GASOLINE BULK STORAGE FACILITY

COMPANY NAME: ________________________________

EQUIPMENT ADDRESS: ________________________________

A. EQUIPMENT DESCRIPTION:

Tank Description: ________________________________________

Tank Number ___________________________ Drawing No.: ___________________________

Throughput (all materials), last 12 months: ________ thousand gals or ________ thousand bbls

Typical % of total annual throughput:

Dec-Feb ________% Mar-May ________%

Jun-Aug ________% Sep-Nov ________%

Tank Type:  □ Underground  □ Aboveground  □ Fixed Roof  □ Internal Floating Roof

□ Floating Roof  □ Pressure  □ Other ________________________________

Tank volume: ________ thousand gals or ________ thousand bbls

Tank Diameter: ________ ft. Height or Length: ________ ft.

Fixed Roof Tanks Only

Maximum Fill Rate: ________ gal/hr or ________ bbl/hr

Average Height of Vapor Space: ________ ft.

Emissions vent to what source(s) and/or abatement device(s)? ________________________________

Do all gauging/sampling devices have gas-tight covers?  □ Yes  □ No

Paint Color:  □ Aluminum  □ White  □ Light Grey  □ Medium Grey

□ Other: ________________________________

Paint Condition:  □ Good  □ Poor

Floating Roof Tanks Only

Seal Type:  □ Single  □ Double  □ Other: ________________________________

Maximum Withdrawal Rate: ________ gal/hr or ________ bbl/hr

Do all gauging/sampling devices enter below liquid level and have gas-tight covers?  □ Yes  □ No

Roof Type:  □ Pan  □ Pontoon  □ Other: ________________________________

Roof weight with seals ________ lbs Tank vent area ________ ft²
Primary (Lower) Seal (type/mfg)_________________________   Drawing No. ____________
Secondary (Upper) Seal (type/mfg)_________________________  Drawing No. ____________
Center Column Seal (type/mtl)________________________________
Gauge Column Seals (type/mtl)________________________________
Sample Tube Seal (type/mtl)__________________________________
Manhole Seal (type/mtl)______________________________________
Roof Opening Skirts Extended ________ feet into the liquid product.

Name of Preparer: ________________________________   Title: ________________________________
Phone No.: (   ) _____________________________   Date: ________________________________

NOTE TO APPLICANT:
Before acting on an application for Authority to Construct or Permit to Operate, the District may require further
information, plans, or specifications. Forms with insufficient information may be returned to the applicant for
completion, which will cause a delay in application processing and may increase processing fees. The applicant should
correspond with equipment and material manufacturers to obtain the information requested on this supplemental form.