson, Knox, Loudon, Marion, Meigs, Montgomery, Putnam, Robertson, Sevier, Sullivan, Tipton, Unicoi, Union, and Washington Counties.

Davidson, Rutherford, Shelby, Sumner, Williamson and Wilson Counties already have Stage I and will not be affected. The Chattanooga-Hamilton County Air Pollution Control Bureau and the Knox County Air Quality Management Division will require that Stage I Vapor Recovery be installed at gasoline retailers in those counties.

COMPLIANCE DEADLINE DATE:

A Stage I system that is approved by the California Air Resources Board (CARB) must be installed and certified by all existing facilities by **May 1, 2006** to the air pollution control agency for that county. The State Air Pollution Control Agency regulates all counties except Davidson, Knox, Hamilton and Shelby. There are local air pollution control agencies for these counties. New facilities must apply for a construction permit from the air pollution control agency prior to construction. New facility Stage I controls must be installed prior to operation.

The addresses and phone numbers of the Tennessee air pollution control agencies are listed on the back. Also listed is the contact information of Tennessee's Small Business Environmental Assistance Program.



The Tennessee Department of Environment and Conservation is committed to principles of equal opportunity, equal access and affirmative action. Contact the EEO/AA Coordinator at 1-888-867-7455 or the ADA Coordinator at 1-866-253-5827 for further information. Hearing impaired callers may use the Tennessee Relay Service (1-800-848-0298). Tennessee Department of Environment and Conservation, Authorization No. 327.147, 2000 copies. This public document was promulgated at a cost of \$.02 per copy. March 2005.

Contacts

<p>Tennessee Dept. of Environment and Conservation Small Business Environmental Assistance Program 8th Floor, L & C Annex 401 Church Street Nashville, Tennessee 37243-1551 615-532-8013 1-800-734-3619 BGSBEAP@state.tn.us www.state.tn.us/environment/bac/sbeap/</p> <p>Call for free confidential compliance assistance</p>	<p>Tennessee Dept. of Environment and Conservation Division of Air Pollution Control 9th Floor, L & C Annex 401 Church Street Nashville, Tennessee 37243-1531 615-532-0554 1-888-891-8332 www.state.tn.us/environment/permits/airconst.php</p>
<p style="text-align: center;"><u>Nashville/Davidson</u></p> <p>Pollution Control Division Metropolitan Nashville-Davidson County Health Dept. 311 23rd Avenue, North Nashville, TN 37203 Phone: (615) 340-5653 FAX: (615) 340-2142 http://healthweb.nashville.org/env/env_air_pollution.html</p>	<p style="text-align: center;"><u>Chattanooga/Hamilton</u></p> <p>Air Pollution Control Bureau 6125 Preservation Drive Chattanooga TN 37416 Phone : (423) 643-5970 FAX : (423)-643-5971 http://www.apcb.org/</p>
<p style="text-align: center;"><u>Knoxville/Knox</u></p> <p>Air Quality Management 140 Dameron Ave., Suite 242 Knoxville, TN 37917-6413 Phone: (865) 215-5900 FAX: (865) 215-5902 http://www.knoxcounty.org/airquality/</p>	<p style="text-align: center;"><u>Memphis/Shelby</u></p> <p>Memphis/Shelby County Health Department Air Pollution Control 814 Jefferson Avenue Memphis, TN 38105 (901) 544-7775 / (901) 544-7653 FAX: (901) 544-7310 http://www.shelbycountyttn.gov/FirstPortal/dotShowDoc/ Government/CountyServices/HealthServices/ EnvironmentalHealth/air_pollutionindex.htm</p>

COMPLIANCE ASSISTANCE:

There is help available with understanding this new air pollution regulation. The Tennessee Department of Environment and Conservation's Small Business Environmental Assistance Program (SBEAP) offers free, confidential technical assistance with environmental questions. Donovan Grimwood is the SBEAP contact for Gasoline Marketers. He can be reached toll free at **1-800-734-3619** (615-532-4966 in Nashville) or Email Donovan.Grimwood@state.tn.us. Additional information and electronic copies of the regulations are available on the SBEAP website at <http://www.state.tn.us/environment/bac/sbeap/>.



NOT TO BE USED FOR TITLE V APPLICATIONS

PERMIT APPLICATION

APC 20

PLEASE TYPE OR PRINT AND SUBMIT IN DUPLICATE FOR EACH EMISSION SOURCE. ATTACH APPROPRIATE SOURCE DESCRIPTION FORMS.

