

Directive 056: Schedule 2.4 Facilities – Compressors/Pumps



Submission date: _____

Applicant's reference: _____

1. Identification	
Applicant name: _____	Applicant BA code: _____

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: _____				

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