



NOT TO BE USED FOR TITLE V APPLICATIONS

PERMIT APPLICATION

APC 20

PLEASE TYPE OR PRINT AND SUBMIT IN DUPLICATE FOR EACH EMISSION SOURCE. ATTACH APPROPRIATE SOURCE DESCRIPTION FORMS.

1. ORGANIZATION'S LEGAL NAME <i>MURPHY OIL USA, INC</i>			/// FOR	APC COMPANY--POINT NO.
2. MAILING ADDRESS (ST/RD/P.O. BOX) <i>200 PEACH STREET</i>			/// APC	APC LOG/PERMIT NO.
CITY <i>EL DORADO</i>	STATE <i>AR</i>	ZIP CODE <i>71730</i>	PHONE WITH AREA CODE <i>(870) 862-6411</i>	
3. PRINCIPAL TECHNICAL CONTACT <i>BRAD WEINISCHKE</i>			PHONE WITH AREA CODE <i>(870) 875-7610</i>	
4. SITE ADDRESS (ST/RD/HWY) <i>MURPHY EXPRESS #8562</i>			COUNTY NAME <i>SEVIER COUNTY</i>	
CITY OR DISTANCE TO NEAREST TOWN <i>SEVIERVILLE</i>		ZIP CODE <i>37862</i>	PHONE WITH AREA CODE <i>(870) 881-6854</i>	
5. EMISSION SOURCE NO. (NUMBER WHICH UNIQUELY IDENTIFIES THIS SOURCE)		PERMIT RENEWAL YES () NO ()		

6. BRIEF DESCRIPTION OF EMISSION SOURCE

Stage I Vapor Recovery for gasoline storage tanks-----Pollution Reduction Device Code 047

7. TYPE OF PERMIT REQUESTED				
CONSTRUCTION (<input checked="" type="checkbox"/>)	STARTING DATE <i>9/21/09</i>	COMPLETION DATE <i>12/21/09</i>	LAST PERMIT NUMBER	EMISSION SOURCE REFERENCE NUMBER
OPERATING (<input checked="" type="checkbox"/>)	DATE CONSTRUCTION STARTED <i>9/21/09</i>	DATE COMPLETED <i>12/21/09</i>	LAST PERMIT NUMBER	EMISSION SOURCE REFERENCE NUMBER
LOCATION TRANSFER ()	TRANSFER DATE		LAST PERMIT NUMBER	EMISSION SOURCE REFERENCE NUMBER

ADDRESS OF LAST LOCATION
SAME

8. DESCRIBE CHANGES THAT HAVE BEEN MADE TO THIS EQUIPMENT OR OPERATION SINCE THE LAST CONSTRUCTION OR OPERATING PERMIT APPLICATION.

9. SIGNATURE (APPLICATION MUST BE SIGNED BEFORE IT WILL BE PROCESSED) <i>Kevin Roussel</i>		DATE <i>09/08/09</i>
10. SIGNER'S NAME (TYPE OR PRINT) <i>KEVIN ROUSSEL</i>	TITLE <i>MGR, CONSTRUCTION</i>	PHONE WITH AREA CODE <i>(870) 881-6854</i>



DEPARTMENT OF ENVIRONMENT & CONSERVATION
AIR POLLUTION CONTROL
401 CHURCH STREET, L & C ANNEX
NASHVILLE, TN 37243-1531

SEP 21 2009

hmo

8562
72
AVE.
APPLICANT

Sevier County

NOT TO BE USED FOR
TITLE V APPLICATIONS

PERMIT APPLICATION FOR STAGE I AND STAGE II VAPOR RECOVERY

FOR APC USE ONLY: COUNTY COMPANY POINT # 78-0215 LOG/PERMIT # 63042 APC 150

1. FACILITY NAME MURPHY EXPRESS #2562 OWNER'S NAME MURPHY OIL USA, INC
 SITE ADDRESS (ST/RD) 310 Winfield Dunn Parkway MAILING ADDRESS (ST/RD/P.O. BOX) 200 PEACH STREET
 CITY, STATE, ZIP CODE Sevierville, TN 37862 CITY, STATE, ZIP CODE ATTN: ANNA JONES
 TELEPHONE NUMBER _____ TELEPHONE NUMBER EL DORADO, AR 71730
(820) 862-6411

