



South Coast Air Quality Management District

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 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:
* If internal combustion engine is greater than 50 HP, a separate application is required.
** Separate Permit Application is Required.
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: Phone #: Fax #: Title: Company Name: 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.