



Louisville Metro Air Pollution Control District

Form: AP-1808

VOC Storage Tank

Mail Application To:
Louisville Metro APCD
850 Barret Avenue
Louisville, KY 40204

Application For Permit To Construct, Reconstruct, Install, Modify, or Operate Process or Process Equipment

(502) 574-6000
FAX: (502) 574-5137
www.louisvilleky.gov/apcd

Section A: Owner/Operator Information

Business Name of Owner /Operator To Appear On The Permit:

Owner's Business Name (only if different from Business Name of Owner/Operator):

Section B: Equipment Location

Equipment Location Address:

Street Address

City _____ State KY Zip Code _____

Responsible Official Name: _____

Responsible Official Title: _____

Phone: _____

Fax: _____

E-Mail: _____

Section C: Permit Mailing Address

Permit and Correspondence information:

Check here if same as equipment location address.

Street Address

City _____ State _____ Zip Code _____

Contact Name: _____

Contact Title: _____

Phone: _____

Fax: _____

E-Mail: _____

Section D: Application Type

Reason for Submitting Application (Select all that apply):

- New Construction /Installation
- Change of Ownership
- Modification
- Change of Location
- Reconstruction
- Administrative Change
- Operation

Date of Construction, Modification, Installation or Operation:

(MM/DD/YYYY)

Estimated Start Date: _____

Actual Start Date: _____

In accordance with District regulations 2.03, Section 1, you may not construct, install, modify, or operate an affected facility unless a permit has been issued by the District (LMAPCD). Please complete all requested information in this application. Incomplete applications may result in denial of issuing a permit to construct and operate process or process equipment.

Section E: Facility Business Information

What type of business is being conducted at this equipment location?

SIC Code

Section F: Authorization/Signature

I hereby certify that all information contained herein and information submitted with this application is true and correct.

Signature of Responsible Official:

Title:

Print Name:

Date:

LMAPCD
Use Only

Application Tracking #:

Assigned Engineer:

Permit No(s):

Plant ID #:

NAICS Code:

Section G: Equipment Information	
Tank Identification Number:	
Tank Manufacturer:	
Tank Model:	
Tank Serial Number:	
Tank Type:	<input type="checkbox"/> External Floating Roof <input type="checkbox"/> Horizontal Tank <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Internal Floating Roof <input type="checkbox"/> Vertical Fixed-Roof Tank
Tank Material of Construction:	<input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Submerge Fill <input type="checkbox"/> Plastic <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Bottom Fill <input type="checkbox"/> Aluminum
Exterior Tank Color:	<input type="checkbox"/> Aluminum (Silver) <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Other (Specify): <input type="checkbox"/> White
Tank Diameter:	feet
Tank Height:	feet
Tank Volume:	gallons
Product Stored in Tank:	
Attach a Material Safety Data Sheet (MSDS) for the product stored in the tank.	
Density of Product Stored in Tank:	lb/gallon at ° F
Molecular Weight of Product Stored in Tank:	
True Vapor Pressure of Product Stored in Tank at Standard Temperature and Pressure:	psi
Is the tank vented ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, complete the following information.</i>	
Type of Vent:	<input type="checkbox"/> Atmospheric <input type="checkbox"/> Flame Arrestor <input type="checkbox"/> Conservation (Pressure/Vacuum Setting): _____ psi <input type="checkbox"/> Vapor Recovery <input type="checkbox"/> Vacuum Breaker <input type="checkbox"/> Flare <input type="checkbox"/> Closed Vent <input type="checkbox"/> Other (Specify):
How does the tank vent?	<input type="checkbox"/> Directly to the atmosphere. <input type="checkbox"/> Through a control device. (See Section: J)
Section H: General Information	
Vent Height Above Grade:	feet
Vent Exit Diameter:	feet
<i>(Provide vent dimensions if rectangular vent)</i>	
Is a vent cap present?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Vent Configuration:	<input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Downward-Venting <i>(check all that apply)</i> <input type="checkbox"/> Other (Specify):
Vent Exit Gas Temperature:	° F
Vent Exit Gas Flow Rate:	ACFM
Distance to Nearest Property Line:	feet
Describe nearest Obstruction:	
Height of Nearest Obstruction:	feet
Distance to Nearest Obstruction:	feet
Are vent sampling ports provided?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Section J: Control Device InformationIs an **air pollution control device** used? YES NO*If an air pollution control device is used, complete the following. If not, proceed to Section K.*Is **adsorption equipment** used? YES NO**If YES, complete Form AP-1108 and attach it to this application.**Is a **scrubber** used? YES NO**If YES, complete Form AP-0908 and attach it to this application.**Is an **afterburner** or **oxidizer** used? YES NO**If YES, complete Form AP-0708 and attach it to this application.**Is a **flare** used? YES NO**If YES, complete Form AP-2008 and attach it to this application.**Is any other control device used? YES NO**If YES, attach a copy of the control device manufacturer's specification sheets***If any other control device is used, complete the following.*

Describe Control Device:

Pollutants Controlled: VOCs HAPs TACs Other (Specify):

Control Device Manufacturer:

Control Device Model:

Control Device Serial Number:

Control Device Design Capacity:

Control Device Removal or Destruction Efficiency:

Section K: Monitoring InformationWill emissions data be recorded by a **continuous emission monitoring system (CEMS)**? YES NO**If YES, attach a copy of the CEMS manufacturer's specification sheets**Pollutants Monitored: VOCs HAPs TACs Other (Specify):

Describe the Continuous Emission Monitoring System:

Manufacturer:

Model:

Serial Number:

Will multiple emission units be monitored at the same point? YES NO

If yes, complete the following information.

Emission Units Monitored:

Will more than one emission unit be emitting from the combined point at any time? YES NO

Emission Units Emitting Simultaneously:

Section L: Monitoring and Alarm Information

Are there any **alarms** associated with this equipment? YES NO

If yes, complete the following information.

Describe the System Alarm(s):

If there are more than three alarms, attach additional copies of this page as needed.

Operating Parameter Monitored	Describe Alarm Trigger	Monitoring Device or Alarm Type	Does the Alarm Initiate an Automated Response?
		<input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Automatic (Remote Monitoring) <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO Describe:
		<input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Automatic (Remote Monitoring) <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO Describe:
		<input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Automatic (Remote Monitoring) <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO Describe:

Section M: Additional Information

Attach potential emissions calculations with your application. If there are no emission calculations provided with the application, the LMAPCD will calculate the potential emission rates for this equipment. This will result in a delay in the issuance of the permit. The potential emission rates shall be based on operation at maximum equipment capacity. The annual potential emissions shall be based on 8,760 operating hours per year. All potential emission calculations shall represent pre-control emissions.

Is there any additional information pertinent to this application? YES NO

If yes, describe below:

Empty space for describing additional information.