

Application for General Air Contaminant Discharge Permit Electric Power Generators

Form AQGP-118

For DEQ Use Only		
Source Number:	Regional Office:	
Application No:	Check number:	
Initial assignment <input type="checkbox"/> Re-assignment <input type="checkbox"/>	Amount (\$):	Date Received:

1. Company information:

Legal Name:			Other company name (if different from legal name):		
Mailing Address:			Site Address (if different than mailing address):		
City:	State:	Zip Code:	City:	County (required):	Zip Code:
North American Industry Classification System (NAICS):			Number of employees:		

2. Source Category Description:

- a. Electrical power generation from combustion. This means supplying electrical power to a utility grid at any time; or producing electrical power for use by the owner or operator at any time other than during loss of utility power.
- b. Each compression-ignition engine onsite meets at least one of the following:
 - i. Certified as compliant with EPA Tier 4 emission standards according to 40 C.F.R. part 1039; or
 - ii. Equipped with a diesel particulate filter and oxidation catalyst (or will be equipped within 12 months of assignment to this permit); or
 - iii. Rated at less than 100 horsepower (74 kW) according to manufacturer documentation.
- c. The total combined power generation capacity and horsepower from all stationary reciprocating internal combustion engines and engine/generator sets onsite do not exceed 5 megawatts and 6,705 horsepower.
- d. All stationary RICE onsite meet the federal definition of 'emergency stationary internal combustion engine' per 40 C.F.R. part 63 [subpart ZZZZ](#), part 60 [subpart IIII](#), or part 60 [subpart JJJJ](#), as applicable;

3. Does the source category description in #2 apply to your facility (or will apply to your proposed facility)? Yes No
- a. Is the facility existing or proposed to be constructed? Existing Proposed to be constructed
 - b. Date the facility began or is expected to begin operations: _____.

4. **Other Activities.** Are there any other activities identified in [OAR 340-216-8010](#) Table 1 performed, or expected to be performed, on site that are not described in question #2, above? Yes No.
If yes, you may not be eligible for assignment to this General permit. Please discuss these activities with DEQ.

5. Are there any other activities or equipment that emit air pollutants that are not described in question #2? Yes No
If yes, describe them:

6. **Operation Description.** Provide a detailed description of the existing or proposed operations and process, beginning with when and how material or products are received, through any production processes, and concluding with how the materials are shipped off site or used.

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7. Equipment Information. Provide the information requested in the table for each stationary engine and engine/generator set. If there are more than 3 units onsite, attach or otherwise include the information in the table for each unit.

Information Required	Unit 1	Unit 2	Unit 3
General Unit Information			
Engine/Generator Set ID ¹			
Portable or Stationary			
Manufacturer			
Model Number			
Size (Include kW or MW)			
Size (HP)			
Type of Ignition (Spark or Compression)			
Serial Number			
Year manufactured			
NOx emission rate (lb/hp-hr)			
Percent Load for which NOx emission rate (above) was reported (%)			
Date construction/installation commenced			
Date construction/installation completed			
Fuel and Hours			
Primary fuel type			
Maximum primary fuel use per hour (Include units)			
Maximum primary fuel use per year (Include units)			
Secondary or back-up fuel type			
Other fuel type			
Projected maximum hours of operation per day			
Projected maximum hours of operation per year			
Stack Information			
Exit height (feet)			
Exit diameter (feet)			
Design flow rate (dcsf/min)			
Other Information			
Is the unit capable of providing power to the grid? (yes or no)			
Is the unit contractually obligated to be available for peak shaving or non-emergency demand response? (yes or no)			
Maintenance Schedule ²			
Pollution control(s) installed (yes or no)			
Monitoring Equipment: Fuel Flow (yes or no)			
Monitoring Equipment: Engine Load (yes or no)			
Other Monitoring Equipment (specify)			
Federal Regulation Applicable to the Unit: (NESHAP ZZZZ, NSPS IIII, and/or NSPS JJJJ)			
Description of unit's general use/purpose			

1. Assign an identification name or number to each unit.
2. Maintenance schedule" refers to regularly scheduled maintenance only, i.e., annual, monthly, weekly, or none.

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8. Control Device(s). For each unit in the table above that identified control devices, provide the following information for each:

Engine/Generator Set ID	Control Device Name/Type	Year Installed	Manufacturer	Estimated Control Efficiency	Control Efficiency Reference (origin)

9. Signature

I hereby apply for permission to discharge air contaminants in the State of Oregon, as stated or described in this application, and certify that the information contained in this application is true and correct to the best of my knowledge and belief.

Name of responsible official (printed or typed)

Title of responsible official and phone number

Signature of responsible official

Date

Submit two copies of the completed application, [A Land Use Compatibility Statement](#) and the applicable annual fee to:

Oregon Department of Environmental Quality
Financial Services – Revenue Section
700 NE Multnomah St., Suite 600
Portland, OR 97232 - 4100

**Application for General Air Contaminant Discharge Permit and Attachments
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1. Company Information:

Legal Name:	Other company name (if different from legal name):
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2. Site Contact Person: (A person who deals with DEQ staff about equipment problems.)

First Name:	Last Name:	Telephone number:	Fax:
Title:		Email address:	
Mailing address:		City, State, Zip Code	

3. Facility Contact Person: (If other than the site contact person, a person involved with all environmental issues at the facility although they may be housed at a different site.)

First Name:	Last Name:	Telephone number:	Fax:
Title:		Email address:	
Mailing address:		City, State, Zip Code	

4. Mailing Contact Person: (If other than the site contact person, a person to whom the company would like all agency communications directed.)

First Name:	Last Name:	Telephone number:	Fax:
Title:		Email address:	
Mailing address:		City, State, Zip Code	

5. Invoice Contact Person: (If other than the site contact person, a contact to which invoices and communications related to resolving invoice questions can be directed.)

First Name:	Last Name:	Telephone number:	Fax:
Title:		Email address:	
Mailing address:		City, State, Zip Code	