2. CLAIMING INDEPENDENT SMALL BUSINESS (I. S. B.) MARKETER OF GASOLINE AS STATED IN RULE 1200-3-18-.24(2)
 YES _____ NO X

IF YES, SUBMIT NOTARIZED CERTIFICATION STATING THAT BUSINESS SATISFIES THE I.S.B. DEFINITION CRITERIA FOUND IN 1200-3-18-.24(2) AND PROVIDE THE FOLLOWING INFORMATION:

OWNER'S ANNUAL INCOME FROM REFINING OR MARKETING OF GASOLINE N/A
 OWNER'S TOTAL ANNUAL INCOME N/A

3. NUMBER, GAS TYPE, CAPACITY, TYPE OF TANK - ABOVEGROUND (AG) UNDERGROUND (UG), INSTALLATION DATE									
TANK #	GAS TYPE	SIZE	TANK TYPE	INST. DATE	TANK #	GAS TYPE	SIZE	TANK TYPE	INST. DATE
1		___ GAL	AG / UG	___	4		___ GAL	AG / UG	___
2		___ GAL	AG / UG	___	5		___ GAL	AG / UG	___
3		___ GAL	AG / UG	___	6		___ GAL	AG / UG	___

4. TOTAL NO. GASOLINE NOZZLES N/A MAKE N/A MODEL N/A

5. GASOLINE DISPENSER MAKE N/A MODEL N/A

6. TYPE OF STAGE I SYSTEM (CARB EXECUTIVE ORDER) DUAL POINT INSTALLATION DATE _____

7. TYPE OF STAGE II SYSTEM (CARB EXECUTIVE ORDER) N/A INSTALLATION DATE N/A

8. TYPE OF PRESSURE/VACUUM VENT VALVE (IF INSTALLED) MAKE OPW MODEL 523V-3203

9. MAXIMUM MONTHLY THROUGHPUT 250,000 GAL. AVERAGE YEARLY THROUGHPUT 3,000,000 GAL.
1st

10. MINIMUM SLOPE OF STAGE II VAPOR RETURN LINES FROM DISPENSERS TO UNDERGROUND TANKS N/A INCHES PER FOOT

11. TYPE OF PERMIT REQUESTED

CONSTRUCTION	STARTING DATE	COMPLETION DATE	LAST PERMIT NUMBER	EMISSION SOURCE REFERENCE NUMBER
<input checked="" type="checkbox"/>	<u>9/21/09</u>	<u>12/21/09</u>		
OPERATING	DATE CONSTRUCTION STARTED	DATE COMPLETED	LAST PERMIT NUMBER	EMISSION SOURCE REFERENCE NUMBER
<input checked="" type="checkbox"/>	<u>9/21/09</u>	<u>12/21/09</u>		

12. SUPPLIER OF GASOLINE
 COMPANY NAME MAGELLAN TERMINAL CONTACT NAME BRAD WEINISCHKE
 ADDRESS 4801 MIDDLEBROOK PIKE ADDRESS 200 PEACH STREET
KNOXVILLE, TN 37921 EL DORADO, AR 71730
 PHONE NUMBER 865-584-4924 PHONE NUMBER 870-881-6854

13. SIGNATURE OF APPLICANT Kevin Roussel DATE 09/08/09
 14. SIGNER'S NAME (TYPE OR PRINT) KEVIN ROUSSEL TITLE MGR, CONSTRUCTION PHONE NO. WITH AREA CODE 870-881-6854

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