

IOWA DEPARTMENT OF NATURAL RESOURCES AIR QUALITY BUREAU

Notification of Compliance Status

Area Source Rule for Gasoline Dispensing Facilities 40 Code of Federal Regulations (CFR) 63 Subpart CCCCCC (6C)

| DNR Use Only |
|--------------|
| Con 10-1 / |
| Fac. #: |
| |
| CO / MA |

- This notification is due no later than March 11, 2011, for large gasoline distribution facilities (monthly gasoline throughput of 100,000 gallons or more) that began operating before November 9, 2006.
- 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): | | | |
| - | on 1, STOP. You do not need to submit this submit as directed on the second page. | form. If you an | Yes swered YE | No S to |
| Has a vapor recovery system been insta | | | Yes | ☐ No |
| 3. Is it dual point or single point/coaxial? | | ☐ Dual | Singl | e/coaxial |
| 4. When was it installed? | | Date: | | |
| If the vapor recovery system is single poppet valve (or equivalent device which | oint/coaxial, is the system equipped with a seals upon disconnect)? | ☐ Yes | □ No | □ N/A |
| Have the following tests been performed Pressure/Vacuum Vent Valves and 2) Stati | ed: 1) Leak Rate and Cracking Pressure of ic Pressure Performance of Vapor Recovery S | Systems? | Yes | ☐ No |
| 7. When was this testing completed? | | Date: | | |
| 8. Did test results demonstrate complianc | · · · · · · · · · · · · · · · · · · · | | Yes | ☐ No |
| · | 5, 6, or 8 above, please complete and submp://www.iowadnr.gov/Environmental-Prote | • | | |

NESHAP under the heading "Gasoline (area sources)."

04/2024 cmc DNR Form 542-0377

| I certify the truth, accuracy, and completeness of this notification. | |
|---|-----------------------------------|
| Responsible Official Name: | |
| Responsible Official Signature: | Date |
| Note: Responsible official is defined under §63.2 as any of the following: the president, vice-president company that owns the plant; the owner of the plant; the plant engineer or supervisor; a government the Federal, State, city, or county government; or a ranking military officer if the plant is located on a | official if the plant is owned by |

4. Submittal Instructions

Submit this form to the following agency(ies):

- Iowa Department of Natural Resources, NESHAP Coordinator, 6200 Park Ave Ste 200, Des Moines IA 50321
- If the facility is located in Linn County, this notification shall <u>also</u> be submitted to:

Linn County Public Health - Air Quality Division 1020 6th St SE, Cedar Rapids IA 52405

• If the facility is located in Polk County, this notification is not required to be submitted to DNR or to the Polk County Air Quality Division, because operating permits have been issued to all large gasoline dispensing facilities in Polk County.

Note for companies with multiple locations: Companies may submit one 6C Notification of Compliance Status form signed by the Responsible Official, and attach a table or spreadsheet summarizing the general information, 6C applicability, and compliance status for each facility.

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