

SHELBY COUNTY HEALTH DEPARTMENT  
POLLUTION CONTROL SECTION  
1826 Sycamore Road  
Memphis, TN 38134  
Telephone: (901) 222-9942  
FAX: (901) 222-9550



NOT TO BE USED FOR TITLE V APPLICATIONS

SCHD RECEIPT DATE
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**STORAGE TANK DESCRIPTION**

**PLEASE TYPE OR PRINT AND SUBMIT IN DUPLICATE FOR EACH STORAGE TANK. ATTACH TO THE PERMIT APPLICATION.**

1. ORGANIZATION'S LEGAL NAME:				SCHD-APC FACILITY ID:				
2. EMISSION SOURCE NUMBER:			NAICS CODE:		SCHD-APC PERMIT ID.:			
3. TANK LOCATION	LATITUDE:	LONGITUDE:	UTM VERTICAL:	UTM HORIZONTAL:				
4. TANK ID NUMBER:			CONSTRUCTION DATE:					
5. TANK DIMENSIONS	DIAMETER (FT):	HEIGHT (FT):		CAPACITY (GALLONS):		CAPACITY (BARRELS):		
6. TANK SHAPE	CYLINDER (UP):	CYLINDER (HORIZONTAL):		SPHERE:		OTHER (DESCRIBE):		
7. TANK COLOR	WHITE	ALUMINUM		GRAY			RED	OTHER (DESCRIBE)
		SPECULAR	DIFFUSE	LIGHT	MEDIUM	DARK		
ROOF								
SHELL								
8. PAINT CONDITION	GOOD:			POOR:				
9. TANK	FIXED ROOF:	FLOATING ROOF:	OPEN TOP:	UNDERGROUND:	OTHER (DESCRIBE):			
10. INSULATED AND/OR HEATED TO (°F):			PRESSURIZED TO (PSIA):					
11. FOR FLOATING ROOF TANKS, COMPLETE THE FOLLOWING								
A. ROOF TYPE	DOUBLE DECK <input type="checkbox"/>	PONTOON <input type="checkbox"/>	PAN <input type="checkbox"/>	OTHER (DESCRIBE) <input type="checkbox"/>				
B. SEAL TYPE:	SINGLE <input type="checkbox"/>	DOUBLE <input type="checkbox"/>	OTHER (DESCRIBE) <input type="checkbox"/>					
C. SHELL CONSTRUCTION	RIVETED <input type="checkbox"/>	WELDED <input type="checkbox"/>	OTHER (DESCRIBE) <input type="checkbox"/>					
12. LIST ALL LIQUIDS, VAPORS, GASES, OR MIXTURES TO BE STORED IN THIS TANK. GIVE THE PERCENT BY WEIGHT OF EACH COMPONENT:								
13. OUTAGE	AVERAGE DISTANCE FROM TOP OF TANK TO LIQUID SURFACE (FT):		AVERAGE THROUGHPUT (GALLONS/DAY):		MAXIMUM NUMBER OF TANK TURNS PER YEAR:			
14. LOADING TYPE	BOTTOM:	SUBMERGED:	VAPOR BALANCED:	OTHER (DESCRIBE):				
15. COMMENTS (Use the reverse side of the form if necessary):								