



Kansas Department of Health and Environment - Bureau of Air
1000 SW Jackson, Suite 310, Topeka, Kansas 66612-1366
Phone (785)296-6024 Fax (785)291-3953
Notification of Construction or Modification
K.A.R. 28-19-300 Applicability
K.A.R. 28-19-304 Fees

The facility shall submit this form, by mail or electronically to KDHE.BOPermit@ks.gov, along with any requested or pertinent additional information and appropriate fee. Any notifications, reports, or documentation shall be submitted to the above address.

Source Information:

Address Source ID Application Date

City State Zip Code

County Section Township S Range E

Primary NAICS SIC Latitude Longitude

Primary Product

Mailing Information:

Company Name

Mailing Address

City State Zip Code

Applicability: Application is being submitted for which of the following:

- K.A.R. 28-19-300(a) PERMIT REQUIRED.
- K.A.R. 28-19-300(b) APPROVAL REQUIRED.

Application fee determined pursuant to K.A.R. 28-19-304(a). Amount Due =

Site Contact Information:

First Name Last Name Phone Number
Title E-mail

Permit Contact Information: Same as Site Contact

First Name Last Name Phone Number
Title E-mail

Confidential Information Request:

Requesting information be held confidential?

Please read the following before signing:

Reporting forms provided may not adequately describe some processes. Modify the forms if necessary. Include a written description of the activity being proposed, a description of where the air emissions are generated and exhausted and how they are controlled. A simple diagram showing the proposed activity addressed in this notification which produces air pollutants at the facility (process flow diagrams, plot plan, etc.) with emission points labeled must be submitted with reporting forms. A copy of the Kansas Air Quality Statutes and Regulations can be found at: <http://www.kdheks.gov/bar/regs.html>.

First Name Last Name
Title E-mail
Address City State
Zip Code Phone Number Fax Number

Signature Date



**Kansas Department of Health and Environment
Division of Environment
Bureau of Air**

STATIONARY INTERNAL COMBUSTION ENGINES

- 1) Source ID Number: 1869999
- 2) Company/Source Name: XYZ Energy
- 3) Type of Engine: Turbine _____; Reciprocating X; Other _____
- 4) Engine Manufacturer: Ajax
Model No.: DPC 360
Date of Manufacture: 1981
Serial No.: 22446688
- 5) Use of Engine: Electric power generation ; Compressor ; Pump Other - describe _____
- 6) Maximum Brake horsepower at continuous rating: 360 BHP
Normal operating engine speed: 400 RPM
Rated Brake Horsepower at normal operating RPM: 340 BHP
or
Maximum Generator Nameplate Capacity: N/A kW
Maximum design heat input rate: N/A BTU/hr
- 7) Operating schedule: 8760 hrs per year
- 8) Date of Installation: 6-29-2010
Date of Last modification: N/A

TURBINES

- 9) Type of Gas Turbine: Simple cycle _____; Co-generation _____; Regenerative _____; Combined cycle _____
- 10) Fuel data for all the different types of fuel to be used:
a) Fuel Type _____; Sulfur content % by weight _____;
Lower heating value _____ BTU per cu ft; or _____ BTU per lb; or _____ BTU per gallon
b) Fuel Type _____; Sulfur content % by weight _____;
Lower heating value _____ BTU per cu ft; or _____ BTU per lb; or _____ BTU per gallon
c) Fuel Type _____; Sulfur content % by weight _____;
Lower heating value _____ BTU per cu ft; or _____ BTU per lb; or _____ BTU per gallon
- 11) Heat recovery unit or steam generator unit installed? Yes ; No
Supplementary fired? Yes ; No If yes, type of fuel used: _____
Capacity of the burner _____ gals per hr
Fuel heating value _____ BTU per cu ft or gal
Sulfur content of fuel by weight _____ %; Please attach complete supplementary fuel oil/distillate analysis.

Stationary Internal Combustion Engines (Cont.)

- 12) Emission control system(s) used: Water injection _____; Steam injection _____;
 Selective Catalytic reduction with Water injection _____; Selective catalytic reduction _____;
 Describe Selective Catalytic emission reduction control installed: _____
 Manufacturer's name: _____ Model No.: _____

POLLUTANT	MANUFACTURER'S REDUCTION EFFICIENCY %

- 13) Did construction, modification, or reconstruction commence after October 3, 1977? Yes ; No
 If yes, this facility may be subject to NSPS, 40 CFR 60, Subpart GG.

RECIPROCATING ENGINES

- 14) Engine design details:
 Number of cylinders 2
 Aspiration: Normal ; Turbo charged _____
 Ignition: Spark ; Compression _____
 Design class 2 cycle lean burn _____; 4 cycle lean burn _____; 4 cycle rich burn
- 15) 2 or 4 cycle lean burn with combustion modification, increased air/fuel ratio and intercooling?
 Yes ; No
 If yes, attach the guaranteed performance of the conversion supplier or the actual monitored performance, and the engine operating conditions for the guarantee of performance.
- 16) Type of integral emission control: Selective Catalytic Reduction _____;
 Non Selective Catalytic Reduction _____; Combustion Reduction _____ (Describe) _____; None
- 17) Fuel(s): Gasoline _____; Diesel _____; Natural Gas ; Dual fuel _____
- 18) Fuel Heating Value: Gasoline _____ BTU per gal; Diesel _____ BTU per gal;
 Natural Gas 1028 BTU per cu ft; Dual fuel mix _____ % diesel _____ % natural gas
 Sulfur content of diesel by weight _____ %
- 19) Does the engine meet the definition of remote stationary RICE as specified in 40 CFR 63.6675?
 Yes ; No
- 20) Does the engine meet the definition of a nonroad engine as specified in 40 CFR 1068.30?
 Yes ; No

APPLICABLE TO ALL STATIONARY INTERNAL COMBUSTION ENGINES

- 21) Enclose available engine manufacturer's emissions data.
- 22) For emission control equipment, use the appropriate CONTROL EQUIPMENT form and duplicate as needed.
 Be sure to indicate the emission unit that the control equipment is affecting.