

Instructions**GENERAL PLAN APPROVAL/OPERATING PERMIT APPLICATION
for a Volatile Organic Liquid Storage Tank**

1. Any stationary storage tank for storing volatile organic liquids, proposing to operate under the general plan approval and operating permit, must comply with the terms and conditions specified therein. Failure to conform with the applicable laws, rules and regulations and terms and conditions of this permit, for any reason, is grounds for the revocation or suspension of the permittee's approval to operate under this permit.
2. This permit cannot be used to cover the installation of a storage tank where the emission increases from the installation of the new storage tank and other emission increases that have occurred would subject the facility to prevention of significant deterioration (25 Pa. Code Chapter 127 Subchapter D) or New Source Review (25 Pa. Code Chapter 127 Subchapter E) requirements. Guidance in this regard may be obtained by contacting the Philadelphia Air Management Services.
3. This permit is applicable to stationary storage tanks with a rated capacity of 2000 gallons or greater which store volatile organic liquids with a storage vapor pressure of 11.1 psia or less.
4. This permit is issued for a term of five years. The application fee is \$300 (for 2000-2004 and \$375 thereafter) . An application for renewal with a renewal fee of \$300 (for 2000-2004 and \$375 thereafter) is to be submitted 30 days prior to expiration of the permit.
5. Payment of the permit application processing fee of \$300 (for 2000-2004 and \$375 thereafter) by means of one check made payable to the "City of Philadelphia" must be included with the form submission.
6. Complete the application form and submit in duplicate.
7. Complete an Air Pollution Control Act Compliance History Form and submit in duplicate.
8. All information in the application is available to the public, if you wish to keep some information confidential, please place the stamped confidential information separately along with the requested letter. AMS will review the confidential request and advise you as appropriate. All submissions and correspondence should be directed to:
 Source Registration
 Air Management Services
 321 University Avenue
 Philadelphia, PA 19104-4543
9. Term
 - CAS Chemical Abstract System
 - CFM Cubic feet per minute
 - ft Feet
 - ° F Degree Fahrenheit
 - gal gallon
 - gal/yr gallons/year
 - Lbs/gal Pound per gallon
 - psia Pounds per square inch absolute
 - psig Pounds per square inch gauge
 - PSV Pressure set vent
 - Roof Height The vertical height of the roof portion of the tank. (excluding the cylindrical tank shell)
 - Shell Height This is the height of the cylindrical portion of the tank. (not including the height of the roof for cases where a cone or dome roof exists)
 - Tax ID No.: This is the Federal Tax ID or Social security number> If the applicant has an Employer Identification number(EIN), this number must be used.



CITY OF PHILADELPHIA
 DEPARTMENT OF PUBLIC HEALTH
 PUBLIC HEALTH SERVICES
 AIR MANAGEMENT SERVICES

Air Management Services
 321 University Avenue
 Philadelphia PA 19104-4543
 Phone: (215) 685-7572
 FAX: (215) 685-7593

**APPLICATION FOR GENERAL PLAN APPROVAL AND GENERAL OPERATING PERMIT
 FOR A VOLATILE ORGANIC LIQUID STORAGE TANK**
(Prepare all information completely in print or type in duplicate)

Location of Source (Street Address)		Facility Name			Tax ID No.	
Owner		Mailing Address			Telephone	
Installer or contractor		Mailing Address			Telephone	
Is this a reconstruction, conversion, alteration, or replacement of an existing installation?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Description		Tank ID No.
DIMENSIONS		Diameter (ft)	Shell Height (ft)	Liquid Height (ft) Maximum _____ Average _____	Working Volume (gal)	Net Throughput (gal/yr)
ROOF/SHELL CHARACTERISTICS		Roof Height (ft)	Roof Type <input type="checkbox"/> DOME - radius (ft) _____ <input type="checkbox"/> CONE - slope (ft) _____	Breather Vent Settings (psia) Vacuum Setting _____ Pressure Setting _____	Tank Color	
TANK CONSTRUCTION		Type of relief device <input type="checkbox"/> PSV <input type="checkbox"/> Open vent <input type="checkbox"/> Emergency vent <input type="checkbox"/> Conservation vent	Type of Floating roof <input type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> External <input type="checkbox"/> Other _____	Primary Seal <input type="checkbox"/> None <input type="checkbox"/> Liquid-mounted <input type="checkbox"/> Mechanical shoe <input type="checkbox"/> Vapor-mounted	Secondary Seal <input type="checkbox"/> None <input type="checkbox"/> Rim-mounted <input type="checkbox"/> Vapor-mounted	Floating roof characteristics <input type="checkbox"/> Pontoon <input type="checkbox"/> Double Deck Type of construction <input type="checkbox"/> Welded <input type="checkbox"/> Riveted
STORAGE TANK CONTENTS		Single Component			Mixture	
		Chemical Name _____			Mixture Name _____	
		CAS Number _____			Vapor Molecular Weight _____	
		Molecular Weight _____ Storage temp (°F) _____			Liquid surface Temp. (°F): Max. _____ Min. _____ Avg. _____	
		Vapor Pressure @ 60 °F (psia) _____			Vapor Pressure (psia): Max. _____ Min. _____ Avg. _____	
		(Attach a list with the required info. if multiple components are stored during the year)				
VAPOR CONTROL SYSTEM		Closed vent with vapor recovery & control device? <input type="checkbox"/> Yes <input type="checkbox"/> No			Control Device Description: Control device efficiency _____	
Affidavit						
I certify that, subjected to 18 P.A.C.S.A. Section 4904 and 35 P.S. Section 4009(b) that I am the official having primary responsibility for the design and operation of the facilities to which this application applies and the information provided in this application is true to the best of my knowledge, information and belief formed after reasonable inquiry. I further certify that the facility will be operated in conformity with all limitations and conditions of the small combustion units general permit.						
Signature _____		Date _____		Address _____		
Name & Title _____			Phone _____		Fax _____	
THIS SECTION FOR OFFICIAL USE ONLY						
Application No:	Plant ID:	Health District	Census Tract:	Fee:	Date received:	
Approved by:			Date:	Found to be conformance by:		Date: