



Form 400-E-16 Storage Tank Solid Material



This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Mail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944
Tel: (909) 396-3385
www.aqmd.gov

Section A - Operator Information

Facility Name (Business Name of Operator That Appears On Permit): _____	Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): _____
Address where the equipment will be operated (for equipment which will be moved to various locations in AQMD's jurisdiction, please list the initial location site): _____	
Fixed Location	Various Locations

Section B - Equipment Description

Tank Information	Is this tank part of a tank farm? No Yes If Yes, indicate number of tanks: _____ (If tanks are non-identical, please complete one form for each tank)
	Tank identification number or name: _____ Portable Tank? Yes No
Tank Capacity	_____ gallons OR _____ barrels OR _____ cubic yards OR _____ tons
Features	Above Ground Below Ground Heated Unheated Cooled
Dimensions	Height: _____ ft. Width: _____ ft. Length: _____ ft.
Material Stored	Type of material: _____ Density (pounds/cubic feet): _____

Section C - Process Description

Brief Description of Process	Please supply drawing that shows how the material is received, conveyed, transferred, and stored and include any control measures to reduce dust emissions.
Delivery Method	Delivery pressure: _____ psi Delivery flow rate: _____ standard cubic feet per minute Delivered by: Tanker Truck Rail Car Other _____
Controls	Manufacturer: _____ Model: _____ Serial No.: _____ On-site Blower: Powered by electric motor Powered by Internal Combustion Engine: _____ HP* Filter vent (passive- uses airflow created by material transfer) Baghouse with attached blower** Each Filter Dimension: Diameter: _____ in. Length: _____ ft. Total Filter Area: _____ sq. ft. Number of Filters: _____ <small>* If internal combustion engine is greater than 50 HP, a separate application is required. ** Separate Permit Application is Required.</small>
Delivery Schedule	Delivery Rate of Material (maximum): _____ pounds/hr Time Required: _____ mins Number of Deliveries/Day: _____ Number of Days of Delivery/Week: _____ Weeks/Year: _____

Section D - Authorization/Signature

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

Preparer Info	Signature: _____ Date: _____	Name: _____
	Title: _____ Company Name: _____	Phone #: _____ Fax #: _____
		Email: _____
Contact Info	Name: _____	Phone #: _____ Fax #: _____
	Title: _____ Company Name: _____	Email: _____

THIS IS A PUBLIC DOCUMENT

Pursuant to the California Public Records Act, your permit application and any supplemental documentation are public records and may be disclosed to a third party. If you wish to claim certain limited information as exempt from disclosure because it qualifies as a trade secret, as defined in the District's Guidelines for Implementing the California Public Records Act, you must make such claim at the time of submittal to the District.

Check here if you claim that this form or its attachments contain confidential trade secret information. _____