

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 <sub>x</sub> 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 <sub>x</sub> 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.