

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center

STATE OF ILLINOIS
 ENVIRONMENTAL PROTECTION AGENCY
 BUREAU OF AIR
 P. O. Box 19276
 SPRINGFIELD, ILLINOIS 62794-9276

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PROCESS EMISSION SOURCE ADDENDUM TANK	FOR AGENCY USE ONLY
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1. NAME OF OWNER:	2. NAME OF CORPORATE DIVISION OR PLANT (IF DIFFERENT FROM OWNER):
3. STREET ADDRESS OF EMISSION SOURCE:	4. CITY OF EMISSION SOURCE:

TANK INFORMATION			
5. NAME OF TANK MANUFACTURER:		6. DESIGNATION OF TANK:	
7. SERIAL NUMBER:		8. CAPACITY:	
9. TANK USE:		10. NUMBER OF SAME CAPACITY TANKS STORING THE SAME MATERIAL:	
11. TANK SHAPE: <input type="checkbox"/> HORIZONTAL <input type="checkbox"/> CYLINDRICAL <input type="checkbox"/> SPHERICAL <input type="checkbox"/> OTHER (SPECIFY) _____			
12. TANK DIAMETER: _____ FT		13. TANK HEIGHT: _____ FT	
14. TANK LENGTH: _____ FT			
15. STATUS: <input type="checkbox"/> EXISTING <input type="checkbox"/> ALTERATION		16. TANK TYPE: <input type="checkbox"/> FIXED ROOF <input type="checkbox"/> FLOATING ROOF <input type="checkbox"/> PRESSURE <input type="checkbox"/> OTHER (SPECIFY) _____	
17. SEAL: <input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE <input type="checkbox"/> OTHER (SPECIFY) _____		18. AVERAGE DISTANCE FROM TOP OF TANK SHELL TO LIQUID: _____ FT	
19. SHELL TYPE: <input type="checkbox"/> RIVETED <input type="checkbox"/> WELDED <input type="checkbox"/> OTHER (SPECIFY) _____		20. PAINT COLOR:	

VENT VALVE DATA			
TYPE OF VENT	NUMBER OF VENTS	PRESSURE SETTING	DISCHARGE VENTED TO (ATMOSPHERE, FLARE, ETC.)
21. COMBINATION	a. _____	b. _____	c. _____
22. PRESSURE	a. _____	b. _____	c. _____
23. VACUM	a. _____	b. _____	c. _____
24. OPEN	a. _____	b. _____	c. _____

MATERIAL TO BE STORED		
25. MATERIAL:	26. DENSITY: <div style="text-align: right;">LB/FT³</div>	27. VAPOR PRESSURE AT 70 °F: <div style="text-align: right;">PSIA</div>
STORAGE CONFITIONS		
28. STORAGE TEMPERATURE: MINIMUM _____ °F MAXIMUM _____ °F	29. TANK TURN OVER PER YEAR: <input type="checkbox"/> BBLS/ <input type="checkbox"/> GALS/	
30. MAXIMUM FILLING RATE: <input type="checkbox"/> BBLS/DAY <input type="checkbox"/> GALS/DAY	31. AVERAGE THROUGHPUT: <input type="checkbox"/> BBLS/DAY <input type="checkbox"/> GALS/DAY	
32. PRESSURE EQUALIZERS USED? <input type="checkbox"/> YES <input type="checkbox"/> NO	33. PERMANENT SUBMERGED LOADING PIPE USED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
34. VAPOR LOSS CONTROL DEVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF VAPOR LOSS CONTROL DEVICE IS USED, COMPLETE "DATA & INFORMATION –AIR POLLUTION CONTROL EQUIPMENT," (FORM APC-260, AS PART OF THIS APPLICATION	

