

BAY AREA AIR QUALITY MANAGEMENT DISTRICT

939 Ellis Street .. San Francisco, CA 94109. (415) 749-4990 FAX (415)-749-5030

1. Business Name: _____ Plant No: _____
(if unknown, leave blank)
2. SIC No: _____ Date of Initial Operation _____ Source No S- _____
3. Name or Description _____
4. Code materials* in order of highest throughputs: 1) _____ 2) _____ 3) _____ 4) _____
5. Total throughput (all materials), last 12 months: _____ thousand gal **or** _____ thousand bbl
6. Typical % of total annual throughput: Dec-Feb _____% Mar-May _____% Jun-Aug _____% Sep-Nov _____%
- Check box if loading/handling facility; complete lines 7-11 and omit the remainder of this form. (Also complete one Form T for each storage tank)
7. • Usage type: Bulk plant (truck/rail car) Bulk plant (marine) Vehicle service station
 Aircraft/marine servicing Other: _____
8. • How many nozzles/loading arms? _____ How many pumps? _____
9. • Make and model of nozzles/loading arms: _____
10. • Nozzle/arm loads tank by: splash fill submerged fill part splash, part submerged
11. • Upon loading, vapor space in tank(s) is: Vented directly to atmosphere
 Collected by nozzle/arm and sent to Abatement Device(s): A _____ A _____
12. Annual Average: Storage vapor pressure _____ psia **or** tank temperature _____ °F and RVP _____ psia
13. Highest v.p. of all materials stored: _____ psia **or** high tank temperature _____ °F and high RVP _____ psia
14. Highest °API of all material stored: _____ ° Lowest initial B.P. of all materials stored: _____ °F
15. Tank Type: underground fixed roof internal floating roof floating roof
 pressure other: _____
16. Tank volume: _____ thousand gallons **or** _____ thousand barrels
17. Tank Diameter: _____ ft height or length: _____ ft Check if applicable: heated insulated

Fixed Roof Tanks Only

18. Maximum fill rate: _____ gal/hr **or** _____ bbl/hr
19. Average height of vapor space: _____ ft Highest head space reactivity _____ %
 Check box if emissions from this tank are controlled; complete lines 20 and 21.
20. • Emissions vent to what source(s) and/or abatement device(s)? S _____ S _____ A _____ A _____
21. • Do all gauging/sampling devices have gas-tight covers? yes no
22. Paint color: Aluminum White Light grey Medium grey Other _____
23. Paint Condition: good poor

Floating Roof Tanks Only

24. Shell Type: gunited riveted welded other: _____
25. Seal Type: single double other: _____ Condition: tight loose
26. Maximum withdrawn rate: _____ gal/hr **or** _____ bbl/hr
27. Do all gauging/sampling devices enter below liquid level and have gas-tight covers? yes no
28. Roof type: pan pontoon other: _____ Is emergency roof drain at least 90% covered? yes no

Person completing this form

Date

***See Material Code Reference List.**