1. ORGANIZATION'S LEGAL NAME			/// FOR	APC COMPANY--POINT NO.
2. MAILING ADDRESS (ST/RD/P.O. BOX)			/// APC	APC LOG/PERMIT NO.
CITY	STATE	ZIP CODE	PHONE WITH AREA CODE	
3. PRINCIPAL TECHNICAL CONTACT			PHONE WITH AREA CODE	
4. SITE ADDRESS (ST/RD/HWY)			COUNTY NAME	
CITY OR DISTANCE TO NEAREST TOWN		ZIP CODE	PHONE WITH AREA CODE	
5. EMISSION SOURCE NO. (NUMBER WHICH UNIQUELY IDENTIFIES THIS SOURCE)		PERMIT RENEWAL YES () NO ()		
6. BRIEF DESCRIPTION OF EMISSION SOURCE				

Stage I Vapor Recovery for gasoline storage tanks-----Pollution Reduction Device Code 047

7. TYPE OF PERMIT REQUESTED				
CONSTRUCTION ()	STARTING DATE	COMPLETION DATE	LAST PERMIT NUMBER	EMISSION SOURCE REFERENCE NUMBER
OPERATING ()	DATE CONSTRU- TION STARTED	DATE COMPLETED	LAST PERMIT NUMBER	EMISSION SOURCE REFERENCE NUMBER
LOCATION TRANSFER ()	TRANSFER DATE		LAST PERMIT NUMBER	EMISSION SOURCE REFERENCE NUMBER
ADDRESS OF LAST LOCATION				

8. DESCRIBE CHANGES THAT HAVE BEEN MADE TO THIS EQUIPMENT OR OPERATION SINCE THE LAST CONSTRUCTION OR OPERATING PERMIT APPLICATION.

9. SIGNATURE (APPLICATION MUST BE SIGNED BEFORE IT WILL BE PROCESSED)		DATE
10. SIGNER'S NAME (TYPE OR PRINT)	TITLE	PHONE WITH AREA CODE

TABLE OF POLLUTION REDUCTION DEVICE OR METHOD CODES
(ALPHABETICAL LISTING)

NOTE: FOR CYCLONES, SETTLING CHAMBERS, WET SCRUBBERS, AND ELECTROSTATIC PRECIPITATORS. THE EFFICIENCY RANGES CORRESPOND TO THE FOLLOWING PERCENTAGES:

HIGH: 95-99+%. MEDIUM: 80-95%. AND LOW: LESS THAN 80%.

IF THE SYSTEM HAS SEVERAL PIECES OF CONNECTED CONTROL EQUIPMENT, INDICATE THE SEQUENCE, FOR EXAMPLE:

008'010.97%.

IF NONE OF THE BELOW CODES FIT, USE 999 AS A CODE FOR OTHER AND SPECIFY IN THE COMMENTS.

NO EQUIPMENT	000	LIMESTONE INJECTION--DRY	041
ACTIVATED CARBON ADSORPTION	048	LIMESTONE INJECTION--WET	042
AFTERBURNER--DIRECT FLAME	021	LIQUID FILTRATION SYSTEM	049
AFTERBURNER--DIRECT FLAME WITH HEAT EXCHANGER	022	MIST ELIMINATOR--HIGH VELOCITY	014
AFTERBURNER--CATALYTIC	019	MIST ELIMINATOR--LOW VELOCITY	015
AFTERBURNER--CATALYTIC WITH HEAT EXCHANGER	020	PROCESS CHANGE	046
ALKALIZED ALUMINA	040	PROCESS ENCLOSED	054
CATALYTIC OXIDATION--FLUE GAS DESULFURIZATION	039	PROCESS GAS RECOVERY	060
CYCLONE--HIGH EFFICIENCY	007	SETTLING CHAMBER--HIGH EFFICIENCY	004
CYCLONE--MEDIUM EFFICIENCY	008	SETTLING CHAMBER--MEDIUM EFFICIENCY	005
CYCLONE--LOW EFFICIENCY	009	SETTLING CHAMBER--LOW EFFICIENCY	006
DUST SUPPRESSION BY CHEMICAL STABILIZERS		SPRAY TOWER (GASEOUS CONTROL ONLY)	052
OR WETTING AGENTS	062	SULFURIC ACID PLANT--CONTACT PROCESS	043
ELECTROSTATIC PRECIPITATOR--HIGH EFFICIENCY	010	SULFURIC ACID PLANT--DOUBLE CONTACT PROCESS	044
ELECTROSTATIC PRECIPITATOR--MEDIUM EFFICIENCY	011	SULFUR PLANT	045
ELECTROSTATIC PRECIPITATOR--LOW EFFICIENCY	012	VAPOR RECOVERY SYSTEM (INCLUDING CONDENSERS,	
FABRIC FILTER--HIGH TEMPERATURE	016	HOODING AND OTHER ENCLOSURES)	047
FABRIC FILTER--MEDIUM TEMPERATURE	017	VENTURI SCRUBBER (GASEOUS CONTROL ONLY)	053
FABRIC FILTER--LOW TEMPERATURE	018	WET SCRUBBER--HIGH EFFICIENCY	001
FABRIC FILTER--METAL SCREENS (COTTON GINS)	059	WET SCRUBBER--MEDIUM EFFICIENCY	002
FLARING	023	WET SCRUBBER--LOW EFFICIENCY	003
GAS ADSORPTION COLUMN--PACKED	050	WET SUPPRESSION BY WATER SPRAYS	061
GAS ADSORPTION COLUMN--TRAY TYPE	051		
GAS SCRUBBER (GENERAL: NOT CLASSIFIED)	013		

