

SHELBY COUNTY HEALTH DEPARTMENT
 POLLUTION CONTROL SECTION
 814 Jefferson Avenue
 Memphis, TN 38105
 Telephone: (901) 222-9599
 FAX: (901) 222-9550



NOT TO BE USED FOR TITLE V APPLICATIONS

SCHD RECEIPT DATE

STORAGE TANK DESCRIPTION

PLEASE TYPE OR PRINT AND SUBMIT IN DUPLICATE FOR EACH STORAGE TANK. ATTACH TO THE PERMIT APPLICATION.

1. ORGANIZATION'S LEGAL NAME:		SCHD-APC FACILITY ID:	
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2. EMISSION SOURCE NUMBER:		NAICS CODE:	SCHD-APC PERMIT ID.:	
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3. TANK LOCATION	LATITUDE:	LONGITUDE:	UTM VERTICAL:	UTM HORIZONTAL:
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4. TANK ID NUMBER:		CONSTRUCTION DATE:		
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5. TANK DIMENSIONS	DIAMETER (FT):	HEIGHT (FT):	CAPACITY (GALLONS):	CAPACITY (BARRELS):
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6. TANK SHAPE	CYLINDER (UP):	CYLINDER (HORIZONTAL):	SPHERE:	OTHER (DESCRIBE):
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7. TANK COLOR	WHITE	ALUMINUM		GRAY			RED	OTHER (DESCRIBE)
		SPECULAR	DIFFUSE	LIGHT	MEDIUM	DARK		
ROOF								
SHELL								

8. PAINT CONDITION	GOOD:	POOR:
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9. TANK	FIXED ROOF:	FLOATING ROOF:	OPEN TOP:	UNDERGROUND:	OTHER (DESCRIBE):
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10. INSULATED AND/OR HEATED TO (°F):	PRESSURIZED TO (PSIA):
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11. FOR FLOATING ROOF TANKS, COMPLETE THE FOLLOWING

A. ROOF TYPE	DOUBLE DECK <input type="checkbox"/>	PONTOON <input type="checkbox"/>	PAN <input type="checkbox"/>	OTHER (DESCRIBE) <input type="checkbox"/>
B. SEAL TYPE:	SINGLE <input type="checkbox"/>	DOUBLE <input type="checkbox"/>	OTHER (DESCRIBE) <input type="checkbox"/>	
C. SHELL CONSTRUCTION	RIVETED <input type="checkbox"/>	WELDED <input type="checkbox"/>	OTHER (DESCRIBE) <input type="checkbox"/>	

12. LIST ALL LIQUIDS, VAPORS, GASES, OR MIXTURES TO BE STORED IN THIS TANK. GIVE THE PERCENT BY WEIGHT OF EACH COMPONENT:

13. OUTAGE	AVERAGE DISTANCE FROM TOP OF TANK TO LIQUID SURFACE (FT):	AVERAGE THROUGHPUT (GALLONS/DAY):	MAXIMUM NUMBER OF TANK TURNS PER YEAR:
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14. LOADING TYPE	BOTTOM:	SUBMERGED:	VAPOR BALANCED:	OTHER (DESCRIBE):
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15. COMMENTS (Use the reverse side of the form if necessary):