

San Joaquin Valley Air Pollution Control District

Permit to Operate Application Form for Winery Fermentation and Storage Tanks

PERMIT TO BE ISSUED TO:		
MAILING ADDRESS		
STREET/P O BOX _____		
CITY: _____	STATE _____	9 DIGIT ZIP CODE _____
LOCATION WHERE THE EQUIPMENT WILL BE OPERATED		
STREET _____ CITY _____		

TYPE OR PRINT NAME OF APPLICANT:		TITLE OF APPLICANT:
SIGNATURE OF APPLICANT: _____	DATE: _____	PHONE #: () FAX #: () E-MAIL: _____

Facility Wine Production	Maximum Annual Red Wine Production: _____ gallons/year ⁽¹⁾
	Maximum Annual White Wine Production: _____ gallons/year ⁽²⁾
Facility Tank Summary	Total Number of Red Wine Fermentation Tanks ⁽³⁾ : _____
	Total Number of White Wine Fermentation Tanks ⁽⁴⁾ : _____

- (1) Red Wine: Any wine that is fermented in contact with the solid matter of must.
- (2) White Wine: Any wine that is separated from the solid matter of must prior to fermentation.
- (3) Tanks equipped to ferment wine in contact with the solid matter of must (includes multiple-use tanks also used for white wine fermentation and storage).
- (4) Tanks used for fermentation of white wine (includes dual use tanks used for white wine fermentation and storage).

Tank Data

Provide the data below for each tank in the facility with a capacity of greater than 250 gallons by inputting each alphanumeric data item into the corresponding field in the table on sheet #2. Please use additional sheets if necessary. Additionally, a plot plan of the facility indicating the location of all tanks must be submitted as an attachment.

Data Item	Data Description	Directions
A	Tank I.D. No.	Input the Facility's I.D. # for this tank
B	Tank Capacity, gal.	Tank working capacity in gallons
C	Tank Roof	"open" or "closed"
D	Tank Materials	"steel", "concrete", "plastic", or specify other
E	Primary Tank Use	"R" = red fermentation, "W" = white fermentation, or "S" = storage only
F	Pressure/Vacuum Relief Valve Setting or Breather Vent Setting, psi	If applicable ("N/A" if not equipped with valve)

FOR APCD USE ONLY:

DATE STAMP:	FILING FEE RECEIVED: \$ _____ CHECK #: _____ DATE PAID: _____ PROJECT #: _____ FACILITY ID: _____
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Tank Data – Sheet #2

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