Illinois Environmental Protection Agency

Process Emission Source Addendum - Tank

Illinois Environmental Protection Agency
Bureau of Air – Permit Section
2520 West Iles Ave
P.O. Box 19276
Springfield, IL 62794-9276

Date Form Received

Applicant Information

Name of Owner: _____
Name of Corporate Division or Plant (If different from owner): _____
Street Address of Emission Source: _____
City of Emission Source: _____
Bureau of Air ID (If Applicable): _____

Tank Information

Designation of Tank: _____
Name of Tank Manufacturer: _____
Serial Number: _____
Capacity: _____
Tank Use: _____
Number of Same Capacity Tanks Storing the Same Material: _____
Average Distance from Top of Tank Shell to Liquid: _____ ft
Paint Color: _____

Tank Diameter: _____ft Tank Height:_____ ft Tank Length: _____ft

Tank Shape: ☐ Horizontal ☐ Cylindrical ☐ Spherical ☐ Other (Specify) _____

Status: ☐ Existing ☐ Alteration

Tank Type: ☐ Fixed Roof ☐ Floating Roof ☐ Pressure ☐ Other (Specify) _____

The Illinois EPA is authorized to require, and you must disclose, the requested information on this form pursuant to the Environmental Protection Act ("Act"), 415 ILCS 5/1 *et seq.*, and its implementing regulations. This information shall be provided using either this form or in an alternative manner at your discretion. Failure to disclose the information may result in permit denial and other penalties as provided for in the Act, 415 ILCS 5/42-45. Intentional falsification of the information in this form may result in significant criminal and civil penalties as provided by law.

Seal: ☐ Single ☐ Double ☐ Other (Specify) _____

Shell Type: ☐ Riveted ☐ Welded ☐ Other (Specify) _____

Vent Valve Data

Type of Vent	Number of Vents	Pressure Setting	Discharge Vented to (Atmosphere, Flare, etc.)
Combination			
Pressure			
Vacuum			
Open			

Material to be Stored

Material: _____
Density: _____ lb/ft^3
Vapor Pressure at 70 °F: _____ psia

Storage Conditions

Storage Temperature Minimum: _____ °F
Storage Temperature Maximum: _____ °F

Tank Turn Over Per Year: _____ ☐ bbls/yr ☐ gals/yr

Maximum Filling Rate: _____ ☐ bbls/day ☐ gals/day

Average Throughput: _____ ☐ bbls/day ☐ gals/day

Pressure Equalizers Used:	☐ Yes	☐ No
Permanent Submerged Loading Pipe:	☐ Yes	☐ No
Vapor Loss Control Device:	☐ Yes	☐ No

If vapor loss control device is used, complete the appropriate "Data and Information – Air Pollution Control Equipment," Form APC-260, as part of this application.