



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:

<input type="checkbox"/>	Natural gas	<input type="checkbox"/>	Propane
<input type="checkbox"/>	Distillate oil	<input type="text"/>	Weight percent
<input type="checkbox"/>	Residual oil	<input type="text"/>	Weight percent
<input type="checkbox"/>	Other (e.g. coal, wood, etc.)		

7. Is the unit equipped with a non-settable clock?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	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?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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)**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, please explain:
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11. Does the emergency generator or fire pump operate less than 500 hours per year?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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)

NMHC + NO _x		NO _x	
HC		CO	
PM		Tier (if applicable)	

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:	<input type="text"/>	feet	<input type="text"/>	meters
Y- Coordinate or Northing:	<input type="text"/>	feet	<input type="text"/>	meters
Base Elevation of Stack:	<input type="text"/>	feet	<input type="text"/>	meters
Stack Height:	<input type="text"/>	feet	<input type="text"/>	meters
Exit Stack Diameter	<input type="text"/>	feet	<input type="text"/>	meters
Exit Stack Temperature	<input type="text"/>	degrees Fahrenheit		

Exit Stack Velocity 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