TABLE OF EMISSION ESTIMATION METHOD CODES

NOT APPLICABLE EMISSIONS ARE KNOWN TO BE ZERO	0
EMISSIONS BASED ON SOURCE TESTING	1
EMISSIONS BASED ON MATERIAL BALANCE USING ENGINEERING EXPERTISE AND KNOWLEDGE OF PROCESS	2
EMISSIONS CALCULATED USING EMISSION FACTORS FROM EPA PUBLICATION NO. AP-42 COMPILATION OF	
AIR POLLUTANT EMISSIONS FACTORS	3
JUDGEMENT	4
EMISSIONS CALCULATED USING A SPECIAL EMISSION FACTOR DIFFERING FROM THAT IN AP-42	5
OTHER (SPECIFY IN COMMENTS)	6

INSTRUCTIONS

PERMIT APPLICATION (APC 20)

This form should be completed for each permit required. Examples of permit units (sources) are:

Process equipment which operates, or could operate, as an independent unit.

Process equipment sharing common air pollution control equipment.

Boilers located close together and whose plumes tend to merge will generally constitute.

Wood-fired boilers should have individual applications.

Incinerators should have individual applications.

Please refer to Chapter 1200-3-9 of the Tennessee Air Pollution Control Regulations for information concerning application requirements.

If the source has not changed since the last time complete application information was submitted, APC 20 forms only, are sufficient for permit renewals. For initial applications, or whenever a source has changed, the APC 20 forms should be accompanied by the appropriate source and emission point description forms. If necessary, please contact the Tennessee APC office indicated on the form for information concerning applicable forms.

- Line 1. -** The right-hand portions of the first two lines are intended for APC Division use only.
- Line 2. -** Mailing address is the address to which permits or other correspondence concerning the application will normally be mailed. An in-state address is referred and should be used whenever possible.
- Line 3. -** Principal technical contact is someone who can be contacted concerning possible questions regarding the application. This should preferably be someone at the plant location if possible.
- Line 4. -** Site address should indicate as clearly as possible the actual source location including the county in which it is located. This need not be a mailing address. If it is a rural location, indicate the direction and approximate distance from a well established reference point such as a town or major road intersection.

(OVER)

Line 5. - Emission Source number should be a simple code which uniquely identifies the equipment covered by the application. It will be used to identify the equipment under consideration and to distinguish it from other possibly similar equipment. It should be referenced on all future correspondence concerning the equipment in question. Once assigned, this code should not be changed. If a change is required, the reason for the change as well as the previous and the new codes should be well explained in item 6.

Line 6. - Brief description of emission source should very briefly describe the type of equipment covered by the application such as, incinerator, oil fired boilers, printing press, rock crusher, etc.

Line 7. - Complete only the categories which apply depending on the status of the source.

For construction, indicate estimated construction starting and completion dates.

For operating, indicate approximate construction starting and completion dates for the source covered by the application. If the source was modified (not counting modifications made exclusively to control equipment) after original construction, enter the construction starting and completion dates for the most recent modification

If the source has been previously permitted, either operating or construction, enter the most recent permit number and the emission source reference number listed on the permit.

Location transfer is applicable only to portable sources such as portable asphalt plants, etc. Indicate the estimated date on which the source will be moved to the new location. If the source has been previously permitted, enter the most recent permit number and the permit emission source reference number. Also clearly indicate the location at which the source is currently, or has most recently, operated

Line 8. - If the equipment or operation has not changed since the last construction or operating permit application, indicate none. Otherwise briefly describe the changes which have been made since the last application. If it is the first application for the equipment, please so indicate.

