Print Form

Texas Commission on Environmental Quality (TCEQ)
STAGE II VAPOR RECOVERY EXEMPTION CONFIRMATION FORM

STAGE II VAPOR RECOVERY REQUIREMENTS: Unless specifically exempted, most *motor vehicle fuel dispensing facilities* (public & private) must be timely equipped with acceptable Stage II vapor recovery equipment to control emissions of volatile organic compounds (VOCs) during the filling of motor vehicle fuel tanks, but only if the facility dispenses *gasoline* from *stationary storage tanks* into the *fuel tanks* of *on-road motor vehicles*, AND only if the facility is located in one of the following *16 ozone nonattainment counties*:

Brazoria, Chambers, Collin, Dallas, Denton, El Paso, FortBend, Galveston, Hardin,
Harris, Jefferson, Liberty, Montgomery, Orange, Tarrant, and Waller.

EXEMPTION CONFIRMATION PROCEDURES: If a facility owner owns one or more gasoline dispensing facilities in the above-listed areas that qualify for exemption from the TCEQ's Stage II equipment requirements, the owner should complete all applicable sections of thisform (front and back) for any exempt facility. **A separate form should be completed and filed for each exempt facility.**

EXEMPTION CONFIRMATION STATUS: (Please mark the appropriate box.)

- ☐ ORIGINAL FORM: If this is the first exemption form for this facility, please complete all applicable sections (front & back).
- ☐ AMENDED FORM: If this is an annual update (or other amendment to a previous form), the owner does not need to duplicate previous throughput information. The applicant must only complete the following sections: I, II, IV, V, VI (only for the previous years throughput).

I. Facility Information

Facility Name:

Physical Address:

City: **Zip Code:** **Telephone No:**

On-Site Contact Person: **Telephone No:**

TCEQ PST Facility No. (Indicate No.):

II. Owner Information

Name of Owner of Gasoline Dispensing Facility:

Mailing Address:

City: **Zip Code:** **Telephone No:**

Owner's Authorized Representative: **Title:** **Telephone No:**

TCEQ PST Owner No. (Indicate No.):

Gasoline System Ownerhip. Above-listed owner is owner of: (**Mark all that apply**)

☐ Underground tanks (USTs) ☐ Aboveground dispensers ☐ Aboveground tanks (ASTs) ☐ Both dispensers and tanks

Indicate name of registered **tank** owner (if different from above):

III. Date of Original Construction of Permanent Gasoline Dispensing Equipment

Date when this facility was first permanently equipped with gasoline dispensing equipment (if known): _____

If you are not sure of the above date, please indicate the earliest date that you have personal knowledge (or records) of this facilityfirst being permanently equipped and used for gasoline storage and/or gasoline dispensing purposes: _____

IV. Owner Certification and Signature

I hereby certify that I am the legal owner (or a legally-authorized agent or representative of the legal owner) of the gasoline dispensing equipment (tanks and/or dispensers) at the above-described facility, and that the information included herein is true, accurate, and complete to the best of my knowledge. I also affirm that I understand that any Stage II equipment exemption authorized for this facility is valid only so long as the conditions for exemption (as indicated herein) remain applicable, and that acceptable Stage II equipment must be timely installed when such exemption conditions are no longer valid.

Printed Name of Owner or Owner's Authorized Representative — Title (Please Print or Type)

Signature — Date Signed

V. Basis For Claimed Exemption From Stage II Vapor Recovery Equipment Requirements

The following reasons for **exemption** from Stage II vapor recovery equipment installation requirements are applicable to the *motor fuel dispensing facility* described on the reverse side of this form: **[Mark only those reasons that apply.]**

☐ A. **NO GASOLINE**. This facility has **never** dispensed gasoline from stationary storage tanks (USTs or ASTs) for any purpose.

☐ B. **NO DISPENSING FROM STATIONARY TANKS TO ON-ROAD VEHICLES**. This facility stores and/or dispenses gasoline, but NOT from stationary tanks and/or NOT into fuel tanks of on-road motor vehicles.
(Mark either of the following that apply.)

