Knox County Department of Air Quality Management

FORM APC-28 Internal Combustion Engines Used As Emergency Generators

Facility Name:_____
Facility Address (Mailing):_____
Location of Source (Street Address):_____
Contact Name:_____ Phone:_____ email:_____

Complete the following. Up to 3 devices may be entered on this form. Use additional forms as needed.

Device 1:

A. Emission source number (name that source uses for device, e.g. Emergency Generator #1):
_____

B. Manufacturer:_____ C. Date manufactured:_____
D. Model number:_____ E. Serial Number:_____
F. Date ordered:_____ G. Date installed:_____
H. Fuel types used:_____ , diesel fuel sulfur content _____ *ppm*
I. Max. Gross Heat Input Rate:_____ *million British thermal units per hour*
J. Max. Fuel Flow Rate:_____ □ *gallons/hour* □ *cubic feet*/minute
K. Max. Engine Output Rating:_____ □ *horsepower* □ *kilowatt*
L. Number of cylinders:_____ M. Displacement per cylinder:_____ *liters*
N. Annual hours of operation requested (must be 500 or less):_____

Device 2:

A. Emission source number (name that source uses for device, e.g. Emergency Generator #1):
_____

B. Manufacturer:_____ C. Date manufactured:_____
D. Model number:_____ E. Serial Number:_____
F. Date ordered:_____ G. Date installed:_____
H. Fuel types used:_____, diesel fuel sulfur content _____ *ppm*
I. Max. Gross Heat Input Rate:_____ *million British thermal units per hour*
J. Max. Fuel Flow Rate:_____ □ *gallons/hour* □ *cubic feet*/minute
K. Max. Engine Output Rating:_____ □ *horsepower* □ *kilowatt*
L. Number of cylinders:_____ M. Displacement per cylinder:_____ *liters*
N. Annual hours of operation requested (must be 500 or less):_____

Device 3:

A. Emission source number (name that source uses for device, e.g. Emergency Generator #1):
_____

B. Manufacturer:_____ C. Date manufactured:_____
D. Model number:_____ E. Serial Number:_____
F. Date ordered:_____ G. Date installed:_____
H. Fuel types used:_____, diesel fuel sulfur content _____*ppm*
I. Max. Gross Heat Input Rate:_____ *million British thermal units per hour*
J. Max. Fuel Flow Rate:_____ □ *gallons/hour* □ *cubic feet*/minute
K. Max. Engine Output Rating:_____ □ *horsepower* □ *kilowatt*
L. Number of cylinders:_____ M. Displacement per cylinder:_____ *liters*
N. Annual hours of operation requested (must be 500 or less):_____

Please attach a photocopy of the manufacturer's product literature for each device listed.

Signature of Responsible Official/Authorized Official

*Name (printed):*_____ *Title:*_____
*Signature:*_____ *Date:*_____