

NEBRASKA DEPARTMENT OF ENVIRONMENT AND ENERGY  
Air Compliance Section

**INITIAL NOTIFICATION/COMPLIANCE STATUS NOTIFICATION**

**Applicable Rule:** 40 CFR Part 63, Subpart CCCCCC - National Emission Standards for Hazardous Air Pollutants (NESHAP) for Gas Dispensing Facilities -Promulgated 1/10/08

**Who is subject to this Rule?**

This rule applies to gasoline dispensing facilities that are area sources of hazardous air pollutants (HAP) emissions (the entire facility has the potential to emit <10 tons per year (tpy) of a single HAP or <25 tpy of a combination of HAP). A gasoline dispensing facility (GDF) means any stationary facility which dispenses gasoline directly into the fuel tank of a motor vehicle, nonroad vehicle, or nonroad engine.

More information and rule guidance can be found on the NDEE Air Toxics Notebook at <http://dee.ne.gov/NDEQProg.nsf/AirToxicPage.xsp?databaseName=CN=DEQSER6/O=NDEQ!!AirToxic.nsf&documentId=356450627EAB9AB1862574EB0061DB22&action=openDocument> . You may also contact the NDEE Air Toxics Coordinator at 402-471-2186.

**You do not have to complete this form if your monthly gasoline throughput is less than 10,000 gallons of gasoline per month. You do not have to fill out this form if your monthly throughput is between 10,000 gallons and 100,000 gallons per month and you are complying with the submerged fill requirements for underground storage tanks required by the Nebraska State Fire Marshal.**

**If you are subject to this rule, and your throughput per month is  $\geq$  10,000 gallons of gasoline, fill out the information below:**

**SECTION I  
GENERAL INFORMATION**

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

Facility Name: \_\_\_\_\_ Facility ID#: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Responsible Official's Name/Title: \_\_\_\_\_

Responsible Official's Phone Number: \_\_\_\_\_

Responsible Official's Address if different than facility address):

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**This form must be completed, signed and submitted to the following agencies by:**

May 9, 2008 if your facility started up prior to January 10, 2008; or

Upon startup if your facility started up after January 10, 2008.

**\*\*If your facility only dispenses gasoline into nonroad engines or nonroad vehicles, the notification is due May 24, 2011 or upon startup, whichever is later.**

NDEE Air Compliance Section  
PO Box 98922  
Lincoln, NE 68509-8922

**and**

Region VII EPA – Air & Waste Management  
11201 Renner Blvd  
Lenexa, KS 66219

If your facility is located in Omaha or Lancaster County, you must submit a notification to the appropriate local air pollution control agency and Region VII EPA.

**SECTION II  
APPLICABILITY AND COMPLIANCE STATUS**

<b>Applicability Questions (initial in box beside correct answer to the following questions)</b>		
Yes	<input type="checkbox"/>	A1. Is your facility a “gasoline-dispensing facility”? Gasoline-dispensing facility means any stationary facility that dispenses gasoline directly into the fuel tank of a motor vehicle, nonroad engine, or nonroad vehicle.
No	<input type="checkbox"/>	
Yes	<input type="checkbox"/>	A2. Does your facility receive and dispense any type of gasoline other than aviation gasoline?
No	<input type="checkbox"/>	
If you answer “No” to either of the above questions and can support your answer, then you are not subject to the control requirements listed below; however, you must still complete Sections III and IV (below) and mail as directed. If prior to January 10, 2008, your facility is meeting the control requirements of C1, C2, and C3, as applicable, under an enforceable State, local, or tribal rule or permit, then this notification is not required to be submitted.		
_____ gallons per month		A4. What is the facility’s monthly throughput? Monthly throughput is the total volume of gasoline loaded into, or dispensed from, all the storage tanks at the gasoline dispensing facility. Monthly throughput is calculated by summing the current day’s gasoline loaded or dispensed plus the previous 364 day’s total and dividing by twelve.
Loaded into	<input type="checkbox"/>	A5. Does your facility calculate monthly throughput based on the volume loaded into or dispensed from the storage tanks?

Dispensed from	<input type="checkbox"/>	
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<b>Control Questions</b>		
Yes	<input type="checkbox"/>	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.
No	<input type="checkbox"/>	
Yes	<input type="checkbox"/>	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 §63.11117(b)) currently used for <u>all</u> gasoline storage tanks having a capacity of greater than or equal to 250 gallons?
No	<input type="checkbox"/>	
Yes	<input type="checkbox"/>	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 §63.11118(b)) currently used for <u>all</u> 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?
No	<input type="checkbox"/>	
NA	<input type="checkbox"/>	
<p><b>If you answered no to any of the above control questions, you must submit a Compliance Status Notification within 60 days of your compliance date.</b></p>		

<b>Source Type &amp; Compliance Dates</b>		
Yes	<input type="checkbox"/>	S1. Was your facility constructed or reconstructed prior to November 9, 2006? If yes, you are an existing source. If no, you are a new source.
No	<input type="checkbox"/>	
Yes	<input type="checkbox"/>	A3. Does your facility <u>only</u> dispense gasoline into nonroad vehicles or engines? If you answered yes, you have alternate compliance dates.
No	<input type="checkbox"/>	
<p><b>Existing Source Compliance Date</b></p> <ul style="list-style-type: none"> <li>○ January 10, 2011</li> <li>○ <u>Only</u> load gasoline into nonroad engine or vehicle = January 24, 2014</li> </ul> <p><b>New Source Compliance Date</b></p> <ul style="list-style-type: none"> <li>○ January 10, 2008 or upon startup</li> <li>○ ≥ 100,000 gallon monthly throughput <ul style="list-style-type: none"> <li>▪ Startup between 11/9/06 - 9/23/08 = September 23, 2008</li> <li>▪ Startup after 9/23/08 = upon startup</li> </ul> </li> <li>○ <u>Only</u> load gasoline into nonroad engine or vehicle = January 24, 2011</li> </ul>		

**SECTION III**

## SOURCE DESCRIPTION

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

\_\_\_\_\_

## SECTION IV CERTIFICATION

**Print or type the name and title of the Responsible Official for the facility:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Telephone no.:** \_\_\_\_\_

A 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;
- A ranking military officer, if the facility is located at a military base.

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

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

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