

| | | |
|-----|-------|------|
| 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.