

NOTIFICATION OF COMPLIANCE STATUS FOR GASOLINE DISPENSING FACILITIES

(40 Code of Federal Regulations (CFR) 63 Subpart CCCCCC (6C))

This Notification of Compliance Status is to meet the requirements of §63.11124 and §63.11126 of 40 Code of Federal Regulations (CFR), Part 63, Subpart CCCCCC (6C; [National Emission Standards for Hazardous Air Pollutants for Source Category: Gasoline Dispensing Facilities](#)).

Due Date

This notification is due within 120 days of startup for large gasoline distribution facilities that start up on or after November 9, 2006.

1. General Information

Facility Name (if different): _____

UST Registration No.: _____

Facility Street Address: _____

City: _____ State: _____ Zip: _____

Responsible Official's Name/Title: _____

Phone number: _____ Email (if available): _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Local Contact Name: _____

Phone number: _____ Email (if available): _____

2. Applicability and Compliance Status

1. Is monthly gasoline throughput at this facility 100,00 gallons or more? Yes No

Note: If you answered NO to Question 1, STOP. You do not need to submit this form. If you answered YES to Question 1, complete the form and submit as directed on the second page.

2. Has a vapor recovery system been installed? Yes No

3. Is it dual point or single point/coaxial? Dual Single/coaxial

4. When was it installed? Date: _____

5. If the vapor recovery system is single point/coaxial, is the system equipped with a poppet Valve (or equivalent device which seals upon disconnect)? Yes No N/A

6. Have the following tests been performed: 1) Leak Rate and Cracking Pressure of Pressure/Vacuum Vent Valves and 2) Static Pressure Performance of Vapor Recovery Systems? Yes No

7. When was this testing completed? Date: _____

8. Did test results demonstrate compliance with Subpart 6C requirements? Yes No

3. Certification

I certify the truth, accuracy, and completeness of this notification.

_____ (Responsible Party¹ – Signature)
_____ (Title) _____ (Date)

4. Submittal Instructions

Maintain a copy of this Notification of Compliance Status for your records. This Notification of Compliance Status should be sent to the following address:

Air Quality Branch
Linn County Public Health
1020 6th Street SE
Cedar Rapids, IA 52401
Telephone: (319) 892-6000; Fax: (319) 892-6099

A digital copy of this Notification of Compliance Status may be submitted to the e-mail address below so long as the copy submitted is identical to the version retained in the facility records.

ComplianceReporting-Air@linncounty.org

¹ *Responsible Party* (or Responsible Official) is defined under 40 CFR §63.2 as any of the following: the president, vice-president, secretary, or treasurer of the company that owns the plant; the owner of the plant; the plant engineer or supervisor; a government official if the plant is own by the federal, state, city, or county government; or a ranking military officer if the plant is located on a military installation.