



San Joaquin Valley Air Pollution Control District Supplemental Application Form



Oilfield Production Tanks

Please complete one form for each tank.

This form must be accompanied by a completed Authority to Construct/Permit to Operate Application form

PERMIT TO BE ISSUED TO:
LOCATION WHERE THE EQUIPMENT WILL BE OPERATED (section, township, range or other specifics):

Facility Data	Is this facility a “Small Producer”? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: To be a “Small Producer,” the operator must have an average of less than 6,000 bbl./day of crude oil from all operations within the county and not engage in the refining or marketing of refined petroleum products.)
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Tank Data	Tank use: <input type="checkbox"/> Production <input type="checkbox"/> Wash <input type="checkbox"/> Shipping <input type="checkbox"/> Other (please specify): _____	
	Is this a “front line” tank, i.e. does it receive fluids directly from a steam-enhanced producing well or production header? <input type="checkbox"/> No <input type="checkbox"/> Yes (Answer “No” if the produced fluids pass through a free-water knockout, gas-liquid separator vessel, or another tank before reaching this tank)	
	Does the tank operate with a constant liquid level? <input type="checkbox"/> No <input type="checkbox"/> Yes	Average Liquid Height: _____ ft
	Tank size: _____ bbl	Tank dimensions: Diameter _____ ft x Height _____ ft
	Is this tank connected to a vapor recovery system? <input type="checkbox"/> No <input type="checkbox"/> Yes, please submit a component count for vapor piping from tank to control device. Control method: <input type="checkbox"/> Incineration <input type="checkbox"/> Absorption <input type="checkbox"/> Re-injection well <input type="checkbox"/> Other (specify): _____	
	Breather vent/valve settings: pressure setting _____ psig; vacuum setting _____ psig	
	Roof Type: <input type="checkbox"/> Fixed cone <input type="checkbox"/> Fixed dome <input type="checkbox"/> External floating (please complete page 2 of this application) <input type="checkbox"/> Internal floating <input type="checkbox"/> Other (please specify): _____	
	Tank color: _____; Roof color: _____ (e.g. white, aluminum specular/diffuse, gray light/med)	
	Is this tank insulated? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Is this tank heated? <input type="checkbox"/> No <input type="checkbox"/> Yes, complete the tank heater section below or indicate PEER/permit # _ - _____	

Tank Heater Data	Manufacturer:	Fuel: <input type="checkbox"/> PUC gas <input type="checkbox"/> Produced Gas <input type="checkbox"/> Fuel Oil
	Model:	Maximum Heat Input Rating: _____ MMBtu/hr
	Year of Installation:	Burner Type: <input type="checkbox"/> Standard <input type="checkbox"/> Low NOx (include manufacturer’s spec.)

Oil Data	Maximum oil throughput: _____ bbl/day and _____ bbl/yr	
	Maximum fluid throughput: _____ bbl/day and _____ bbl/yr	
	API gravity: _____ °	Maximum storage temperature: _____ °F
	For Light Oil Only (API ≥ 26 °): Reid vapor pressure (RVP) _____ psia	
	For Heavy Oil Only (API < 26 °): Reactive organic compound (ROC) vapor pressure @ maximum storage temperature _____ psia	
	Please attach laboratory report as reference for API Gravity and vapor pressure measurements.	

EXTERNAL FLOATING ROOF TANK FITTINGS

Fitting Type	Item	Quantity of fittings
Access Hatches	Bolted cover, gasketed	
	Unbolted cover, ungasketed	
	Unbolted cover, gasketed	
Unslotted Guide Poles/Wells	Ungasketed sliding cover; pole sleeve	
	Gasketed sliding cover; pole wiper	
Slotted Guide Poles/Sample Wells	Ungasketed or gasketed sliding cover w/o float	
	Ungasketed or gasketed sliding cover w/ float	
	Gasketed sliding cover with pole wiper	
	Gasketed sliding cover with pole sleeve	
	Gasketed sliding cover with pole wiper and sleeve	
	Gasketed sliding cover with float and wiper	
	Gasketed sliding cover with float/wiper/sleeve	
Gauge-Float Wells, Automatic Gauges	Unbolted cover, ungasketed	
	Unbolted cover, gasketed	
	Bolted cover, gasketed	
Gauge-Hatches/Sample Ports	Weighted mechanical actuation, gasketed	
	Weighted mechanical actuation, ungasketed	
	Slit fabric seal, 10% open area	
Vacuum Beakers, Weighted Mechanical Actuation	Ungasketed	
	Gasketed	
Roof Drains	90% closed	
	Open	
Deck Legs	Adjustable; pontoon area (circle one): G U S ¹	
	Adjustable; center area (circle one): G U S ¹	
	Adjustable; double deck roofs	
	Fixed	
Rim Vents	Ungasketed	
	Gasketed	
Ladder Vents, Sliding Cover	Ungasketed	
	Gasketed	
Other (as needed):		

¹Select the best fit: G = gasketed; U = ungasketed; S = sock

HEALTH RISK ASSESSMENT DATA

Receptor Data	Distance to nearest Residence	_____ feet	Distance is measured from the proposed stack location to the nearest boundary of the nearest apartment, house, dormitory, etc.
	Direction to nearest Residence	_____	Direction from the stack to the receptor, i.e. Northeast or South.
	Distance to nearest Business	_____ feet	Distance is measured from the proposed stack location to the nearest boundary of the nearest office building, factory, store, etc.
	Direction to nearest Business	_____	Direction from the stack to the receptor, i.e. North or Southwest.
Facility Location	[] Urban (area of dense population) [] Rural (area of sparse population)		

FOR DISTRICT USE ONLY

Date:	FID:	Project:	Public Notice: Y N
Comments:			