

Air Quality Permitting Application
Form 6.0: Emission Point Information

FACILITY NAME: _____	DATE: _____
NDEE Facility ID#: _____	

Section 6.7.1: Tank Emissions – Tank Summary

IMPORTANT: READ THE INSTRUCTIONS ACCOMPANYING THIS SECTION BEFORE COMPLETING
Do NOT use pencil to fill out this application. Please type responses or print using black ink.

Tank Summary

1) Emission Point ID #	2) Emission Unit ID #	3) Tank Contents	4) Maximum Capacity (gallons)	5) Installation Date	New Unit
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

If there are more than ten storage tanks at this facility, attach additional information so that each tank is contained in the summary table.

Air Quality Permitting Application
Form 6.0: Emission Point Information

FACILITY NAME: _____	DATE: _____
NDEE Facility ID#: _____	Emission Point Identification#(s): _____

Note: This page must be completed for each tank currently used in the storage of an organic liquid or material containing hazardous air pollutants. A single section may be completed for several tanks ONLY if the tanks are identical in size and contents. In addition to completing this section, the most recent TANKS Program must be completed for each storage tank. The "Detailed Format" output should be printed out and attached to this form. You can obtain the TANKS program at <http://www.epa.gov/ttn/chief/software/tanks/>. If you are unable to complete this program, contact the Department for assistance.

Section 6.7.2: Tank Emissions –Tank Information

IMPORTANT: READ THE INSTRUCTIONS ACCOMPANYING THIS SECTION BEFORE COMPLETING				
Do NOT use pencil to fill out this application. Please type responses or print using black ink.				
Tank Information				
1) Emission Unit ID#(s):		2) Installation Date:		<input type="checkbox"/> New Unit
3) Tank Name/Description:				
4) Identify the material(s) contained in this tank:				
5) TANKS program output attached? <input type="checkbox"/> YES		6) TANKS Program Version: <input type="checkbox"/> N/A		
7) Maximum Capacity: _____ Gallons		8) Max. Working Volume: _____ Gallons		
9) Tank Dimensions:	Height	Feet	Length	Feet
	<input type="checkbox"/> Vertical			<input type="checkbox"/> Above Ground
10) Tank Orientation:	<input type="checkbox"/> Horizontal		Tank Location:	<input type="checkbox"/> Underground
11) Type of Tank: <input type="checkbox"/> Fixed Roof <input type="checkbox"/> External Floating Roof <input type="checkbox"/> Internal Floating Roof <input type="checkbox"/> Other: _____				
12) Type of Primary Seal (if using a floating roof): <input type="checkbox"/> Mechanical Shoe <input type="checkbox"/> Liquid Mounted <input type="checkbox"/> Vapor Mounted <input type="checkbox"/> N/A				
13) Air Pollution Control Equipment				
Is there an air pollution control device(s) associated with this unit? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Control Equipment ID#	Type of Control Equipment	Pollutant(s) Controlled	% Control Efficiency	Installation Date
If additional pollutants are being controlled, attach additional information.				
14) New Source Performance Standard Applicability				
This tank is subject to:				
If unknown contact the department for additional information.		<input type="checkbox"/> NSPS, Subpart K	<input type="checkbox"/> NSPS, Subpart Kb	<input type="checkbox"/> Other: _____
		<input type="checkbox"/> NSPS, Subpart Ka		
15) Additional Information Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO				

FACILITY NAME: _____ **DATE:** _____

NDEE Facility ID#: _____ **Emission Point Identification#(s):** _____

Section 6.7.3: Tank Emissions – Product Information

IMPORTANT: READ THE INSTRUCTIONS ACCOMPANYING THIS SECTION BEFORE COMPLETING
Do NOT use pencil to fill out this application. Please type responses or print using black ink.

Tank Information

1) Emission Unit ID#(s): _____

2) Is this tank(s) restricted to storing only one product? YES NO

If this tank stores more than one product, how many different products are stored in this tank?
(Note: The Product Specifications section (below) must be filled out for each product stored)

3) Product Specifications

Primary Product Name: _____		(A) Total VOC Emissions: _____ lb/year	
Hazardous Air Pollutant	(B) Weight % HAP in VOC Emissions	HAP Emissions	
		(C) = (A)x(B) (lb/yr)	(D) = (C)/2000 (ton/yr)
Total HAP Emissions from Primary Product			

3) Product Specifications

Additional Product Name: _____		(A) Total VOC Emissions: _____ lb/year	
Hazardous Air Pollutant	(B) Weight % HAP in VOC Emissions	HAP Emissions	
		(C) = (A)x(B) (lb/yr)	(D) = (C)/2000 (ton/yr)
Total HAP Emissions from Additional Product			

Note: If this tank(s) contains more than two different products, please attach additional pages.