RECIPIROCATING INTERNAL COMBUSTION ENGINES (NON-EMERGENCY)

To aid the submittal of your application, a checklist is available on the District website for fee schedule 34.

Company Name: ____________________________________________________________

Equipment Address: ________________________________________________________

Reason for submitting application (choose one):

☐ New or Additional Unit
☐ Existing Unpermitted Unit, Date of Installation __________
☐ Replacement of Existing Permitted Unit; Permit#: __________
☐ Modification of Permitted Engine: Permit #: __________
☐ Other (Explain) __________________________________________________________

Proposed installation date if known: __________ Note: if expedited processing was requested, APCD will contact you to discuss scheduling.

A. EQUIPMENT DESCRIPTION

Attach the engine manufacturer's specification sheets.

Engine Mfr.: ______________________ Model: ______________________ S/N: __________

hp Rating: _______________ ☐ EPA or ☐ CARB certified (attach EPA or CARB certificate)

Engine year of manufacture: ________ Engine Family No.: __________________________

Fuel Type and Consumption (at 100% load):

☐ diesel* ☐ gasoline _______________ gal/hr
☐ natural gas ☐ Propane _______________ specify units: ☐ cu. ft. per hour or ☐ gal/hr
☐ Other (Specify): _______________ ____________________________________________

* Diesel fuel must be Certified California Diesel (CARB Diesel).

Engine Equipment (check all that apply):

☐ lean burn ☐ air/fuel controller ☐ pre-chamber combustion
☐ turbocharger ☐ aftercooler ☐ exhaust gas recirculation
☐ 3-way Catalyst* ☐ oxidation catalyst* ☐ diesel particulate filter (dpf)*
☐ other add-on control technology* (specify): __________________________________________

* attach manufacturer's specification for efficiency, and/or ARB verification.

Describe any in-stack emission control, emission monitoring, or parametric monitoring devices:

________________________________________________________

Is the engine equipped with a non-resettable hour meter (required for new engines)? ☐ yes ☐ no
B  PROCESS DESCRIPTION

Engine Drives:  

☐ Compressor __________ cfm  ☐ Pump (direct drive) __________ gpm

☐ Generator __________ kw  ☐ Other (specify) __________

Equipment is:  

☐ Stationary or ☐ Portable

If portable, check all that apply:

☐ The engine will not leave the facility/stationary source.

☐ The engine will operate at various locations/facilities.

☐ The engine will supplement or support an on-going activity of the stationary source.

☐ Engine is used for peak shaving electrical supply or critical peak pricing operations.

☐ Engine is used for cogeneration or combined heat and power (CHP)

Please describe how this engine will be used: ________________________________

______________________________

______________________________

______________________________

______________________________

C.  OPERATING SCHEDULE

<table>
<thead>
<tr>
<th>Hours/day</th>
<th>Hours/week</th>
<th>Hours/year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial commissioning*</td>
<td></td>
<td>Total hours:</td>
</tr>
</tbody>
</table>

* Attach a description of any initial commissioning activities that will require operation without emission controls or with emissions controls not fully functioning.

D.  EMISSIONS (@100% Load). Provide emission rates in either g/bhp-hr or ppmvd.*

<table>
<thead>
<tr>
<th>Pollutant</th>
<th>Grams per horsepower-hour (g/HP-HR)</th>
<th>Part per million by vol. (dry) (ppmvd) at 15% oxygen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbon Monoxides (CO)</td>
<td></td>
<td></td>
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<tr>
<td>Nitrogen Oxides (NOx)</td>
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<td></td>
</tr>
<tr>
<td>Non-Methane Hydrocarbons (NMHC)</td>
<td></td>
<td></td>
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<tr>
<td>Non-Methane Hydrocarbons + (NOx) (NMHC)+(NOx)</td>
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<tr>
<td>Particulate Matter (PM)</td>
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</table>

*Attach manufacturer’s specifications or source of exhaust emission data.
E. RULE 1200 TOXICS EVALUATION:

FACILITY SITE MAP  Attach a map showing the geographic location of your facility. This helps by making it possible for the District to use a Geographic Information System to identify community residents and workers who may be impacted by emissions from your facility.

PLOT PLAN  Attach a facility plot plan or diagram (need not be to scale as long as distances of key features from reference points are shown) showing all of the following: the location of emission point(s) at the facility, property lines, and the location and dimensions of buildings (estimated height, width, and length) that are closer than 100 ft. from the emission point. Annotated aerial photographs are satisfactory. This diagram helps by making it possible for the District to efficiently set-up the inputs for a health risk evaluation. Inaccurate information may adversely affect the outcome of the evaluation.

Ducted or Stack Emissions  (For 1 or more emission points). Estimate values if you are unsure.

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Point #1</th>
<th>Point #2</th>
<th>Point #3</th>
<th>Point #4</th>
<th>Point #5</th>
<th>Point #6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height of Exhaust above ground (ft)</td>
<td></td>
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<tr>
<td>Stack Diameter (or length/width) (ft)</td>
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<tr>
<td>Exhaust Gas Temperature(^1) (°F)</td>
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<td>Exhaust Gas Flow (actual cfm or fps)</td>
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<td>Is Exhaust Vertical (Yes or No)(^2)</td>
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<tr>
<td>Raincap? (None, Flapper Valve, Raincap)(^2)</td>
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<tr>
<td>Distance to Property Line (+/- 10 ft)</td>
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</tbody>
</table>

1. Use “70 °F” or “Ambient” if unknown
2. Non-vertical exhaust configurations and fixed raincaps interfere with pollutant dispersion and may negatively impact HRA results

RECEPTOR DATA  A receptor is a residence or business whose occupants could be exposed to toxic emissions from your facility. In order to estimate the risk to nearby receptors, please provide the distance from the emission point to the nearest residence and to the nearest business.

Distance to nearest residence ________ ft
Distance to nearest business ________ ft
Distance to nearest school ________ ft

Name of Preparer: ___________________________  Title: ___________________________

Phone No.: (____) __________   E-mail: ___________________________  Date: __________

NOTE TO APPLICANT:

Before acting on an application for Authority to Construct or Permit to Operate, the District may require further information, plans, or specifications. Forms with insufficient information may be returned to the applicant for completion, which will cause a delay in application processing and may increase processing fees. The applicant should correspond with equipment and material manufacturers to obtain the information requested on this supplemental form prior to submittal of this application.