Power Generators

Supplemental Application Form

- A. Use one application form for each permit unit of basic equipment and air pollution control equipment. This may include a single or multi-component system.
- B. This application must accompany a Permit Application form.
- C. Each application must be filled out completely and accompanied by adequate plans and operating characteristics.
- D. A responsible member of the organization that is to operate the equipment must sign each application.

LEGALOWNER

- \triangleright Name:_____
- Address:_____ \triangleright City/Zip:_____
- \geq
- Phone/Fax: \triangleright e-mail:

OPERATOR

- Name (Business License Name):_____ \geq
- Address (Physical address): \succ
- City/Zip: ______
- \triangleright e-mail: ______

Physical location (address) of the generator: \geq

ENGINE DESCRIPTION:

Manufacturing Specification sheets (attach if any)

- Manufacture: _____ \triangleright
- \triangleright Model #: _____
- Serial #: ______ Family name:______
- \triangleright Horsepower (hp): _____
- Tier:_____ \triangleright
- \succ
- \succ
- Btu/hour: ______ Fuel consumption gals/hr: ______ Year engine was manufactured:______ \triangleright
- \triangleright Fuel Type: _____

PRODUCTION INFORMATION:

Data needed for backup generators only

- Maximum production output (kw-hrs):_____ \geq
- \geq Average production output (kw-hrs):
- ⊳ Estimated hours of operation per day:
- Estimated days of operation per year: \triangleright
- \geq Maximum hours needed for testing (Yearly):_____
- Best hours needed for maintenance : _____ \triangleright

PORTABLE REGISTRATION INFORMATION:

Attach all state registration information if applicable.

Registration Number: _____ \triangleright

CRITERIA EMISSION DATA:

CO (lbs/hr @ 50% and 100% power):	
NOx (lbs/hr @ 50% and 100% power):_	
SOx (lbs/hr @ 50% and 100% power): _	
PM ₁₀ (lbs/hr@ 50% and 100% power): _	
Lead (lbs/hr @ 50% and 100% power):	

LOCATION DATA EQUIPMENT

Drawing or sketch of proposed layout, showing the generator relative to buildings, streets, houses, etc.

(This part can be faxed back to the District on a separate sheet)

Distance (in feet) from the generator emission point to the closest:
School ft.:

Hospital ft.:_____

Daycare ft.:

Resident ft.:_____