Line 9. - Applications should be signed by the person directly responsible for local plant operations. Unsigned and/or undated applications will not be processed.



DEPARTMENT OF ENVIRONMENT & CONSERVATION
AIR POLLUTION CONTROL
401 CHURCH STREET, L & C ANNEX
NASHVILLE, TN 37243-1531

NOT TO BE USED FOR
TITLE V APPLICATIONS

PERMIT APPLICATION FOR STAGE I AND STAGE II VAPOR RECOVERY

FOR APC USE ONLY: COUNTY COMPANY POINT # _____ LOG/PERMIT # _____ APC 150

1. FACILITY NAME	OWNER'S NAME
SITE ADDRESS (ST/RD)	MAILING ADDRESS (ST/RD/P.O. BOX)
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
TELEPHONE NUMBER	TELEPHONE NUMBER

2. CLAIMING INDEPENDENT SMALL BUSINESS (I. S. B.) MARKETER OF GASOLINE AS STATED IN RULE 1200-3-18-.24(2)

YES _____ NO X

IF YES, SUBMIT NOTARIZED CERTIFICATION STATING THAT BUSINESS SATISFIES THE I.S.B. DEFINITION CRITERIA FOUND IN 1200-3-18-.24(2) AND PROVIDE THE FOLLOWING INFORMATION:

OWNER'S ANNUAL INCOME FROM REFINING OR MARKETING OF GASOLINE N/A

OWNER'S TOTAL ANNUAL INCOME N/A

3. NUMBER, GAS TYPE, CAPACITY, TYPE OF TANK – ABOVEGROUND (AG) UNDERGROUND (UG), INSTALLATION DATE									
TANK #	GAS TYPE	SIZE	TANK TYPE	INST. DATE	TANK #	GAS TYPE	SIZE	TANK TYPE	INST. DATE
1		_____ GAL	AG / UG	_____	4		_____ GAL	AG / UG	_____
2		_____ GAL	AG / UG	_____	5		_____ GAL	AG / UG	_____
3		_____ GAL	AG / UG	_____	6		_____ GAL	AG / UG	_____

4. TOTAL NO. GASOLINE NOZZLES N/A MAKE N/A MODEL N/A

5. GASOLINE DISPENSER MAKE N/A MODEL N/A

6. TYPE OF STAGE I SYSTEM (CARB EXECUTIVE ORDER) _____ INSTALLATION DATE _____

7. TYPE OF STAGE II SYSTEM (CARB EXECUTIVE ORDER) N/A INSTALLATION DATE N/A

8. TYPE OF PRESSURE/VACUUM VENT VALVE (IF INSTALLED) MAKE _____ MODEL _____

9. MAXIMUM MONTHLY THROUGHPUT _____ GAL. AVERAGE YEARLY THROUGHPUT _____ GAL.

10. MINIMUM SLOPE OF STAGE II VAPOR RETURN LINES FROM DISPENSERS TO UNDERGROUND TANKS N/A INCHES PER FOOT

11. TYPE OF PERMIT REQUESTED

CONSTRUCTION ()	STARTING DATE	COMPLETION DATE	LAST PERMIT NUMBER	EMISSION SOURCE REFERENCE NUMBER
OPERATING ()	DATE CONSTRU- CTION STARTED	DATE COMPLETED	LAST PERMIT NUMBER	EMISSION SOURCE REFERENCE NUMBER

12. SUPPLIER OF GASOLINE

COMPANY NAME _____ CONTACT NAME _____

ADDRESS _____ ADDRESS _____

PHONE NUMBER _____ PHONE NUMBER _____

13. SIGNATURE OF APPLICANT _____ DATE _____

14. SIGNER'S NAME (TYPE OR PRINT) _____ TITLE _____ PHONE NO. WITH AREA CODE _____

INSTRUCTIONS

STAGE I AND STAGE II VAPOR RECOVERY DESCRIPTION FORM

This form should be completed for all new permit applications and all renewals where source conditions have changed since the previous application. This form should be used for all gasoline dispensing facilities subject to Stage I and/or Stage II vapor recovery requirements instead of the more general Process or Fuel Burning Description Form (APC 21(&24)), and the Emission Point Description (APC 22).

Line 1.- Enter the facility name and telephone number, owner name and telephone number, site address, and mailing address where indicated. Site address should indicate as clearly as possible the actual source location. This need not be a mailing address (however, mailing address shall also be included here). If it is a rural location, indicate the direction and approximate distance from a well-established reference point such as a town or major road intersection.

