

Air Quality Program 2400 Troost Ave, Suite 3200 Kansas City, MO 64108

Phone: (816) 513-6314 Fax: (816) 513-6290

#### EMERGENCY GENERATOR PERMIT APPLICATION

Facilities with Emergency Generators (EGs) over 185 kW within the City of Kansas City, Missouri, <u>must</u> submit an application for a permit to the Kansas City Health Department's Air Quality Program. Facilities are required to receive a valid permit <u>prior</u> to adding or replacing Emergency Generators at their facility.

Emergency Generators are <u>only</u> allowed to operate during emergency situations and for short periods of time to perform maintenance and operational readiness testing. An emergency situation occurs when electrical power from the local utility is interrupted.

### **Application Process**

To prevent a delay in the permit application process, the following must be completed in its entirety prior to submittal.

- 1. Complete two original copies of Permit To Construct or Modify An Air Containment Source Application (Form 5300-043, Rev 08/09).
  - Application must be submitted/printed on yellow paper.
- 2. Submit detailed specifications of the proposed emission source(s).
  - Specifications shall include potential emissions and "maximum design rate" of the equipment.
- 3. All applications <u>must</u> be signed by either an owner, Vice President, facility manager, or other official deemed responsible for the permitting process.
  - Contractors are *not* authorized to sign for this permit due to the operating requirements that must be followed after installation is complete.
  - 4. All required documents including the application must be submitted to:

Kansas City Health Department Air Quality Program 2400 Troost Ave., Suite 3200 Kansas City, Missouri 64108 Environmental.Health@kcmo.org

### **Standard Operating Conditions**

- 1. Total Usage cannot exceed 500 hours per year, per generator.
- 2. Voluntary operation is <u>not</u> authorized. Voluntary operation includes supplying power to remove the facility from the grid ("peak shaving") with or without a request from utility. It also includes supplying power to the grid. Should the operation of the generator change from emergency to voluntary, the facility must notify the Department prior to the change.
- 3. Each Emergency Generator shall be equipped with a non-resettable hour meter.



Air Quality Program 2400 Troost Ave, Suite 3200 Kansas City, MO 64108

Phone: (816) 513-6314 Fax: (816) 513-6290

- 4. Total annual hours of Emergency Generator usage shall be reported to the Department no later than April 1<sup>st</sup> of each year. The report must include the following:
  - Initial meter reading from January 1;
  - Final meter reading from December 31;
  - Total hours of operation for the year;
  - Fuel usage for each generator;
  - Signature from responsible party;
- 5. Diesel fuel shall contain no greater than 0.5% Sulfur by weight (Low Sulfur Died Fuel meets this requirement).
- 6. Maintain copies of fuel delivery bills of lading for five years.

If you have any questions, please contact the Air Quality Program at (816) 513-6314.



Air Quality Program 2400 Troost Ave, Suite 3200 Kansas City, MO 64108

Phone: (816) 513-6314 Fax: (816) 513-6290

# Kansas City Health Department – Air Quality Program Emergency Generator Permit Application

Company Name:		Permit Number:Official use only		
Company address:		Official use only		
Description of Source, Op	peration and Control Device:			
Anticipated Construction	Initiation Date:			
Anticipated Construction	Completion Date:			
Authorized Person:	Please Print	Title:		
Address:				
		Phone:		
<ul><li>2. Submit an annual estin</li><li>3. As set forth in the Kar be issued a construction</li></ul>		inances, Section 8-20(b)(1)a., each company that submits an application to e for the technical review hours of any reviewer at an hourly rate of \$50.00,		
	DO NOT	WRITE BELOW THIS LINE		
<ol><li>Facilities not in compl Health Department's A</li></ol>	Code of Ordinance, Chapter 8, iance with any portion of this pe Air Quality program within 72 h	ermit are required to report the noncompliance to the Kansas City, Missouri		
	ager:			
Date:	Signature:	Naser Jouhari, MIS		

Senior Public Health Manager Environmental Health



Air Quality Program 2400 Troost Ave, Suite 3200 Kansas City, MO 64108

Phone: (816) 513-6314 Fax: (816) 513-6290

# Kansas City Health Department – Air Quality Program Emergency Generator Permit Application

Facility Name:			
Facility Address:			
Generator Information:			
Generator Serial Number			
Make			
Model			
Capacity (kW)			
Fuel Throughput (Gal/Hr)			
Fuel type			
Stack Diameter (in)			
Stack Height, from ground level (ft)			
Distance to closest property boundary (ft)			
Total electricity generating capacity on site (kW):			
Generator Operation (Please specify):		Voluntary**	
Manufacturer's specification attached: YES	SNO		
* Emergency Only: Emergency generators are only all perform maintenance and operational readiness testing interrupted. Usage should not exceed 500 hours annual	g. Emergency situation oc		
** Voluntary: Voluntary operation includes supplying ("Peak Shaving") and supplying power to the grid.	g power to remove facility	from the grid with or wi	thout a request form utility
Lest other combustion sources and fuel type (e.g. 10 M	MMBTU/Hr boiler natura	l gas with #2 fuel oil back	x-up)

Note: On average, around 90% of smaller generator applications can be permitted within one (1) week, assuming complete information is provided. Larger generators used for voluntary or emergency purposes will generally require between 45 and 90 days for permit issuance. Please allow for plenty of time for this process. Critical permits may be able to receive an expedited review on case by case basis.