- ☐ 1. **NO STATIONARY TANKS**. Gasoline is dispensed exclusively from non-stationary storage vessels (e.g. tanks affixed or mountedon trucks, trailers, or railcars; or moveable/mobile tanks which are not a permanent fixture at this facility).
- ☐ 2. **NO ON-ROAD VEHICLES**. Gasoline has never been dispensed into the fuel tanks of on-road motor vehicles, but is dispensed or used exclusively for the following other purpose(s): _____.

☐ C. **GASOLINE DISPENSING DISCONTINUED**. This facility previously dispensed gasoline from stationary tanks into motor vehicle fuel tanks, but all gasoline dispensing was permanently discontinued on (date) _____.

- ☐ 1. **DISPENSERS OUT OF USE**. Gasoline dispensers were:
  - ☐ a. Permanently removed on (date):_____
  - ☐ b. Temporarily shut-down on (date):_____
- ☐ 2 **TANKS OUT OF USE**. Gasoline storage tanks were:
  - ☐ a. Permanently removed on (date):_____
  - ☐ b. Permanently filled in-place on (date):_____
  - ☐ c. Emptied & use discontinued on (date):_____
- ☐ 3. **CONVERSION TO NON-GASOLINE**. Tanks/dispensers were permanently converted to non-gasoline use on (date):_____
  Indicate the name/type of substance now stored and/or dispensed at this facility:_____

☐ D. **EXEMPT USE**. From on or before January 1, 1991 through the present, this facility has dispensed gasoline **only** for fueling the following type(s) of vehicles (mark any that apply): ☐ Aircraft ☐ Watercraft ☐ Implements of Agriculture

☐ E. **LOW MONTHLY GALLONS**. Original construction of permanent gasoline dispensing equipment at this facility began before November 15, 1992; **AND** this facility never dispensed 10,000 gallons or more of gasoline in any one month since January 1, 1991.

☐ F. **LOW AVERAGE MONTHLY GALLONS**. Original construction of permanent gasoline dispensing equipment at this facility began before November 15, 1992; **AND**:

- During the period from January 1, 1991, through November 15, 1992, the average volume of gasoline dispensed was less than 10,000 gallons per month, **AND**
- During the subsequent period from November 16, 1992, through the present, this facility has never dispensed 10,000 gallons or more of gasoline in any one month.

☐ G. **LOW MONTHLY THROUGHPUTS WITH EMERGENCY EXCEEDANCE**. Original construction of permanent gasoline dispensing equipment at this facility began befor November 15, 1992 **AND;**

- During the period from January 1, 1991, through November 15, 1992, the monthly (or average monthly) volume of gasoline dispensed was less than 10,000 gallons, **AND**
- During the subsequent period from November 16, 1992, to the present, this facility did dispense 10,000 gallons or more of gasoline during one or more consecutive 30-day periods, **but only due to a documented emergency or natural disaster**.

Indicate date of original construction in Section III above, and monthly gasoline throughputs in Section VI on page 3.
On a separate sheet, describethe nature & scope of the emergency/natural disaster and how it caused the excess throughput(s).

☐ H. **ONBOARD REFUELING VAPOR RECOVERY.** 95% or more of the motor vehicle fleet being fueled onsite is equipped with onboard refueling vapor recovery equipment.

VI. Monthly Gasoline Throughputs (or sales)* at This Facility Beginning January 1, 1991

Please note: If this is an update of a previous report, please include monthly data from the last month previously reported through the present.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Y R Total
1991													
1992													
1993													
1994													
1995													
1996													
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2011													
2012													
2013													
2014													

** Please enter the amount of gasoline dispensed each month. If no gasoline was dispensed during the month, enter " 0 " for that month.*

Upon completion, the facility owner should assure that legible copies of this form and any previous exemption forms are kept in a secure location **at the facility**, and should submit the original form to the TCEQ at the following address:

Texas Commission on Environmental Quality
Air Quality Planning Section - MC -206
Attn: Stage II / Mobile Source Programs
P.O. Box 13087, Austin, Texas 78711-3087

For assistance, please call: (512) 239-4718 or Fax to (512) 239-5687.