



**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 AQD V.4 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: <p align="center">UTM VERTICAL: _____ UTM HORIZONTAL: _____</p>				
12. NORMAL OPERATING SCHEDULE: <p align="center">_____ HRS/DAY _____ DAYS/WK _____ DAYS/YR</p>				
13. PAGE NUMBER:		REVISION NUMBER:		DATE OF REVISION: