



Utah Division of Air Quality
New Source Review Section

Form 20
Organic Liquid Storage Tank

Company: _____
 Site/Source: _____
 Date: _____

Equipment	
1. Tank manufacturer: _____	2. Identification number: _____
3. Installation date: _____	4. Volume: _____ gallons
5. Inside tank diameter: _____ feet	6. Tank height: _____ feet
7. True vapor pressure of liquid: _____ psia	8. Reid vapor pressure of liquid: _____ psi
9. Outside color of tank: _____	10. Maximum storage temperature: _____ °F
11. Average throughput: _____ gallons per year	12. Turnovers/yearly ___ Monthly ___ Weekly ___
13. Average liquid height (feet): _____	14. Access hatch: <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____
15. Type of Seals: a. Primary seals: <input type="checkbox"/> Mechanical shoe <input type="checkbox"/> Resilient filled <input type="checkbox"/> Liquid filled <input type="checkbox"/> Vapor mounted <input type="checkbox"/> Liquid mounted <input type="checkbox"/> Flexible wiper b. Secondary seal: Type: _____	16. Deck Fittings: Gauge float well <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____ Gauge hatch/ sample well <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____ Roof drains <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____ Rim vents <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____ Vacuum break <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____ Roof leg <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____ Ladder well <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____ Column well <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____ Other: _____
17. Shell Characteristics: Condition: _____ Breather Vent Settings: _____ Tank Construction: _____ Roof Type: _____ Deck Construction: _____ Deck Fitting Category: _____	18. Type of Construction: <input type="checkbox"/> Vertical Fixed Roof <input type="checkbox"/> Horizontal Fixed Roof <input type="checkbox"/> Internal Floating Roof <input type="checkbox"/> External Floating Roof <input type="checkbox"/> Other (please specify) _____
19. Additional Controls: <input type="checkbox"/> Gas Blanket <input type="checkbox"/> Venting <input type="checkbox"/> Carbon Adsorption <input type="checkbox"/> Thermal Oxidation <input type="checkbox"/> Other: _____	
20. Single Liquid Information	
Liquid Name: _____ CAS Number: _____ Avg. Temperature: _____ Vapor Pressure: _____ Liquid Molecular Weight: _____	Liquid Name: _____ CAS Number: _____ Avg. Temperature: _____ Vapor Pressure: _____ Liquid Molecular Weight: _____

Form 20 - Organic Liquid Storage Tank (Continued)

21. Chemical Components Information	
Chemical Name: _____ Percent of Total Liquid Weight: _____ Molecular Weight: _____ Avg. Liquid Temperature: _____ Vapor Pressure: _____	Chemical Name: _____ Percent of Total Liquid Weight: _____ Molecular Weight: _____ Avg. Liquid Temperature: _____ Vapor Pressure: _____
Emissions Calculations (PTE)	
22. Calculated emissions for this device: VOC _____ Lbs/hr _____ Tons/yr HAPs _____ Lbs/hr (speciate) _____ Tons/yr (speciate) Submit calculations as an appendix. Provide Material Safety Data Sheets for products being stored.	

Instructions

- Note: 1. **Submit this form in conjunction with Form 1 and Form 2.**
 2. Call the Division of Air Quality (DAQ) at **(801) 536-4000** if you have problems or questions in filling out this form. Ask to speak with a New Source Review engineer. We will be glad to help!
1. Indicate the tank manufacturer's name.
 2. Supply the equipment identification number that will appear on the tank.
 3. Indicate the date of installation.
 4. Indicate the capacity of the tank in gallons or barrels.
 5. Specify the inside tank diameter in feet.
 6. Specify the tank height in feet.
 7. Indicate the true vapor pressure of the liquid (psia).
 8. Indicate the Reid vapor pressure of the liquid (psi).
 9. Indicate the outside color of the tank.
 10. Supply the highest temperature the liquid will reach during storage (degrees Fahrenheit).
 11. Indicate average annual throughput (gallons).
 12. Specify how many times the tank will be emptied and refilled per year, month or week.
 13. Specify the average liquid height (feet).
 14. Indicate whether or not the tank has access hatches and the number.
 15. Indicate what type of seals the tank has.
 16. Indicate what types of deck fittings are installed.
 17. Specify condition of the tank, also include the following:
 - Breather vent settings in (psig) for fixed roof tanks
 - Tank construction, welded or riveted
 - Roof type; pontoon, double deck, or self-supporting roof
 - Deck construction; bolted or welded, sheet or panel construction sizes and seam length
 - Deck fitting category; typical, controlled, or detail
 18. Indicate the type of tank construction.
 19. Indicate other types of additional controls which will be used.
 20. Provide information on liquid being stored, add additional sheets as necessary.
 21. Provide information on chemicals being stored, add additional sheets as necessary.
 22. Supply calculations for all criteria pollutants and HAPs. Use AP-42 or manufacturers' data to complete your calculations.