



# Lincoln-Lancaster County Health Department

## Air Quality Program

### Emergency Generator Construction Permit Application

In accordance with Article 2, Section 17, paragraph (O) of the Lincoln-Lancaster County Air Pollution Control Program Regulations and Standards (LLCAPCPRS), owners/operators who install electric generators for emergency use are eligible to receive a construction permit that is specifically designed for emergency generators. An emergency generator construction permit is only required if the following conditions are met:

1. Total emergency generator capacity for the entire facility meets or exceeds 200 kilowatts (kW) for units combusting fuel oil, liquefied petroleum gas (LPG), or natural gas, OR;
2. Total emergency generator capacity for the entire facility meets or exceeds 19 kW where one of the generators combusts gasoline;
3. The emergency generator is installed on or after November 15, 2009.

To qualify for an emergency generator construction permit, owners/operators of stationary emergency generators must submit their application no later than 30 days prior to installation, and owners/operators of portable generators must submit their application no later than 2 days after installation, except as allowed by the LLCAPCPRS for cases of disasters. In addition, to qualify for an emergency generator construction permit, the owner/operator must also stipulate to the following:

1. Each unit must be equipped with a non-resettable hour meter;
2. For each unit, the owner/operator must limit operation for maintenance and readiness testing to no more than 100 hours per year (unless additional hours are required by manufacturer specifications);
3. For each unit, the owner/operator must limit total hours of operation to no more than 500 hours per, which shall include operation for maintenance and readiness testing;
4. The owner/operator must record total hours of operation, hours of operation for maintenance and readiness testing, any hours of operation for non-emergency purposes (not including operation for maintenance and readiness testing);
5. For units operating on fuel oil, the owner/operator shall combust only fuel oil meeting the following specifications:
  - a. Maximum sulfur content of 15 parts per million (ppm), by weight;
  - b. Either a minimum cetane index of 40, or a maximum aromatic content of 35% by volume.

Owners/operators of portable emergency generators that are relocated to Lancaster County for the sole purpose of addressing an immediate emergency condition, such as natural or man-made disasters, shall not be required to obtain an emergency generator construction permit if the unit will remain operational in Lancaster County for a period of 168 hours (seven days) or less. If the unit will be operated in Lancaster County for a period of more than 7 days, then after the conclusion of the seventh (7<sup>th</sup>) day, the owner/operator will have 24 hours to apply for an emergency generator construction permit. If the owner/operator does not apply for an emergency generator construction permit within that 24 hour period, the owner/operator will be required to apply for a 'full' construction permit.

In the event that an owner/operator no longer wishes to stipulate to the requirements stated above, the owner/operator must apply for a 'full' construction permit in accordance with the requirements of Article 2, Section 17 of the LLCAPCPRS. Within 18 months of issuing a construction permit, the Department may require the owner/operator to submit an application to obtain an operating permit if emissions from the generator exceed the operating permit thresholds in Article 2, Section 5 of the LLCAPCPRS.

If the Department determines that an emergency generator construction permit is appropriate, the Department will issue an emergency generator construction permit within 60 days of receiving the completed application. A billing statement for the emergency generator construction permit will be included with the issued permit. In the event the Department determines that such a permit cannot be granted, a letter explaining the reason(s) for refusal will be sent to the owner/operator. The owner/operator who is denied a permit may provide additional information to support their request. If the Department, after review of this additional information, continues to deny the permit, the owner/operator may appeal the decision to the Director according to the procedures established in Article 1, Section 4 of the LLCAPCPRS.



# Emergency Generator Construction Permit Application

**Lincoln-Lancaster County Health Department**  
 Environmental Public Health Division – Air Quality Program  
 3140 N Street, Lincoln, NE 68510 ph: (402) 441-8040  
[www.lincoln.ne.gov](http://www.lincoln.ne.gov) keyword: air

LLCHD USE ONLY

Facility ID Number

Date Received

Facility/Company Name:			
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Address:	.....		
	Street Address	City	State ZIP Code

Applicant NAICS Code(s):			
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Contact Person Name:			
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Contact Person Information:	Phone #: ( ) -	Fax #: ( ) -
	E-mail:	Title:

Type of Generator(s) Included:	<input type="checkbox"/> Stationary Emergency Generator(s)	<input type="checkbox"/> Portable Emergency Generator(s)
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Type of Fuel(s) Combusted:	<input type="checkbox"/> Diesel / No. 2 Fuel Oil	<input type="checkbox"/> Natural Gas
	<input type="checkbox"/> Liquefied Petroleum Gas (LPG)	<input type="checkbox"/> Gasoline

How many new generators are you applying to obtain a permit for?		What is the combined capacity of all generators at your facility (in kW)?	
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*In order to obtain a construction permit for the generators included in this application, you must agree to operate the generators in accordance with the following conditions (unless condition is not applicable):*

<input type="checkbox"/> Yes <input type="checkbox"/> No	Each generator(s) included in this application will be equipped with a non-resettable hour meter.
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<input type="checkbox"/> Yes <input type="checkbox"/> No	I agree to accept a limit on operation of each emergency generator to no more than 100 hours per year for maintenance and readiness testing purposes, unless additional hours are required by manufacturer specifications.
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<input type="checkbox"/> Yes <input type="checkbox"/> No	I agree to accept a limit on operation of each emergency generator to no more than 500 total hours per year (including the hours of operation for maintenance and readiness testing), or fewer if determined necessary by the Department.
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<input type="checkbox"/> Yes <input type="checkbox"/> No	Records of total hours of operation, hours of operation for maintenance and readiness testing, as well as any hours of operation for non-emergency purposes (other than purposes of maintenance and readiness testing) will be kept on-site.
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<input type="checkbox"/> Yes <input type="checkbox"/> No	I have completed the table on page 3 of this form, and have included a site plan/map indicating the position of all emergency generators, as well as the position of all structures on the property.
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<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<p>I certify that any diesel / No. 2 fuel oil burned will contain no more than 15 ppm sulfur (by weight) and will comply with one the following:</p> <ul style="list-style-type: none"> <li>• Must have a minimum cetane index of 40; or</li> <li>• Must have a maximum aromatic content of 35% by volume.</li> </ul> <p>I have enclosed a copy of the fuel oil supplier certification with this application. (Check not applicable if this is not a diesel or fuel oil-fired engine)</p>
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<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	I certify that, if the generator(s) included in this application will be operated for any purposes other than emergency use and/or maintenance and readiness testing, such operation will be done so in compliance with the applicable definitions and requirements for an 'emergency stationary RICE' set forth in 40 CFR Part 63, Subpart ZZZZ (NESHAP for Stationary Reciprocating Internal Combustion Engines).
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I certify that I meet the requirements of a 'responsible official', and that all statements and information contained in this application are true, and agree to abide by all conditions established by the Health Director.

I certify that I am a citizen of the United States, or that I am a qualified alien under the Federal Immigration and Nationality act, and that I will provide my immigration status, alien number, and USCIS documentation upon request.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

