

DAY	MONTH	YEAR

APPLICANT'S REFERENCE _____

1. IDENTIFICATION

Applicant BA Code _____ Applicant Name _____

2. COMPRESSORS

Install (I) Remove (R)	Compressor Rating	Compressor Driver Power Source		NO _x Emission Rating
		Gas	Electric	
	_____ kW	<input type="checkbox"/>	<input type="checkbox"/>	_____ g/kWh
	_____ kW	<input type="checkbox"/>	<input type="checkbox"/>	_____ g/kWh
	_____ kW	<input type="checkbox"/>	<input type="checkbox"/>	_____ g/kWh
	_____ kW	<input type="checkbox"/>	<input type="checkbox"/>	_____ g/kWh
	_____ kW	<input type="checkbox"/>	<input type="checkbox"/>	_____ g/kWh
	_____ kW	<input type="checkbox"/>	<input type="checkbox"/>	_____ g/kWh
	_____ kW	<input type="checkbox"/>	<input type="checkbox"/>	_____ g/kWh

Total Number of Gas Compressors on Site	Total Number of Electric Compressors on Site	Total on-Site Compressor Wattage
_____	_____	_____ kW

3. PUMPS

Install (I) Remove (R)	Pump Rating	Pump Driver Power Source		No _x Emission Rating
		Gas	Electric	
	_____ kW	<input type="checkbox"/>	<input type="checkbox"/>	_____ g/kWh
	_____ kW	<input type="checkbox"/>	<input type="checkbox"/>	_____ g/kWh
	_____ kW	<input type="checkbox"/>	<input type="checkbox"/>	_____ g/kWh
	_____ kW	<input type="checkbox"/>	<input type="checkbox"/>	_____ g/kWh
	_____ kW	<input type="checkbox"/>	<input type="checkbox"/>	_____ g/kWh
	_____ kW	<input type="checkbox"/>	<input type="checkbox"/>	_____ g/kWh
	_____ kW	<input type="checkbox"/>	<input type="checkbox"/>	_____ g/kWh

Total Number of Gas Pumps on Site	Total Number of Electric Pumps on Site	Total on-Site Pump Wattage
_____	_____	_____ kW

4. TECHNICAL INFORMATION

1a. Night-time permissible sound level (PSL) at the nearest or most impacted residence _____ dBa.

1b. Predicted overall sound level at the nearest or most impacted residence _____ dBa.