

**Knox County Department of Air Quality Management**  
 Non-Title V Permit Application  
 APC-7 Form: Storage Tank Source Data  
 (Please Type or Print)



Please fill out a form for each storage tank			
<b>1. Business information:</b>			<b>Air Quality Use Only</b>
Business license name of corporation, company, individual owner, or governmental agency under which the application is submitted			
<b>2. Emission unit name:</b>			<b>Source Number</b>
			<b>Emission Unit Number</b>
<b>3. Storage tank data:</b>			
Height (ft)	Diameter (ft)	Capacity (gallons or barrels)	Date constructed or last modified
Tank type: <input type="checkbox"/> Fixed roof <input type="checkbox"/> Internal floating roof <input type="checkbox"/> External floating roof <input type="checkbox"/> Domed external floating roof <input type="checkbox"/> Open top <input type="checkbox"/> Underground <input type="checkbox"/> Other (describe):			
Tank shape: <input type="checkbox"/> Cylinder (vertical) <input type="checkbox"/> Cylinder (horizontal) <input type="checkbox"/> Other (describe):			
Tank loading: <input type="checkbox"/> Bottom <input type="checkbox"/> Submerged <input type="checkbox"/> Vapor balanced <input type="checkbox"/> Other (describe):			
Shell color/shade: <input type="checkbox"/> White <input type="checkbox"/> Aluminum (specular) <input type="checkbox"/> Aluminum (diffuse) <input type="checkbox"/> Light gray <input type="checkbox"/> Medium gray <input type="checkbox"/> Other (describe):			Shell paint condition: <input type="checkbox"/> Good <input type="checkbox"/> Poor
Roof color/shade: <input type="checkbox"/> White <input type="checkbox"/> Aluminum (specular) <input type="checkbox"/> Aluminum (diffuse) <input type="checkbox"/> Light gray <input type="checkbox"/> Medium gray <input type="checkbox"/> Other (describe):			Roof paint condition: <input type="checkbox"/> Good <input type="checkbox"/> Poor
<b>4. Underground and fixed roof tank data: (complete for an underground or fixed roof storage tank)</b>			
Is tank pressurized: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to (psia):	Is tank heated: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to the following temperatures (°F) Min:                      Avg:                      Max:	Breather Vent Settings (psig)	
		Pressure	Vacuum
<b>Complete for vertical fixed roof tank only</b>			
Max liquid height (ft)	Avg liquid height (ft)	Roof height (ft)	Roof type: <input type="checkbox"/> Flat <input type="checkbox"/> Dome <input type="checkbox"/> Cone <input type="checkbox"/> Other (describe):
<b>5. Internal and external floating roof tank data: (complete for a floating roof storage tank)</b>			
Tank construction: <input type="checkbox"/> Riveted <input type="checkbox"/> Welded <input type="checkbox"/> Other (describe):			
Internal shell condition: <input type="checkbox"/> Light rust <input type="checkbox"/> Dense rust <input type="checkbox"/> Gunite lined <input type="checkbox"/> Other (describe):			
Roof type: <input type="checkbox"/> Double deck <input type="checkbox"/> Pontoon <input type="checkbox"/> Pan <input type="checkbox"/> Other (describe):			
Primary seal: <input type="checkbox"/> Mechanical shoe <input type="checkbox"/> Liquid-mounted <input type="checkbox"/> Vapor-mounted <input type="checkbox"/> Other (describe):			
Secondary seal: <input type="checkbox"/> None <input type="checkbox"/> Shoe-mounted <input type="checkbox"/> Rim-mounted <input type="checkbox"/> Other (describe):			
Roof fittings: <input type="checkbox"/> Typical <input type="checkbox"/> Custom (attach list)	<b>Complete for internal floating roof tank only</b>		Is roof self-supporting: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Deck type: <input type="checkbox"/> Welded <input type="checkbox"/> Bolted <input type="checkbox"/> Other (describe):		

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<b>6. Storage tank throughput information:</b>		
Average throughput (gal/day)	Maximum throughput (gal/day)	Max number of tank turnovers per year

**7. Liquids, vapors, gases, or mixtures data:**  
 List all liquids, vapors, gases, or mixtures to be stored in this tank. Give the percent by weight of each component.

Stored Liquid (include % by weight)	Average Product Density (lb/gal)	Vapor Molecular Weight (lb/lbmole)	True Vapor Pressure (psia)	Reid Vapor Pressure	Temperature (°F)

**8. Comments**

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**9. Based upon information and belief formed after a reasonable inquiry, I certify that the information contained in this application is accurate and true to the best of my knowledge.**

Signature of responsible official	Date of application
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