



**VOLATILE ORGANIC COMPOUNDS STORAGE TANK  
ANNUAL EMISSIONS INVENTORY REPORT**  
NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF AIR QUALITY  
SFN 18682 (06-14)

**GENERAL**

Name of Firm or Organization		Permit to Operate Number	Year of Emissions	
Mailing Address		City	State	ZIP Code
Facility Name	Facility Location	Emission Unit ID No.	Date Tank Constructed (mo.year)	

**TYPE OF HYDROCARBONS STORED**

Fuels <input type="checkbox"/> Gasoline/Reid Vapor Pressure (psi) _____ True Vapor Pressure (psia) _____ <input type="checkbox"/> Distillate Oil, No. <input type="checkbox"/> Crude Oil/Reid Vapor Pressure (psi) _____ True Vapor Pressure (psia) _____ <input type="checkbox"/> Residual Oil, No. <input type="checkbox"/> Jet Naptha (JP-4) <input type="checkbox"/> Other, Specify: <input type="checkbox"/> Jet Kerosene (JP-8)	
Petrochemicals: Describe or Identify Hydrocarbon Stored (e.g., Acetone, Benzene, etc.)	

**TANK DATA**

Type of Tank <input type="checkbox"/> Fixed Roof <input type="checkbox"/> Variable Vapor Space <input type="checkbox"/> External Floating Roof <input type="checkbox"/> Pressure (low or high) <input type="checkbox"/> Internal Floating Roof <input type="checkbox"/> Other, Specify:	Type of Roof <input type="checkbox"/> Pan <input type="checkbox"/> Pontoon <input type="checkbox"/> Double Deck <input type="checkbox"/> Other, Specify:		
Type of Seal <input type="checkbox"/> Metallic Shoe Seal <input type="checkbox"/> Liquid Mounted Resilient Seal <input type="checkbox"/> Vapor Mounted Resilient Seal <input type="checkbox"/> Primary Seal Only <input type="checkbox"/> Primary Seal Only <input type="checkbox"/> Primary Seal Only <input type="checkbox"/> With Shoe Mounted Secondary Seal <input type="checkbox"/> With Weather Shield <input type="checkbox"/> With Weather Shield <input type="checkbox"/> With Rim Mounted Secondary Seal <input type="checkbox"/> With Rim Mounted Secondary Seal <input type="checkbox"/> With Rim Mounted Secondary Seal			
Tank Construction <input type="checkbox"/> Welded <input type="checkbox"/> Riveted (Indicate Total Deck Seam Length: _____ Feet)			
Tank Capacity	Diameter	Height	Tank Color
Barrels	Feet	Feet	

**EMISSIONS AND MISCELLANEOUS**

Vapor Disposal <input type="checkbox"/> Atmosphere <input type="checkbox"/> Vapor Recovery Unit <input type="checkbox"/> Flare	Annual Throughput	Tank Turnovers
	Barrels	
Emissions using EPA AP-42 Compilation of Air Pollutant Emission Factors or equivalent method (Attach calculations)Tons		
Which Standard of Performance for New Stationary Sources applies to this tank? (40 CFR Part 60)		
<input type="checkbox"/> Subpart K <input type="checkbox"/> Subpart Ka <input type="checkbox"/> Subpart Kb		
Are the requirements of the New Source Performance Standard specified in Item 12 (above) being met?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

I declare under the penalties of perjury that this report has been examined by me and to the best of my knowledge is a true, correct and complete report.

Print Name of Person Submitting Report	Title	Telephone No.
Signature	Email	Date

Return completed form to:  
North Dakota Department of Health  
Division of Air Quality  
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