



# 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):

<b>Facility Data</b>	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.)
<b>Tank Data</b>	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): _____
	Pressure-Vacuum Relief Valve: maximum allowable working pressure of the tank _____ psig; 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 # _ - _____
<b>Tank Heater Data</b>	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.)

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

## EXTERNAL FLOATING ROOF TANK FITTINGS

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

<sup>1</sup>Select the best fit: G = gasketed; U = ungasketed; S = sock

### HEALTH RISK ASSESSMENT DATA

<b>Receptor Data</b>	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.
<b>Facility Location</b>	<input type="checkbox"/> Urban (area of dense population) <input type="checkbox"/> Rural (area of sparse population)		

### FOR DISTRICT USE ONLY

<b>Date:</b>	<b>FID:</b>	<b>Project:</b>	<b>Public Notice: Y N</b>
<b>Comments:</b>			