



**Public Health**  
Prevent. Promote. Protect.

Linn County, Iowa

LINN COUNTY PUBLIC HEALTH  
AIR QUALITY DIVISION

## Compliance Schedule

40 Code of Federal Regulations (CFR) 63 Subpart BBBBBB:  
**Gasoline Distribution Bulk Terminals, Bulk Plants, and Pipeline Facilities**

40 CFR 63 Subpart CCCCCC: **Gasoline Dispensing Facilities**

*Complete this form as soon as possible if you are unable to comply with either of these rules by the January 10, 2011 compliance date.*

### Section 1 – General Information

Facility Name:		Facility Number (if known):		
Facility Street Address:		City:	State:	Zip:
Responsible Official's Name and Title:	Phone number:	Email (if available):		
Mailing Address (if different from facility street address):		City:	State:	Zip:
Facility Local Contact's Name and Title:	Phone number:	Email (if available):		

### Section 2 – Compliance Schedule Information

A. I am submitting this compliance schedule because I am unable to comply with the following standard by the January 10, 2011 compliance date:

40 CFR 63 Subpart BBBBBB: National Emission Standards for Hazardous Air Pollutants for Source Category:  
**Gasoline Distribution Bulk Terminals, Bulk Plants, and Pipeline Facilities**

40 CFR 63 Subpart CCCCCC: National Emission Standards for Hazardous Air Pollutants for Source Category:  
**Gasoline Dispensing Facilities**

B. Reason why compliance cannot be achieved by the January 10, 2011 compliance date:

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**Section 2 – Compliance Schedule Information (continued)**

C. Specify the date by which installation of emission control equipment is to be initiated.

1. 40 CFR 63 Subpart BBBBBB: **Gasoline Distribution Bulk Terminals, Bulk Plants, and Pipeline Facilities**

Activity that will be initiated	Date
<input type="checkbox"/> Switch to submerged fill of cargo tanks (drop tube or bottom loading)	
<input type="checkbox"/> Other (describe)	

2. 40 CFR 63 Subpart CCCCCC: **Gasoline Dispensing Facilities**

Activity that will be initiated	Date
<input type="checkbox"/> Installation of vapor balancing system (Stage 1)	
<input type="checkbox"/> Installation of a poppet valve on a previously installed coaxial vapor balancing system	
<input type="checkbox"/> Other (describe)	

D. Specify the date by which final compliance is to be achieved.

Date

**Section 3 – Certification**

Responsible Official Certification		
<input checked="" type="checkbox"/> I understand that a notification of compliance status must be submitted once this facility has achieved compliance.		
<input type="checkbox"/> 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, secretary, or treasurer of the company that owns the plant; the owner of the plant; the plant engineer or supervisor; a government official if the plant is owned by the Federal, State, city, or county government; or a ranking military officer if the plant is located on a military installation.*

**Section 4 – Submittal**

Submit this form to the following address:

**Linn County Public Health - Air Quality Division**  
 240 26<sup>th</sup> Ave Ct. SW; Cedar Rapids, IA 52404