

Knox County Department of Air Quality Management

Title V Permit Application

APCV-33 Form: Stage I and Stage II Vapor Recovery

(Please Type or Print)



1. General Identification and Description

Facility name:

2. Tank Description

Number, gas type, capacity, type of tank [aboveground (AG), underground (UG)], installation date

Tank #	Gas Type	Size (gal)	Tank Type (check one)		Installation Date
1			AG	UG	
2			AG	UG	
3			AG	UG	
4			AG	UG	
5			AG	UG	
6			AG	UG	
7			AG	UG	
8			AG	UG	

3. Facility Description

Total number of gasoline nozzles:	Nozzle model number:
Gasoline dispenser manufacturer:	Dispenser model number:
Type of stage I system:	Type of stage II system:
Maximum monthly throughput (gallons):	Average yearly throughput (gallons):

4. Gasoline Supplier Information

Company name:	
Address:	Telephone number:
Contact name:	
Address:	Telephone number:

Page number:	Revision number:	Date of revision:
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