

_____ ANNUAL REPORT – STORAGE TANK

(enter year here)

Company Name: _____ **Permit #:** _____
Facility Address: _____
Facility Contact: _____ **Facility Contact Title:** _____
Phone Number: _____ **E-Mail:** _____

Instructions:

- List annual and monthly throughput in gallons.
- Estimate and report tank VOC emission using EPA TANKS model.

TANK NO: _____ **Content:** _____
CAPACITY: _____ gallons; **TOTAL ANNUAL THROUGHPUT:** _____ gallons/yr.

MONTH	Formulation	RVP	THROUGHPUT (gallons)
JAN			
FEB			
MAR			
APR			
MAY			
JUN			
JUL			
AUG			
SEPT			
OCT			
NOV			
DEC			
TOTAL			

Annual VOC Emissions = _____ pounds/yr.

Using EPA TANKS model, please provide the annual emissions for the storage tank. Provide emission data and your input data for TANKS (**TANKS Detailed Report and Summary Report in electronic pdf file**), including the parameters listed below:

1. Specify tank type: Horizontal tank or vertical tank.
2. If a vertical tank, specify if fixed roof, internal floating roof, external floating roof, or domed external floating roof.
3. Dimensions: Shell height, shell diameter, and indicate if the tank is heated.
4. Roof characteristics: color/shade, condition, type (cone/dome), height.
5. Shell characteristics: color/shade, condition.
6. Breather vent settings: (vacuum or pressure setting (psig)).
7. Tank contents: Give the composition of each liquid stored in the tank in 2021 and if a multicomponent liquid is stored, list each component and the fraction of each component. Provide the vapor pressure (psia) at the liquid surface temperature of each liquid and each component for a multicomponent liquid.
8. In order to calculate actual emissions in 2021, provide maximum liquid height, average liquid height, working volume, and total throughput for each liquid stored in the tank.

Any information presented must be true and correct to the best of your knowledge. California Health and Safety Code 42400.3.5 and 42402.4 establish separate criminal and civil penalties for any person who, knowingly and with intent to deceive, falsifies any document required to be kept pursuant to any rule, regulation, permit, or order from the Sacramento Metropolitan Air Quality Management District. By signing below, I certify that all information is true and accurate, and complete to the best of my knowledge and ability.

Name: _____ Signature: _____ Date: _____