



**PERMIT APPLICATION FOR  
VOLATILE ORGANIC COMPOUNDS STORAGE TANK**  
NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF AIR QUALITY  
SFN 8535 (10-13)

**SECTION A – GENERAL INFORMATION**

Name of Firm or Organization		
Applicant's Name		
Title	Telephone Number	E-mail Address
Mailing Address (Street & No.)		
City	State	ZIP Code
Contact Person for Air Pollution Matters		
Title	Telephone Number	E-mail Address

**SECTION B – TANK DATA**

Legal Description of Facility Site _____ ¼ _____ ¼ _____ Section _____ Twp. _____ Range				
County			Source ID Number	
Capacity	Barrels		Gallons	
Dimensions	Diameter	Height	Length	Width
Shape	<input type="checkbox"/> Cylindrical <input type="checkbox"/> Spherical		<input type="checkbox"/> Other – Specify:	
Materials of Construction	(i.e., steel)			
Construction	<input type="checkbox"/> Riveted <input type="checkbox"/> Welded		<input type="checkbox"/> Other – Specify:	
Color				
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair		<input type="checkbox"/> Poor	
Status	<input type="checkbox"/> New Construction <input type="checkbox"/> Alteration		<input type="checkbox"/> Existing (Give Date Constructed):	
Type of Tank	<input type="checkbox"/> Fixed Roof <input type="checkbox"/> Variable Vapor Space <input type="checkbox"/> Pressure (low or high)		<input type="checkbox"/> External Floating <input type="checkbox"/> Internal Floating <input type="checkbox"/> Other – Specify:	
Type of Roof	<input type="checkbox"/> Pan <input type="checkbox"/> Double Deck		<input type="checkbox"/> Pontoon <input type="checkbox"/> Other – Specify:	
Type of Seal	Metallic Shoe Seal		Liquid Mounted Resilient Seal	
	<input type="checkbox"/> Primary Seal Only <input type="checkbox"/> With Rim Mounted Seal <input type="checkbox"/> With Shoe Mounted Secondary Seal		<input type="checkbox"/> Primary Seal Only <input type="checkbox"/> With Rim Mounted Seal <input type="checkbox"/> With Weather Shield	
	Vapor Mounted Resilient Seal		<input type="checkbox"/> Primary Seal Only <input type="checkbox"/> With Rim Mounted Seal <input type="checkbox"/> With Weather Shield	

**SECTION C – TANK CONTENTS**

Name all liquids, vapors, gases, or mixtures of such materials to be stored in the tank.  
Give density (lbs per gal) or A.P.I.

**SECTION D – VAPOR DISPOSAL**

Atmosphere     Vapor Recovery Unit     Flare     Other – Specify:

**SECTION E – VAPOR PRESSURE DATA**

psia	
Maximum True Vapor Pressure	Maximum Reid Vapor Pressure

**SECTION F – OPERATIONAL DATA**

Maximum Filling Rate (barrels per hour or gallons per hour)	Vapor Space Outage (See AP-42, 7.1-92, Equation 1-15)
Average Throughput (barrels per day or gallons per day)	Tank Turnovers per Year

**SECTION G – SOLUTION STORAGE**

If material stored is a solution, supply the following information:

Name of Solvent	Name of Material Dissolved
Concentration of Material Dissolved (% by weight or % by volume or lbs/gal)	

**SECTION H – AIR CONTAMINANTS EMITTED**

Pollutant*	Maximum Pounds Per Hour	Tons Per Year	Basis and Calculations for Quantities (Attach separate sheet if needed)

\* Include an estimate of greenhouse gas emissions (CO<sub>2</sub>e)

**SECTION I – STANDARDS OF PERFORMANCE**

Tank subject to: <input type="checkbox"/> 40 CFR 60, Subpart K <input type="checkbox"/> 40 CFR 60, Subpart Ka <input type="checkbox"/> 40 CFR 60, Subpart Kb
Are the standards of performance for new stationary sources; petroleum liquid storage vessels, 40 CFR Part 60, Subparts K, Ka, and Kb being adhered to, where applicable? <span style="float: right;">Yes <input type="checkbox"/> No – Explain: <input type="checkbox"/></span>

Signature of Applicant	Date

**SEND COMPLETED APPLICATION AND ALL ATTACHMENTS TO:**

North Dakota Department of Health  
Division of Air Quality  
918 E Divide Ave., 2nd Floor  
Bismarck, ND 58501-1947  
(701) 328-5188