



# Gasoline Dispensing Facilities

## ANNUAL NOTIFICATION OF COMPLIANCE

**Applicable Rule:** 40 CFR Part 63, Subpart CCCCCC – National Emission Standards for Hazardous Air Pollutants (NESHAP): Gasoline Dispensing Facilities (GDF)

Air Quality Control Division  
5600 South 10<sup>th</sup> Street  
Omaha NE 68107-3501  
Phone: (402) 444-6015  
Fax: (402) 444-3904

This form must be completed, signed and submitted to the City of Omaha Air Quality Control by March 31<sup>st</sup> of each year.

(1) City of Omaha- Air Quality Control, 5600 S. 10<sup>th</sup> Street, Omaha, NE 68107

### Who is subject to this Rule?

1. Sources that emit or have the potential to emit hazardous air pollutants (HAP) in amounts less than (<) 10 tons per year (tpy) of a single HAP or < 25 tpy of a combination of HAP; and
2. Sources that deliver gasoline to motor vehicles.

### SECTION I – GENERAL INFORMATION

Print or type the following information for each facility for which you are submitting notification:

Facility Name	
Facility Address	City, State, Zip
Responsible Official's Name/ Title	Responsible Official's Phone Number
Responsible Official's Mailing Address/Billing Address (if different than above)	City, State, Zip

### SECTION II – APPLICABILITY AND COMPLIANCE STATUS

#### 1. Compliance Requirements

For gas dispensing facilities, the relevant requirements that you must evaluate in making this determination are specified in 40 CFR 63.11110 through 63.11132 of this subpart.

#### Check one of the following boxes:

- This facility does not dispense gasoline to motor vehicles
- This facility dispenses less than 10,000 gallons of gasoline per month
- This facility dispenses more than 10,000 gallons but less than 100,000 gallons of gasoline per month
- This facility dispenses more than 100,000 gallons of gasoline per month

#### Monthly Throughput for this facility is determined by:

- Volume of gasoline loaded *into* storage tanks
- Volume of gasoline *dispensed from* storage tanks

#### Are the compliance records located at the facility's physical address listed above?

- Yes
- No

If you answered No above, provide the address where the records are kept:

Address	City, State, Zip

For official use only: City ID# State ID# State Firemarshal ID#

**2. Control Questions (C1-C3)**

**C1.** Do you require that gasoline be handled in a manner that restricts vapor releases to the atmosphere for extended periods of time? Measures to be taken include, but are not limited to, the following:

- (1) Minimize gasoline spills
- (2) Clean up spills as expeditiously as practicable
- (3) Cover all open gasoline containers and all gasoline storage tank fill-pipes with a gasketed seal when not in use
- (4) Minimize gasoline sent to open-waste collection systems that collect and transport gasoline to reclamation and recycling devices, such as oil/water separators.

- Yes**
- No**

**C2.** If the monthly gasoline throughput of your facility is greater than or equal to 10,000 gallons per month, is submerged filling (as specified in section 63.1117(b)) currently used for all gasoline storage tanks having a capacity of greater than or equal to 250 gallons?

- Yes**
- No**
- N/A**

**C3.** If the monthly gasoline throughput of your facility is greater than or equal to 100,000 gallons per month, is vapor-balanced filling (as specified in section 63.1118(b)) currently used for all gasoline storage tanks except:

- (1) Tanks constructed on or before January 10, 2008, with a capacity of less than 2,000 gallons
- (2) Tanks constructed after January 10, 2008, with a capacity of less than 250 gallons
- (3) Tanks equipped with floating roofs, or the equivalent?

- Yes**
- No**
- N/A**

**SECTION III – SOURCE DESCRIPTION**

Briefly describe the source. (section 63.9(b)(2)(iv)). Provide (at least) information on the number and capacity of gasoline storage tanks and the average monthly gasoline throughput.

**SECTION IV – CERTIFICATION**

**The Responsible Official must certify below. The Responsible Official can be:**

- The president, vice president, secretary, or treasurer of the company that owns the facility;
- An owner of the facility;
- The plant engineer or supervisor of the facility;
- A government official, if the facility is owned by the Federal, State, City, or County government; or
- A ranking military officer. If the facility is located at a military base.

*(Print or type the following information.)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**I CERTIFY THE INFORMATION CONTAINED IN THIS REPORT TO BE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
*(Signature of Responsible Official)*

\_\_\_\_\_  
*(Date)*