



# PERMIT APPLICATION - VOLATILE ORGANIC COMPOUNDS STORAGE TANK

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF AIR QUALITY

SFN 8535 (12-05) (AP-112)

## GENERAL

Name of Firm or Organization				Application Date	
Name of Person Submitting Application			Title		Telephone Number
Tank Location ¼	Sec.	Twp.	Rge.	County	Source ID
Mailing Address				City	State      Zip Code

## TANK DATA

CAPACITY:	Barrels	Gallons																		
DIMENSIONS:	Diameter	Height	Length	Width																
SHAPE:	<input type="checkbox"/> Cylindrical <input type="checkbox"/> Spherical <input type="checkbox"/> Other (Specify):																			
MATERIALS OF CONSTRUCTION:	(i.e., steel)																			
CONSTRUCTION:	<input type="checkbox"/> Riveted <input type="checkbox"/> Welded <input type="checkbox"/> Other (Specify):																			
COLOR:																				
CONDITION:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor																			
STATUS:	<input type="checkbox"/> New Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Existing, Give Date Constructed:																			
TYPE OF TANK:	<input type="checkbox"/> Fixed Roof <input type="checkbox"/> Variable Vapor Space <input type="checkbox"/> External Floating <input type="checkbox"/> Pressure (low or high) <input type="checkbox"/> Internal Floating <input type="checkbox"/> Other (Specify):																			
TYPE OF ROOF:	<input type="checkbox"/> Pan <input type="checkbox"/> Double Deck <input type="checkbox"/> Pontoon <input type="checkbox"/> Other (Specify):																			
TYPE OF SEAL:	<table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Metallic</td> <td><input type="checkbox"/> Liquid Mounted</td> <td><input type="checkbox"/> Vapor Mounted</td> </tr> <tr> <td>  Shoe Seal</td> <td>  Resilient Seal</td> <td>  Resilient Seal</td> </tr> <tr> <td><input type="checkbox"/> Primary Seal Only</td> <td><input type="checkbox"/> Primary Seal Only</td> <td><input type="checkbox"/> Primary Seal Only</td> </tr> <tr> <td><input type="checkbox"/> With Shoe Mounted Secondary Seal</td> <td><input type="checkbox"/> With Weather Shield</td> <td><input type="checkbox"/> With Weather Shield</td> </tr> <tr> <td><input type="checkbox"/> With Rim Mounted Seal</td> <td><input type="checkbox"/> With Rim Mounted Seal</td> <td><input type="checkbox"/> With Rim Mounted Seal</td> </tr> </table>					<input type="checkbox"/> Metallic	<input type="checkbox"/> Liquid Mounted	<input type="checkbox"/> Vapor Mounted	Shoe Seal	Resilient Seal	Resilient Seal	<input type="checkbox"/> Primary Seal Only	<input type="checkbox"/> Primary Seal Only	<input type="checkbox"/> Primary Seal Only	<input type="checkbox"/> With Shoe Mounted Secondary Seal	<input type="checkbox"/> With Weather Shield	<input type="checkbox"/> With Weather Shield	<input type="checkbox"/> With Rim Mounted Seal	<input type="checkbox"/> With Rim Mounted Seal	<input type="checkbox"/> With Rim Mounted Seal
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<input type="checkbox"/> With Rim Mounted Seal	<input type="checkbox"/> With Rim Mounted Seal	<input type="checkbox"/> With Rim Mounted Seal																		

## VAPOR DISPOSAL

<input type="checkbox"/> Atmosphere <input type="checkbox"/> Vapor Recovery Unit <input type="checkbox"/> Flare <input type="checkbox"/> Other (Specify):
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Name all liquids, vapors, gases, or mixtures of such materials to be stored in the tank. Give density (lbs or gal) or A.P.I.
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**VAPOR PRESSURE DATA (psia)**

Maximum True Vapor Pressure	Maximum Reid Vapor Pressure
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**OPERATIONAL DATA**

Maximum Filling Rate (barrels per hour of gallons per hour)	Vapor Space Outage (See AP-42, 7.1-92, Equation 1-15)
Average Throughput (barrels per day or gallon per day)	Tank Turnovers per Year

**IF MATERIAL STORED IS A SOLUTION, SUPPLY THE FOLLOWING INFORMATION**

Name of Solvent	Name of Material Dissolved
Concentration of Material Dissolved (% by weight or % by volume or lbs/gal)	

**TANK EMISSIONS**

POLLUTANT	MAXIMUM POUNDS PER HOUR	TONS PER YEAR	BASIS AND CALCULATIONS FOR QUANTITIES (Attach separate sheet if needed)

Are the standards of performance for new stationary sources; petroleum liquid storage vessels, 40 CFR Part 60, Subparts K, Ka, and Kb being adhered to, where applicable?

YES     NO - Explain

Signature of Applicant X	Date
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Submit your application and all documents to:

ND Department of Health  
 Division of Air Quality  
 918 E Divide, 2nd Floor  
 Bismarck, ND 58501-1947

(701)328-5188