



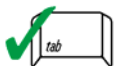
Massachusetts Department of Environmental Protection
Environmental Results Program
Installation Compliance Certification
For New Emergency Engines & Emergency Turbines

Facility Name

MassDEP Facility ID# (if known)

A. Facility Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Facility Location:

Facility Name

Street Address

City

State

Zip Code

Federal Employer ID # (FEIN)

2. Mailing Address and Contact Information:

Street/PO Box:

Email Address

City

State

Zip Code

Telephone Number

Fax Number

Contact Person Name

Contact Person Title

B. Compliance Information

Complete and submit an Initial Compliance Certification form for *each* new emergency engine or emergency turbine that is subject to the Environmental Results Program (ERP) for Emergency Engines or Emergency Turbines (EOT). Answer all questions. **IMPORTANT NOTE:** Answering NO to certain questions requires completion of the Return to Compliance form. In these cases, the notation "RTC" appears next to NO.

	Engine or Turbine	Genset
Manufacturer of Unit		
Model #		
Serial #		
Rated Power Output (Engine or Turbine)		N/A
Electrical Output (Kilowatts)	N/A	
Facility-Designated ID#		
Date Installed (MM/DD/YYYY)		
EPA Certificate # for Unit (Oil-Fired Engines Only)		
Date Operation Commenced (MM/DD/YYYY)		



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B. Compliance Information (continued)

1. Is the new unit an emergency engine? ☐ Yes – Go to Question 3 ☐ No
2. Is your new unit an emergency turbine? ☐ Yes ☐ No
3. Is the primary fuel to be burned natural gas? ☐ Yes ☐ No
4. Is the primary fuel to be burned fuel oil? ☐ Yes ☐ No
5. What is the sulfur content of the fuel oil? _____
Workbook Section 2.2 Parts Per Million (PPM)
- 6a. For emergency engines burning fuel oil, have you attached to this certification a statement from the supplier that your engine has been issued a certificate of conformity by the Administrator of the Environmental Protection Agency pursuant to 40 CFR 89.105 as in effect October 23, 1998 for the applicable emission limitations at the time of installation and is capable of compliance with the emission limitations for the first three years of operation?
Workbook Section 2.1. ☐ Yes ☐ No – RTC
- 6b. For emergency engines burning natural gas, have you attached a letter or other documentation from your supplier that the engine meets the applicable non-road emission limitations that will satisfy the certificate of conformity requirement (See question 5 above) at the time of installation and is capable of compliance with the emission limitations for the first three years of operation?
Workbook Section 2.1. ☐ Yes ☐ No – RTC
7. Are you only accepting delivery of fuel that meets the sulfur content requirements pursuant to 40 CFR 80.29, 40 CFR 80.500, and 40 CFR 520(a) and (b) as in effect January 18, 2001 (i.e. less than 15 ppm sulfur)?
Workbook Section 2.2. ☐ Yes ☐ No – RTC
8. Is your unit equipped with a non-turn back hour counter?
Workbook Section 2.3. ☐ Yes ☐ No – RTC
- 9a. Is your exhaust stack configured to discharge the combustion gases vertically and is not equipped with any part or device that restricts the vertical exhaust flow of the emitted combustion gases, including but not limited to rain protection devices “shanty caps” and “egg beaters”? ☐ Yes ☐ No – RTC
Workbook Section 2.4.



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B. Compliance Information (continued)

- 9b. Have you located your unit such as to minimize emission impacts upon sensitive receptors including, but not limited to, people, windows and doors that open, and building fresh air intakes by employing good air pollution control engineering practices? Such practices include avoiding locations that may be subject to down wash of the exhaust and providing sufficient stack height to minimize flue gas impacts upon sensitive receptors. ☐ Yes ☐ No – RTC

Workbook Section 2.4

For questions 9c and 9d, answer only the question that applies to your unit's power output rating. If your unit is rated at less than 300 kilowatts, skip to Question 12.

- 9c. If your unit has a power output rating of 300 kilowatts or greater but less than one megawatt, is your stack height a minimum of ten feet above the facility rooftop or unit enclosure whichever is lower? ☐ Yes – Go to Question 12 ☐ No – RTC

Workbook Section 2.4

- 9d. If your unit has a power output rating of one megawatt or greater, is the height of your stack at least greater than 1.5 times greater than the height of your building or higher than the height of a structure that is within 5L of the stack (5L being five times the lesser of the height or maximum projected width of the structure)? ☐ Yes – Go to Question 12 ☐ No – Go to Question 10

Workbook Section 2.4

10. If you answered No to Question 9d, have you performed an analysis using an EPA dispersion model to determine that your emissions will not cause a violation of the National Ambient Air Quality Standards? ☐ Yes ☐ No – RTC

*Workbook Section 2.4.
See Appendix 1 for data needs.*

11. Did the analysis demonstrate that the stack emissions do not cause a violation of the National Ambient Air Quality Standards? (Attach a copy of the analysis to this certification form) ☐ Yes ☐ No – RTC

12. Is your unit designed and have you located your unit such that when operated, sound impacts upon sensitive receptors will be minimized and will not cause a condition of air pollution? ☐ Yes ☐ No – RTC

Workbook Section 2.5.



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B. Compliance Information (continued)

13. Has your organization put in place policies, procedures and provided instruction to personnel to assure that the unit will operate not more than 300 hours per 12 month rolling period and only during times of emergency as defined in 310 CMR 7.26(41) and for normal maintenance and testing as recommended by the manufacturer? ☐ Yes ☐ No – RTC

Workbook Section 2.3

14. Has your organization put in place procedures to maintain records as listed in Section 2.6 of the workbook? ☐ Yes ☐ No – RTC

C. Certification Statement

Note: Complete all required forms before signing this statement

"I attest under the pains and penalties of perjury:

- I. That I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;
- II. That, based on my inquiry of those individuals responsible for obtaining the information, the information contained in this submittal is, to the best of my knowledge, true, accurate, and complete;
- III. That systems to maintain compliance are in place at the facility and will be maintained even if processes or operating procedures are changed; and
- IV. That I am fully authorized to make this attestation on behalf of this facility.

I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

Signature _____

Print First Name _____

Print Last Name _____

Title _____

Date of Certification (MM/DD/YYYY) _____

Source of Signatory Authority:

If a Corporation:

☐ President ☐ Secretary

☐ Treasurer ☐ Vice President*

☐ Representative of the above**

* If authorized by corporate

**If authorized by corporate vote and responsible for overall operation of the facility

If a Partnership: ☐ General Partner

If a Sole Proprietorship: ☐ Proprietor

If a Municipality or Public Agency:

☐ Principal Executive Officer

☐ Ranking Elected Official (empowered to enter into contracts on behalf of the municipality or public agency)