Line 2.- (Applies only to facilities subject to Stage II requirements) Enter whether or not the facility's owner wishes to claim Independent Small Business Marketer of Gasoline Status. If it is being claimed, then 1) a notarized certification stating that the criteria specified in the definition of Independent Small Business Marketer of Gasoline found in 1200-3-18-.24(2) is satisfied must be submitted along with the application, and 2) the facility owner's annual income from refining or marketing of gasoline, as well as the facility owner's total annual income must be entered. Income figures shall be averages for the most recent two years.

Line 3.- Enter the indicated storage tank system information for each gasoline storage tank.

Line 4.- (Applies only to facilities subject to Stage II requirements) Enter the total number of gasoline nozzles, and the make and model of nozzles used.

Line 5.- (Applies only to facilities subject to Stage II requirements) Enter the make and model of gasoline dispensers used.

Line 6.- Enter the type of Stage I system at this location (this refers to the CARB Vapor Recovery Executive Order certifying this type of system), and the Stage I system installation date. Vapor Recovery Executive Order refers to a document by the California Air Resources Board (CARB) ordering certification of a type of vapor recovery system as meeting CARB requirements, and may also include conditions for certification. Additional information on CARB Executive Orders is available at www.arb.ca.gov/vapor/eo.htm. The following is a list of acceptable Stage I CARB Vapor Recovery Executive Orders:

LIST OF ACCEPTABLE STAGE I VAPOR RECOVERY EXECUTIVE ORDERS	
Non-EVR Executive Orders	EVR Executive Orders
G-70-97-A	VR-101
G-70-102-A	VR-102
	VR-103
	VR-104
	Other (if certified by CARB)

Line 7.- (Applies only to facilities subject to Stage II requirements) Enter the type of Stage II system at this location (this refers to the CARB Vapor Recovery Executive Order certifying this type of system), and the Stage II system installation date. Vapor Recovery Executive Order refers to a document by the California Air Resources Board (CARB) ordering certification of a type of vapor recovery system as meeting CARB requirements, and may also include conditions for certification. Additional information on CARB Executive Orders is available at www.arb.ca.gov/vapor/eo.htm. The following is a list of acceptable Stage II CARB Vapor Recovery Executive Orders:

LIST OF ACCEPTABLE STAGE II VAPOR RECOVERY EXECUTIVE ORDERS			
Non-EVR Executive Orders			EVR Executive Orders
G-70-7-AD	G-70-77	G-70-164-AA	VR-201
G-70-14-AA	G-70-78	G-70-165	VR-202
G-70-17-AD	G-70-101-B	G-70-169-AA	Other (if certified by CARB)
G-70-18-C	G-70-107	G-70-170	
G-70-23-AC	G-70-110	G-70-177-AA	
G-70-25-AA	G-70-118-AB	G-70-179	
G-70-33-AB	G-70-125-AA	G-70-180	
G-70-36-AD	G-70-127	G-70-183-AA	
G-70-37-B	G-70-134	G-70-186	
G-70-38-AB	G-70-147-A	G-70-188	
G-70-48-AA	G-70-150-AE	G-70-191-AA	
G-70-49-AA	G-70-153-AD	G-70-196	
G-70-52-AM	G-70-154-AA	G-70-204	
G-70-53-AA	G-70-159-AB		
G-70-70-AC	G-70-163-AA		

Line 8.- If a pressure/vacuum valve is installed in the storage tank vent pipe, enter its make and model in the appropriate space(s).

Line 9.- Enter the (gasoline) maximum monthly throughput and average yearly throughput, in gallons.

Line 10.- (Applies only to facilities subject to Stage II requirements) Enter the minimum slope of Stage II vapor return lines from the dispensers to the underground tanks, in units of inches per foot

Line 11.- Complete only the categories which apply depending on the status of the source.

For construction, indicate estimated construction starting and completion dates.

For operating, indicate approximate construction starting date for the source covered by the application. If the source was modified (not counting modifications made exclusively to control equipment) after original construction, enter the construction starting and completion dates for the most recent modification

If the source has been previously permitted, either operating or construction, enter the most recent permit number and the emission source reference number listed on the permit.

Line 12.- Enter the supplier name, address and phone number of the gasoline fuel supplier as well as contact person for the supplier with address and phone number.

Line 13.- Unsigned and/or undated applications will not be processed.

Line 14.- Enter the indicated applicant information.