

STATE OF WYOMING
Department of Environmental Quality - Air Quality Division
CBM Generator Application Form

Per Chapter 6, Section 2(a) of the Wyoming Air Quality Standards and Regulations, **A PERMIT TO CONSTRUCT MUST BE ISSUED BEFORE THE GENERATOR CAN BE OPERATED AT THE SITE.** Please refer to the Permit Application Instructions for specific details required to complete the form. Print or type all information requested. All information requested herein must be completed and submitted before an engineering review can be completed. Contact the NSR Section at 307-777-7391 of the Division of Air Quality with any questions.

Company Name: _____		
Responsible Official: _____		Title: _____
Address: _____		
Telephone: _____	Fax: _____	E-mail: _____

Location Information (Provide legal description <u>AND</u> either Latitude/Longitude or UTM Coordinates)			
Site Name: _____		County: _____	
Legal Description: _____	¼ : _____	Section: _____	T(N): _____ R(W): _____
Coordinates: _____	Longitude: _____	Latitude: _____	
UTM Coordinates: _____	Zone: _____	Horizontal (E): _____	Vertical (N): _____
Type of Application: _____	New: _____	Existing: _____	

Generator Information:		
Manufacturer: _____	Model #: _____	Serial #: _____
Site Horsepower Rating: _____	Date Purchased: _____	

Exhaust Stack Parameters	Fuel Type
Height (ft): _____	CBM Gas: _____ Fuel Consumption (specify units): _____
Diameter (ft): _____	Natural Gas: _____ Fuel Sulfur Content (specify units): _____
Temp. (°F): _____	LP Gas: _____
Velocity (acfm): _____	Diesel: _____
	Gasoline: _____

Emissions Data	Emissions Control Equipment
<u>g/hp-hr</u> <u>lb/hr</u>	Lean Burn: _____
NO _x : _____	NSCR: _____
CO: _____	AFRC: _____
VOCs: _____	SCR: _____
	Other: _____

I, _____	
Responsible Official (please print)	Title
state that I have knowledge of the facts herein set forth, and that the same are true and correct to the best of my knowledge and belief. I further certify that the maximum emission rates listed on this certification reflect the maximum anticipated emissions due to the operation of this generator. The generator will operate in compliance with all Wyoming Air Quality Standards and Regulations.	
Signature: _____	Date: _____

State of Wyoming - Air Quality Division
Coal Bed Methane (CBM) Generator Application Form (AQD-GEN1)
Permit Application Instructions

I. Form AQD-GEN1 shall be filled out for each generator or generator type and submit the application(s) to:

State of Wyoming
 Air Quality Division
 122 W 25th Street
 Cheyenne, Wyoming 82002

II. Multiple Generators: For Companies that have multiple generators of identical size, model and emissions, only need to fill out the generator form once. The balance of the generators may be included as an attachment. The attachment shall include current location (UTM and Legal), serial # and date purchased for each generator.

III. Emission estimates: Please use the following hierarchy for determining emissions from the generator:

1. g/hp-hr emission rates based on manufacturer’s information. Provide a copy of the manufacturer’s information with the application.
2. g/hp-hr emission rates based on actual test data. Provide a copy of the test report with the application.
3. Emission factors. Documentation from the manufacturer must be provided with the application stating no emission factors are available for the generator before the Division will accept emission factors below.

Emission factors (g/hp-hr) for uncontrolled generators			
	CBM, Natural Gas or LPG		
	2-Stroke Engines	Diesel	Gasoline
NO _x	11.0	10.9	5.0
CO	1.5	2.5	199
VOC	0.1	0.3	6.8
4-Stroke Lean Burn			
NO _x	12.0	14.1	
CO	1.6	3.0	
VOC	0.7	1.1	
4-Stroke Rich Burn			
NO _x	15	14.1	
CO	8.6	3.0	
VOC	0.1	1.1	

- lb/hr emission rates shall be calculated based on the g/hp-hr emission rates and the maximum site horsepower rating.

I. BACT analysis:

If the emissions from the generator do not meet a NO_x emission rate of 1.0 g/hp-hr (>100hp) or 2.0 g/hp-hr (<100hp), then a BACT analysis must be submitted. Please fill out the BACT worksheet and include as an attachment to the application. All cost estimates must be documented and attached to the application.

Form AQD-GEN1 and the BACT worksheet are available from the Division and on the DEQ website at <http://deq.state.wy.us/aqd.htm>. If you have any questions, please contact Chad Schlichtemeier of this Division at (307)777-7391.