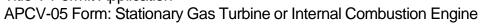
## **Knox County Department of Air Quality Management**

Title V Permit Application





(Please Type or Print)

1. General Identification and Description							
Facility name:	-						
Stack ID or flow diagram point identification(s):							
2. Gas Turbine or Internal Combustion Engine Description							
List all gas turbines and internal combustion engines at this facility on a separate sheet, and please complete an APCV-05 form for each piece of equipment.							
Manufacturer and model number:							
Equipment description:							
Date of installation or last modification of equipment:							
Rated heat input capacity (in million BTU/Hour) and			If equipment is a gas turbine, list type:				
rated horsepower:			☐ Simple cycle				
			☐ Regenerative cycle				
			☐ Combined cycle				
State which heating value was utilized:			,				
☐ Higher heating value							
☐ Lower heating value							
Location of this fuel burning installation (latitude and longitude):							
Normal operating schedule:	hrs	hrs/day		days/week		days/year	
3. Fuel Description							
Fuels:	Primary fuel	Ba	ckup fuel #1	Backup fue	l #2	Backup fuel #3	
Fuel name:							
Actual Yearly Consumption:							
(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:							
Page number:	Revision nu	Revision number:			Date of revision:		