



# PERMIT APPLICATION - VOLATILE ORGANIC COMPOUNDS STORAGE TANK

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF AIR QUALITY

SFN 8535 (05-11)

## GENERAL

Name of Firm or Organization			Application Date	
Applicant's Name		Title	Phone	Email
Tank Location Rge.                      ¼                      Sec.                      Twp.	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:	<input type="checkbox"/> Metallic Shoe Seal <input type="checkbox"/> Liquid Mounted Resilient Seal <input type="checkbox"/> Vapor Mounted 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			

## 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 per 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 or gallons per hour)	Vapor Space Outage (See AP-42, 7.1-92, Equation 1-15)
Average Throughput (barrels per day or gallons 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)	

**AIR CONTAMINANTS EMITTED**

Pollutant*	Maximum Pounds Per Hour	Tons Per Year	Basis and Calculations for Quantities (Attach separate sheet if needed)

\* Include an estimate of greenhouse gas emissions (CO<sub>2</sub>e).

Tank subject to:  40 CFR 60, Subpart K       40 CFR 60 Subpart Ka       40 CFR 60 Subpart Kb

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	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