



**MAJOR SOURCE OPERATING PERMIT APPLICATION
 STATIONARY GAS TURBINE OR INTERNAL COMBUSTION ENGINE**

1. FACILITY NAME:				
2. LIST ALL GAS TURBINES AND INTERNAL COMBUSTION ENGINES AT THIS FACILITY ON A SEPARATE SHEET, AND PLEASE COMPLETE AN APC V.5 FORM FOR EACH PIECE OF EQUIPMENT.				
3. MANUFACTURER AND MODEL NUMBER:		4. STACK ID OR FLOW DIAGRAM POINT IDENTIFICATION(S):		
5. EQUIPMENT DESCRIPTION:				
6. DATE OF INSTALLATION OR LAST MODIFICATION OF EQUIPMENT:				
7. RATED HEAT INPUT CAPACITY (IN MILLION BTU/HOUR) AND HORSE POWER: STATE WHICH HEATING VALUE WAS UTILIZED: _____ HIGHER HEATING VALUE _____ LOWER HEATING VALUE		8. IF EQUIPMENT IS GAS TURBINE, LIST TYPE. _____ SIMPLE CYCLE _____ REGENERATIVE CYCLE _____ COMBINED CYCLE		
9. FUELS:	PRIMARY FUEL	BACKUP FUEL #1	BACKUP FUEL #2	BACKUP FUEL #3
FUEL NAME				
ACTUAL YEARLY CONSUMPTION				
10. (FOR NSPS TURBINES ONLY) MANUFACTURER'S RATED HEAT RATE AT MANUFACTURER'S RATED PEAK LOAD (KILOJOULES PER WATT HOUR), OR ACTUAL MEASURED HEAT RATE BASED ON LOWER HEATING VALUE OF FUEL AS MEASURED AT ACTUAL PEAK LOAD FOR THE UNIT:				
11. LOCATION OF THIS FUEL BURNING INSTALLATION IN UTM COORDINATES: UTM VERTICAL: _____ UTM HORIZONTAL: _____				
12. NORMAL OPERATING SCHEDULE: _____ HRS/DAY _____ DAYS/WK _____ DAYS/YR				
13. PAGE NUMBER:		REVISION NUMBER:		DATE OF REVISION:

INSTRUCTIONS FOR APC FORM V.5
STATIONARY GAS TURBINE OR INTERNAL COMBUSTION ENGINE

AIR CONTAMINANT SOURCES THAT ARE REQUIRED TO OBTAIN PERMITS UNDER PARAGRAPH 1200-3-9-.02(11) OF THE TENNESSEE AIR POLLUTION CONTROL REGULATIONS, MUST COMPLETE AND RETURN THIS FORM, IF APPLICABLE. APPLICATIONS ARE INCOMPLETE UNLESS ALL APPLICABLE INFORMATION REQUESTED HEREIN IS SUPPLIED. FAILURE TO SUPPLY ANY ADDITIONAL INFORMATION REQUESTED BY THE TECHNICAL SECRETARY TO ENABLE HIM TO ACT ON THE APPLICATION MAY RESULT IN DENIAL OF THIS APPLICATION. IF THERE IS ADDITIONAL INFORMATION THAT WILL NOT FIT ON A FORM, PLEASE DECLARE THE INFORMATION ON ADDITIONAL SHEET(S) AND ATTACH IT TO THE BACK OF THE ORIGINAL.

COMPLETE ONE FORM FOR EACH STATIONARY GAS TURBINE OR STATIONARY INTERNAL COMBUSTION ENGINE.

IF YOU WISH TO PROVIDE ADDITIONAL INFORMATION TO DEFINE ALTERNATIVE OPERATING SCENARIOS OR DEFINE PERMIT TERMS AND CONDITIONS ALLOWING EMISSIONS TRADING UNDER A FEDERALLY ENFORCEABLE EMISSIONS CAP TO BE ESTABLISHED IN THE PERMIT, PLEASE DECLARE THE INFORMATION ON AN APC FORM(S) OR ON ADDITIONAL SHEET(S). UNLESS OTHERWISE REQUESTED AS A LIMITING CONDITION, PERMIT IS BASED ON 8,760 HRS/YR.

ITEM 3 LIST THE MANUFACTURER AND THE MANUFACTURER'S MODEL NUMBER FOR PIECE OF EQUIPMENT.

ITEM 4 ASSIGN A STACK IDENTIFICATION NUMBER OR ID TO THE STACK ASSOCIATED WITH THIS PIECE OF EQUIPMENT.

ITEM 5 GIVE A BRIEF DESCRIPTION OF EACH PIECE OF EQUIPMENT, ASSIGNING A UNIQUE IDENTIFICATION TO EACH PIECE OF EQUIPMENT. THIS IDENTIFICATION SHOULD ALSO APPEAR ON ANY OTHER FORMS RELATING TO THIS PIECE OF EQUIPMENT. ALSO IF THE PIECE OF EQUIPMENT IS A GAS TURBINE, THEN STATE IF THE EQUIPMENT IS SUBJECT TO THE NSPS FOR GAS TURBINES. SEE 40 CFR 60, SUBPART GG FOR SPECIFICS.

ITEM 6 RECORD THE YEAR OF INSTALLATION OR MODIFICATION OF EACH PIECE OF EQUIPMENT.

ITEM 7 LIST THE MAXIMUM HEAT INPUT RATE AND HORSEPOWER OF EACH PIECE OF EQUIPMENT. DENOTE WHETHER THE HIGHER OR LOWER HEATING VALUE OF THE FUEL IS USED TO DETERMINE THE HEAT INPUT. NOTE, FOR GAS TURBINES SUBJECT TO THE NSPS FOR GAS TURBINES (SEE ITEM 5) USE THE LOWER HEATING VALUE. FOR ALL OTHER EQUIPMENT USE THE HIGHER HEATING VALUE.

ITEM 8 STATE THE TYPE OF GAS TURBINE

ITEM 9 COMPLETE THE TABLE FOR ALL FUELS PRESENTLY IN USE WITH EACH PIECE OF EQUIPMENT, PLUS ALL FUELS DESIRED FOR USE IN FUTURE OPERATING SCENARIOS. FOR FUEL USE, PLEASE USE THE LATEST ANNUAL ACCOUNTING PERIOD OF JULY 1 TO JUNE 30TH.

ITEM 10 IF THE EQUIPMENT IS A GAS TURBINE THAT IS SUBJECT TO THE NSPS FOR GAS TURBINES, LIST EITHER THE RATED OR MEASURED HEAT RATE FOR THE TURBINE. IF THE MEASURED VALUE IS UTILIZED, ENTER "MEASURED".

ITEM 13 PAGE NUMBER MUST BE FILLED IN. REVISION NUMBER AND DATE OF REVISION ARE TO BE FILLED IN ONLY IF THE INFORMATION ON THIS FORM IS BEING REVISED.

IF ANY ITEM ON THIS APPLICATION IS NOT APPLICABLE TO THIS FACILITY, THE ITEM MUST BE FILLED IN WITH "NOT APPLICABLE" OR "N/A".