

**Knox County Department of Air Quality Management**

Title V Permit Application

APCV-05 Form: Stationary Gas Turbine or Internal Combustion Engine  
(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 rated horsepower:  State which heating value was utilized: <input type="checkbox"/> Higher heating value <input type="checkbox"/> Lower heating value	If equipment is a gas turbine, list type:  <input type="checkbox"/> Simple cycle <input type="checkbox"/> Regenerative cycle <input type="checkbox"/> Combined cycle
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Location of this fuel burning installation (latitude and longitude):

Normal operating schedule:	hrs/day	days/week	days/year
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**3. Fuel Description**

Fuels:	Primary fuel	Backup fuel #1	Backup fuel #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:

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