## San Joaquin Valley Air Pollution Control District Supplemental Application Form

**Gas Turbines**

Please complete one form for each gas turbine.

*This form must be accompanied by a completed Authority to Construct/Permit to Operate Application form*

### PERMIT TO BE ISSUED TO:

### EQUIPMENT DESCRIPTION

<table>
<thead>
<tr>
<th>Equipment Details</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Industrial Frame</td>
<td>☐ Aero Derivative</td>
</tr>
<tr>
<td>Manufacturer:</td>
<td>Model:</td>
</tr>
<tr>
<td>☐ Simple Cycle</td>
<td>☐ Combined Cycle</td>
</tr>
<tr>
<td>Nominal (ISO) Rating:</td>
<td>MW (at 1 atm, 59°F, 60% Relative Humidity)</td>
</tr>
<tr>
<td>Is the unit equipped with an auxiliary/duct burner?</td>
<td>Yes</td>
</tr>
<tr>
<td>(Note: If yes, please complete a Boiler, Steam Generator, Dryer, and Process Heater Supplemental Application form for the unit.)</td>
<td></td>
</tr>
</tbody>
</table>

### Rule 4703 Type of Use and Emissions Monitoring Provisions

| ☐ Peaking Unit - limited to no more than 877 hrs/yr of operation |  |
| ☐ Emergency Standby - limited to less than 200 hrs/yr of operation |  |
| ☐ Full Time - must have either a Continuous Emission Monitoring System (CEMS) or an alternate emissions monitoring plan (must be approved by the APCO) |  
| ☐ CEMS, please specify all pollutants monitored: | NOₓ | CO | O₂ | ☐ Other: |  
| ☐ Alternate Emissions Monitoring Plan (please provide details in additional documentation) |  

### Fuel Use Meter

| ☐ Gaseous Fuel Meter | ☐ Liquid Fuel Meter | ☐ None |  

### Process Data

| Will this unit be used in an electric utility rate reduction program? | Yes | No |  
| Manufacturer: | Model: | Number of Combustors: |  
| ☐ Water Injection: | Yes | ☐ No |  
| ☐ Steam Injection: | Yes | ☐ No |  
| ☐ Other NOₓ Control Technology: |  

### EMISSIONS DATA


### Primary Fuel

| Fuel Type: | ☐ Natural Gas | ☐ LPG/Propane | ☐ Diesel | ☐ Other: |  
| Higher Heating Value: | Btu/gal or | Btu/scf |  
| Maximum Fuel Use @ HHV: | scf/hr or | gal/hr |  
| Sulfur Content: | % by weight or | gr/scf |  
| Rated Efficiency (EFF_Mfg): | % |  

### Primary Fuel Emissions Data

| Operational Mode | Steady State (ppmv) | Start-up (ppmv) | Shutdown (ppmv) |  
| Nitrogen Oxides |  |  |  |  
| Carbon Monoxide |  |  |  |  
| Volatile Organic Compounds |  |  |  |  
| Duration | hr/day | hr/yr | hr/day | hr/yr |  
| % O₂, dry basis, if corrected to other than 15%: | % |  

Northern Regional Office * 4800 Enterprise Way * Modesto, California 95356-8718 * (209) 557-6400 * FAX (209) 557-6475  
Central Regional Office * 1990 East Gettysburg Avenue * Fresno, California 93726-0244 * (559) 230-5900 * FAX (559) 230-6061  
Southern Regional Office * 34946 Flyover Court * Bakersfield, California 93308 * (661) 292-5500 * FAX (661) 392-5585  
Revised: January 2009
### EMISSIONS DATA (continued)

#### Secondary Fuel
- **When will the secondary fuel be used?**
  - [ ] Primary fuel curtailment
  - [ ] Simultaneously with primary fuel
  - [ ] Other: ____________________
- **Fuel Type:**
  - [ ] Natural Gas
  - [ ] LPG/Propane
  - [ ] Diesel
  - [ ] Other: ____________________
- **Higher Heating Value:** __________ Btu/gal or __________ Btu/scf
- **Sulfur Content:** _______ % by weight or _______ gr/scf
- **Maximum Fuel Use @ HHV:** __________ scf/hr or __________ gal/hr
- **Rated Efficiency (EFF_{Mfg}):** _______ %

#### Secondary Fuel Emissions Data
<table>
<thead>
<tr>
<th>Operational Mode</th>
<th>Steady State (ppmv)</th>
<th>Start-up (ppmv)</th>
<th>Shutdown (ppmv)</th>
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<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
- **Duration (please provide justification):**
  - _____ hr/day
  - _____ hr/yr

**% O_{2}, dry basis, if corrected to other than 15%:** _______ %

**Source of Data**
- [ ] Manufacturer’s Specifications
- [ ] Emission Source Test
- [ ] Other: ____________________ (please provide copies)

### EMISSIONS CONTROL

#### Emissions Control Equipment
- [ ] Inlet Air Filter/Cooler
- [ ] Lube Oil Vent Coalescer
- [ ] Selective Catalytic Reduction - Manufacturer: __________ Model: __________
  - [ ] Ammonia (NH_{3})
  - [ ] Urea
  - [ ] Other: ____________________
- [ ] Oxidation Catalyst - Manufacturer: __________ Model: __________
- **Control Efficiencies:**
  - NO_{x} _______ %,
  - SO_{x} _______ %,
  - PM_{10} _______ %,
  - CO _______ %,
  - VOC _______ %
- [ ] Other (please specify):
  - For units equipped with exhaust gas NO_{x} control equipment and rated < 10 MW, or rated ≥ 10 MW but operated < 4,000 hr/yr, one may choose at least one of the following alternate emission monitoring schemes in lieu of a CEMS (each option below must be approved by APCO on a case-by-case basis. Please include a detailed proposal for each option chosen):
    - [ ] Periodic NO_{x} emission concentration
    - [ ] Turbine exhaust O_{2} concentration
    - [ ] Air-to-Fuel ratio
    - [ ] Flow rate of reducing agents added to turbine exhaust
    - [ ] Catalyst inlet and outlet temperature
    - [ ] Catalyst inlet and exhaust O_{2} conc.
    - [ ] Other operational characteristics as approved by the APCO (specify on attached sheet)

### HEALTH RISK ASSESSMENT DATA

#### Operating Hours
- **Maximum Operating Schedule:** _______ hours per day, and _______ hours per year

#### Receptor Data
- **Distance to nearest Residence** _______ feet
- **Direction to nearest Residence** _______
- **Distance to nearest Business** _______ feet
- **Direction to nearest Business** _______
- **Release Height** _______ feet above grade
- **Stack Diameter** _______ inches at point of release
- [ ] Flapper-type
- [ ] Fixed-type
- [ ] None
- [ ] Other: ____________________
- **Direction of Flow**
  - [ ] Vertically Upward
  - [ ] Horizontal
  - [ ] Other: _______ ° from vert. or _______ ° from horiz.

#### Stack Parameters
- **Exhaust Data**
  - Flowrate: _______ acfm
  - Temperature: _______ °F

#### Facility Location
- [ ] Urban (area of dense population)
- [ ] Rural (area of sparse population)

### FOR DISTRICT USE ONLY

**Date:**

**FID:**

**Project:**

**Public Notice:** [ ] Yes  [ ] No

**Comments:**