

KNOX COUNTY DEPARTMENT OF AIR QUALITY MANAGEMENT

FORM APC-7A (PAGE 1 OF 3)
(Please Type or Print)

STORAGE TANKS
Permit Application

ONE COPY OF THIS FORM MUST BE FILLED OUT COMPLETELY FOR EACH TANK:

DO NOT WRITE IN THIS SPACE

1. BUSINESS LICENSE NAME OF CORPORATION, COMPANY, INDIVIDUAL OWNER, OR GOVERNMENT AGENCY UNDER WHICH APPLICATION IS SUBMITTED:

FACILITY NUMBER / / / / /

SOURCE NUMBER / / / / /

2. TANK LOCATION:

3. FACILITY MAILING ADDRESS:

4. TANK IDENTIFICATION (NUMBER OR NAME):

5. TANK CAPACITY: BARRELS GALLONS NUMBER OF GALLONS PER BARREL

6. TANK DIMENSIONS: DIAMETER FT. HEIGHT FT. LENGTH FT. WIDTH FT.

7. TANK SHAPE: CYLINDRICAL () OTHER () DESCRIBE:

8. TANK MATERIALS OF CONSTRUCTION: STEEL () OTHER () DESCRIBE:

9. TANK PAINT FOR ROOF: WHITE () ALUMINUM [SPECULAR] () ALUMINUM [DIFFUSE] () LIGHT GRAY () MEDIUM GRAY () BLACK ()

10. TANK PAINT FOR SHELL: WHITE () ALUMINUM [SPECULAR] () ALUMINUM [DIFFUSE] () LIGHT GRAY () MEDIUM GRAY () BLACK ()

11. TANK SHELL CONDITION: LIGHT RUST () DENSE RUST () GUNITE LINED ()

12. TYPE OF SHELL: RIVETED () WELDED () OTHER () DESCRIBE:

13. YEAR OF INSTALLATION:

14. IS TANK HEATED? () YES () NO

15. MODIFICATION(S) SINCE LAST COMPLETED APC-7 [SEE SECTION 13.28 OF THE KNOX COUNTY AIR POLLUTION CONTROL REGULATIONS]:

DATE OF LAST APC-7: DATE OF MODIFICATION:

DESCRIBE (INCLUDING MANUFACTURER'S LITERATURE, DIAGRAMS, SCHEMATIC FLOW DIAGRAMS WITH PERMIT APPLICATION):

16. TYPE OF TANK: FIXED ROOF () INTERNAL FLOATING PAN WITH FIXED ROOF () EXTERNAL FLOATING ROOF () VARIABLE VAPOR SPACE [FLEXIBLE DIAPHRAGM] () VARIABLE VAPOR SPACE [LIFTER ROOF] () PRESSURE [LOW, 2 - 15 PSIA] () PRESSURE [HIGH, UP TO OR GREATER THAN 250 PSIA] () UNDERGROUND () INSULATED () INTERNALLY HEATED () OPEN TOP () OTHER ()

SPECIFY:

17. AVERAGE VAPOR SPACE HEIGHT FOR FIXED ROOF TANK: FT.

18. MAXIMUM LIQUID HEIGHT RANGE: FT. (THE MAXIMUM LIQUID HEIGHT RANGE IS AT SOME HEIGHT BETWEEN THE TANK HEIGHT AND THE VALUE OBTAINED WHEN THE AVERAGE VAPOR SPACE HEIGHT IS SUBTRACTED FROM THE TANK HEIGHT.)

19. IF TANK HAS A FLOATING ROOF, SUPPLY THE FOLLOWING INFORMATION:

A. TYPE OF ROOF: CONE () DOME () CONTACT [FLOATS ON LIQUID SURFACE] () NON-CONTACT [RESTS ON PONTOONS ABOVE LIQUID SURFACE] ()

B. ROOF HEIGHT (FT.) ROOF RADIUS SLOPE (FT./FT.) (CONED ROOF)

C. TYPE(S) OF SEAL(S) [INCLUDE MANUFACTURER'S LITERATURE WITH DIAGRAMS]:

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- 1. METALLIC SHOE SEAL ()
 PRIMARY ONLY () SHOW MOUNTED SECONDARY SEAL () RIM MOUNTED SECONDARY SEAL ()
- 2. LIQUID MOUNTED RESILIENT SEAL ()
 PRIMARY SEAL ONLY () WITH WEATHER SHIELD () WITH RIM MOUNTED SECONDARY SEAL ()
- 3. VAPOR MOUNTED RESILIENT SEAL ()
 PRIMARY SEAL ONLY () WITH WEATHER SHIELD () WITH RIM MOUNTED SECONDARY SEAL ()
- 4. OTHER () DESCRIBE:
- 5. DATE OF SECONDARY SEAL INSTALLATION:

D. DECK FITTING TYPES [INTERNAL FLOATING ROOFS ONLY]:

- 1. TYPE DECK:
 WELDED () BOLTED ()
- 2. ACCESS HATCH: NUMBER OF HATCHES:
 GASKETED () COVER BOLTED ()
- 3. AUTOMATIC GAUGE FLOAT WELL: NUMBER OF WELLS:
 GASKETED () COVER BOLTED ()
- 4. COLUMN WELL: NUMBER OF COLUMNS:
 A. BUILT UP COLUMN-SLIDING COVER () GASKETED ()
 B. PIPE COLUMN-FLEXIBLE FABRIC SLEEVE SEAL ()
 C. PIPE COLUMN-SLIDING COVER () GASKETED ()
- 5. LADDER WELL SLIDING COVER () GASKETED () NUMBER:
- 6. ROOF LEG OR HANGER WELL () ADJUSTABLE () NUMBER:
- 7. SAMPLE PIPE OR WELL: NUMBER:
 A. SLOTTED PIPE-SLIDING COVER () GASKETED ()
 B. SAMPLE WELL-SLIT FABRIC SEAL ()
- 8. STUB DRAIN () NUMBER:
- 9. VACUUM BREAKER () GASKETED ()

E. LENGTH OF DECK SEAMS (FT.) [INTERNAL FLOATING ROOFS WITH BOLTED DECKS ONLY]:

- 20. NUMBER OF OPENINGS IN TANK [AUTOMATIC BLEEDER VENTS, RIM VENTS, ROOF HATCHES, ETC.]:
 NUMBER WHICH ARE COVERED OR SEALED:
 DESCRIBE THOSE NOT COVERED OR SEALED:

- 21. NAME ALL LIQUIDS, VAPORS, GASES, OR MIXTURES OF SUCH MATERIALS TO BE STORED IN THIS TANK:

STORED LIQUID	AVERAGE PRODUCT DENSITY LB/GAL	VAPOR MOLECULAR WEIGHT (LB/LB MOLE)	TRUE VAPOR PRESSURE (PSIA)	REID VAPOR PRESSURE	AT °F

- 22. STORED MATERIAL CLASSIFICATION: ORGANIC LIQUID () PETROLEUM DISTILLATE () CRUDE OIL ()
- 23. SINGLE OR MULTI-COMPONENT LIQUID: _____
- 24. BREATHER VENT SETTINGS
 A. VACUUM SETTING (PSIG): _____
 B. PRESSURE SETTING (PSIG): _____
- 25. ANNUAL THROUGHPUT FOR _____ (GAL/YR):
- 26. REPRESENTATIVE MAXIMUM ANNUAL TURNOVER:

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27. TEMPERATURE AT WHICH PETROLEUM MATERIALS ARE STORED [LOCAL OUTSIDE MIN/MAX TEMPERATURE]:
MINIMUM _____ °F MAXIMUM _____ °F

28. LOCAL AVERAGE WIND VELOCITY: _____ MILES PER HOUR

29. IF MATERIAL STORED IS A SOLUTION, SUPPLY THE FOLLOWING INFORMATION:
NAME OF SOLVENT: _____ NAME OF MATERIAL DISSOLVED: _____
CONCENTRATION OF MATERIAL DISSOLVED: _____ % BY WEIGHT _____ % BY VOLUME _____ LBS/GAL

30. IF MATERIAL STORED IS A GAS OR A LIQUIFIED GAS WHICH IS NOT A PETROLEUM PRODUCT, SUPPLY THE FOLLOWING INFORMATION:
MATERIAL DESCRIPTION:

31. IF TANK IS A VARIABLE VAPOR SPACE TANK, SUPPLY THE FOLLOWING INFORMATION:

V₁ = VOLUME OF LIQUID PUMPED INTO SYSTEM [THROUGHPUT]:

V₂ = VOLUME EXPANSION CAPACITY OF SYSTEM:

N = NUMBER OF TRANSFERS INTO SYSTEM CORRESPONDING TO A THROUGHPUT OF V₁:

32. IS STORAGE TANK EQUIPPED WITH OR CONNECTED DIRECTLY TO A VAPOR RECOVERY SYSTEM? YES () NO ()

THE ABOVE INFORMATION IS SUBMITTED TO DESCRIBE THE USE OF THE TANK FOR WHICH APPLICATION FOR PERMIT IS BEING MADE ON ACCOMPANYING FORM APC-1.

33. DATE OF APPLICATION:
NAME OF RESPONSIBLE MEMBER OF FIRM:
TITLE:
PHONE:
SIGNATURE:

DO NOT WRITE IN THIS SPACE

DATE RECEIVED BY KNOX COUNTY AIR QUALITY MANAGEMENT

FACILITY NUMBER / / / / /
SOURCE NUMBER / / / / /
SIC CODE / / / / /
DATE / / / / / / /
REVIEWER: