Protecting the air we share
Air Quality
CLARK COUNTY • DEPARTMENT OF AIR QUALITY
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For DAQ Use Only
Invoice Number:

SUPPLEMENTAL EMISSION UNIT WORKSHEET

PETROLEUM STORAGE TANK

Source ID#:_____ (if modification) **Date:_____**

Unit Information (for use in calculating emissions using EPA TANKS program)

Tank contents: _____ **Part of a split tank: (Y/N)**

Tank orientation: _____ **Roof type:** _____

Tank dimensions: _____ **Tank capacity:** _____

Tank throughput: _____ **Turnovers:** _____

Tank/roof colors: _____ **Tank condition:** _____

For vertical tanks, please provide:

Average liquid height:_____ **Maximum liquid height:**_____

Roof height: _____

Method by which VOC and HAP emissions from this unit will be controlled:

Method of filling: _____

Type of recovery system: _____

Type of add-on controls: _____

Please attach EPA TANKS printout if performed or other emissions estimation.