Air Quality Permit Application Form

Generators and Fire Pumps

This form is to be submitted, if necessary, along with
the Title V (Part 70) Operating Permit or Minor Operating Permit.
(please complete shaded areas)

1. Facility identification (e.g. Generator #1, Fire Pump #1, etc.):

2. Manufacturer:

3. Model number:

4. Type (e.g. compression ignition, spark ignition, fire pump, etc.)

5. Maximum designed operating rate (name plate):
   - ____________ horsepower with generator efficiency: ____________
   - or
   - ____________ mechanical kilowatts with generator efficiency: ____________

6. Check the appropriate box(es) for primary and secondary fuels:
   - Natural gas
   - Distillate oil Sulfur content Weight percent
   - Residual oil Sulfur content Weight percent
   - Other (e.g. coal, wood, etc.)

7. Is the unit equipped with a non-settable clock?  Yes No

8. Manufacture date?
   - If the manufacture date is prior to July 11, 2005, skip to Question #11

9. Will the unit operate more than 100 hours per year?  Yes No
   - If yes proceed to Question #10, if no skip to Question #11.

10. If the generator operates more than 500 hours per year and the manufacture date is after to July 11, 2005, will crankcase emissions be controlled? (If this is for a fire pump engine, skip Question #10 and proceed to Question #11)
   - Yes No  If yes, please explain:

11. Does the emergency generator or fire pump operate less than 500 hours per year?  Yes No

12. What is the displacement of the unit in liters?

13. How many cylinders does the unit have?
14. Please list the Manufacturer Guaranteed Emission Rates or Tier Emission Standards and attach supporting documentation in g/KW-hr or g/HP-hr. (circle the units reported for emissions)

<table>
<thead>
<tr>
<th>NMHC + NO\textsubscript{X}</th>
<th>NO\textsubscript{X}</th>
</tr>
</thead>
<tbody>
<tr>
<td>HC</td>
<td>CO</td>
</tr>
<tr>
<td>PM</td>
<td>Tier (if applicable)</td>
</tr>
</tbody>
</table>

15. Has a stack test been conducted (check appropriate box)? [ ] Yes [ ] No

If a stack test has been conducted, please attach a copy of the most recent stack test report to this application. If the Department already has a copy of the most recent stack test, please specify the date of most recent stack test.

Date of most recent stack test: ____________________________

**Control Equipment**: If applicable, types of air pollution control equipment (Examples: baghouse, cyclone, wet scrubber, electrostatic precipitator, thermal oxidizer, miscellaneous control device, etc.).

Please complete the appropriate air quality permit application form for each type of control equipment that controls air emissions from this operation.

**Stack Information**: If this application is a renewal, contact the air program to determine if we already have this information.

X- Coordinate or Easting: __________ feet __________ meters
Y- Coordinate or Northing: __________ feet __________ meters
Base Elevation of Stack: __________ feet __________ meters
Stack Height: __________ feet __________ meters
Exit Stack Diameter __________ feet __________ meters
Exit Stack Temperature __________ degrees Fahrenheit
Exit Stack Temperature and/or Flow Rate:
Velocity: __________ feet per second __________ meters per second
and/or
Flow Rate: __________ actual cubic feet per minute __________ actual cubic meters per second