



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

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| 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 # _ - _____ |

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|-------------------------|---|
| 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.) |

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| 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

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|--------------------------|--|------------|--|
| 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 | <input type="checkbox"/> Urban (area of dense population) <input type="checkbox"/> Rural (area of sparse population) | | |

FOR DISTRICT USE ONLY

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