

Facility Information
TCEQ Emissions Inventory Year _____

TCEQ Air Emissions Inventory

Storage Tank

Company Name:	Site Name:	TCEQ Air Account Number:	Plant ID:
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FACILITY IDENTIFICATION

FIN:	Facility Name:	SCC:							
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OPERATING SCHEDULE

Facility Status (Circle <i>only</i> ONE): Active Idle Permitted but not built	Status Effective Date: _____	Operating Schedule	Start Time: _____ NOTE: Start Time REQUIRED Hours/Day: _____ Days/Week: _____ Weeks/Year: _____
Seasonal Operating Percentages	Spring: _____% Summer: _____% Fall: _____% Winter: _____%		Annual Operating Hours: _____
	(NOTE: Spring % + Summer % + Fall % + Winter % must equal 100%)		Percent Max Capacity: _____%

TANK DETAIL

Tank Type (Mark only *one* box below)

<input type="checkbox"/> Horizontal fixed roof	<input type="checkbox"/> Internal floating roof	<input type="checkbox"/> External floating roof: double deck, single seal	<input type="checkbox"/> Domed external floating roof: double deck
<input type="checkbox"/> Vertical fixed roof	<input type="checkbox"/> Pressure tank	<input type="checkbox"/> External floating roof: double deck, double seal	<input type="checkbox"/> Domed external floating roof: pontoon
<input type="checkbox"/> Underground tank	<input type="checkbox"/> External floating roof: pontoon, single seal	<input type="checkbox"/> External floating roof: pontoon, double seal	<input type="checkbox"/> Other: _____

Tank Dimensions Length (Horizontal Fixed Roof) or Height (for all other tanks): _____ ft Diameter: _____ ft Capacity: _____ M gallons	Tank Location <input type="checkbox"/> Above Ground <input type="checkbox"/> Below Ground	Shell Characteristics Color/Shade: _____ Paint Condition: _____ Construction: _____ Internal Shell Condition: _____	Fill Method (Mark <i>one</i>) <input type="checkbox"/> Submerged <input type="checkbox"/> Splash <input type="checkbox"/> Bottom Vapor Space Ht: _____ ft
Roof Characteristics Color/Shade: _____ Slope (if cone): _____ ft/ft Paint Condition: _____ Radius (if dome): _____ ft	Heated or Hot Product Tanks Is the tank heated? (VFR only) <input type="checkbox"/> Yes <input type="checkbox"/> No Stores hot products? (all tanks) <input type="checkbox"/> Yes <input type="checkbox"/> No	Breather Vent Settings Vacuum: _____ psig Pressure: _____ psig	
Floating-Roof Tank Construction and Rim-Seal System Primary Seal: _____ Secondary Seal: _____	Non-Self-Supporting Internal Floating-Roof Tank Columns Number of Columns: _____ Effective Column Diameter (if known): _____		

Internal Floating-Roof Tank Deck Characteristics

Deck Type: _____	Deck Fitting Category: _____	Construction: _____	Deck Seam: _____	Deck Seam Length: _____ feet
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FACILITY COMMENTS