

Knox County Department of Air Quality Management
 Non-Title V Permit Application
 APC-27 Form: Gasoline Dispensing Facility
 (Please Type or Print)



Please fill out a form for each gasoline dispensing facility							
1. Business information:						Air Quality Use Only	
Business license name of corporation, company, individual owner, or governmental agency under which the application is submitted						Source Number	
2. Emission unit name:						Emission Unit Number	
3. Tank data:							
Tank	Fuel Stored	Size (gal)	Tank Type*	Installation Date (MM/YYYY)	Type of Vapor Control System for Tank Filling**	Pressure/Vacuum Vent Valve	
						Make	Model
1							
2							
3							
4							
5							
6							
* AG for an aboveground tank or UG for an underground tank							
** Single point vapor balance, dual point vapor balance, other vapor control system (describe in comments), or none							
4. Gasoline dispensing information:							
Number of gasoline fueling positions		Maximum monthly gasoline throughput (gal)			Latest annual gasoline throughput (gal)		
5. Supplier information:							
Company name				Contact name			
Street				City, State, Zip			
Telephone				Email			
6. Comments							
7. Based upon information and belief formed after a reasonable inquiry, I certify that the information contained in this application is accurate and true to the best of my knowledge.							
Signature of responsible official					Date of application		