

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Energy and Environment

**APPLICATION FOR PERMIT TO CONSTRUCT/OPERATE
INTERNAL COMBUSTION ENGINE**

Before completing this application: Have you considered one of our source category permits? Most emergency engines/generators are eligible for coverage under the expedited source category permitting program. For more information, see the “Source Category Permits” header at: <http://doee.dc.gov/service/apply-air-pollutant-permit> or call (202) 535-1747 for more information.

I. Facility and Applicant Information

1. _____
Full Legal Name of Applicant/Organization

2. _____
Type of Organization

3. _____
Name of Owner(s) or Principal Partner(s) of Above Organization

4. _____
Mailing Address of Applicant (No., Street, City, State, Zip)

5. _____
Street Address of Facility (if different from Mailing Address)

6. Owner/Responsible Official Name: _____

Owner/Responsible Official Title: _____

Phone No. _____ E-mail: _____

7. Contact Person: _____

Contact Person Title: _____

Phone No. _____ E-mail: _____

8. Type of Project: New Construction Renewal/Transfer of Existing Permit
 Initial Permitting of Existing Source

Note that replacement of an existing source is considered “New Construction”.

9. For renewal or transfer of coverage from a standard permit, provide the existing permit number and expiration date:

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10. Describe the facility at which this equipment will be located:

II. General Equipment Information

1. Equipment Name/Identification: _____

2. Engine type: Reciprocating Turbine Other

If "Other", describe: _____

3. Fuel type: _____ Maximum Fuel Sulfur Content (%): _____

4. Rated fuel consumption: _____ gal/hr

5. Engine is used for: Routine operational use Emergency or back-up use only
Note: If the unit is to be used in a load response program or for peak shaving, please check "Routine operational use" and attach an explanation of the use(s) of the unit. Also note that only engines used in emergency or back-up capacities are eligible for coverage under this source category permit.

If you marked "Emergency or back-up use only", will your engine be required to operate in brown-out episodes (i.e. deviations of voltage or frequency below standard levels from the power grid, but not a full black-out/loss of power)? Yes No

6. Rated generator electrical output: _____ kW/kWe
Note: Enter n/a if your engine is not associated with a generator

7. Maximum engine power: _____ HP or kWm (choose units) @ _____ RPM

8. Stack height above ground: _____ ft Inner diameter at exit: _____ ft

Exit gas volumetric rate: _____ cfm Gas temperature at exit: _____ °F

Distance of stack from nearest property boundary: _____ ft

Describe the location of the stack outlet: _____

9. Date construction/installation of engine began or is planned to begin: _____

10. Date construction/installation of engine completed (if applicable): _____

11. Manufacturing Information:

_____ Engine Order Date

_____ Engine Manufacture Date

_____ Engine Model Year

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 Engine Serial Number Engine per cylinder displacement Engine Manufacturer
 (if available)

 Generator Manufacturer Generator Manufacture Date

III. Emissions

Please complete the following “Potential to Emit” table (except as noted below):

Note: It is acceptable to provide calculations in an alternate format as an attachment to this application. Please ensure that any submittal provides sufficient information to allow the application reviewer to reproduce the calculations from the source material. Please also ensure that any alternative submittal provides substantially the same information requested in the following table.

If potential emissions are provided in an attachment, please check the following box:

Table: Potential to Emit¹					
Pollutant	Emission Factor²	Units of Emission Factor³	Emission Rate (lb/hr)	Maximum Hours Per Year of Operation⁴	Maximum Potential Emissions (Tons/yr)
NO_x					
SO_x					
VOC					
CO					
PM_(Total)					

¹ “Potential to Emit” is the maximum capacity of a stationary source to emit a pollutant under its physical and operational design. Any physical or operational limitation on the capacity of the source to emit a pollutant, including air pollution control equipment and restrictions on hours of operation or on the type or amount of material combusted, stored, or processed, shall be treated as part of its design only if the limitation or the effect it would have on emissions is enforceable as a practical matter. Secondary emissions do not count in determining the potential to emit of a stationary source. [20 DCMR § 199]

² The emission factor should reflect the maximum emissions expected from the unit when operating properly.

³ Examples of commonly used units are lb/hp-hr engine power output and lb/million BTU of heat input.

⁴ The default value for this column should be 500 hours per year for emergency engines. If a different value is used, please explain below in the question about operating limitations.

Cite the source(s) of the emission factors: _____

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Operating limitations:

Are you requesting any additional special operating limitations, such as limits on your potential to emit? Yes No If so, please describe:

IV. Notes and Required Attachments

1. Please attach a copy of any EPA Certificate of Conformity applicable to the unit.
2. Please attach a copy of the manufacturer's specifications for the unit and any other appropriate supporting documentation, including the basis for manufacturer-specified emission factors.
3. Deviations from submitted plans and specifications are not permissible without securing formal approval from AQD via an application update request and re-approval, if already approved.
4. The complete application and applicable supporting documentation must be submitted to the following address:

Branch Chief, Air Quality Permitting Branch
Department of Energy and Environment
1200 First Street NE, 5th Floor
Washington, DC 20002

V. Applicant Certification:

I hereby certify, under penalty of D.C. Official Code § 8-101.05e, that I am authorized to submit this application on behalf of the applicant and that the statements contained herein are true and correct to the best of my knowledge. I further certify that all attached information and previously submitted information referenced in this application remains true, correct, and current, to the best of my knowledge.

Authorized Signature:

Owner/Responsible Official Signature Print Name and Title Date

Mailing Address of Owner/Responsible Official if Different From I(4) above

Report Fraud, Waste, Abuse, and Mismanagement to the District of Columbia Office of the Inspector General.
Confidential Toll Free Hotline: 1-800-521-1639 or 202-724-TIPS (8477). Email: hotline.oig@dc.gov