

SAN DIEGO AIR POLLUTION CONTROL DISTRICT

**SUPPLEMENTAL APPLICATION
INFORMATION**

**FEE SCHEDULE
34A-J**

San Diego APCD Use Only

Appl. No.:

ID No.:

INTERNAL COMBUSTION ENGINES

1 **Company Name:** _____

2 **Equipment Address:** _____

3 _____

4 Reason for submitting application:

5 Existing Unit, Date of Installation _____ Compliance with 2004 Diesel Engine ATCM

6 Replacement of Existing Unit; New or Additional Unit

7 **A. EQUIPMENT DESCRIPTION**

8 Engine Mfr.: _____ Model: _____ S/N: _____

9 Engine hp Rating: _____ Fuel Type: diesel* natural gas gasoline

10 Combination of fuels (specify) _____

11 Engine Equipment: turbocharger aftercooler 4-degree retard of fuel injection

12 exhaust gas recirculation lean burn

13 pre-chamber combustion air/fuel controller

14 diesel particulate filter (attach manufacturer's specification for efficiency, and/or
15 ARB verification.)

16 other add-on control technology (attach manufacturer's specification for efficiency,
17 and/or ARB verification.)

18 (Specify) _____

19 crankcase (blow-by) emission control equipment

20 (Specify) _____ Model _____

21 Describe any in stack emission control and/or monitoring devices. (i.e., catalytic converter)

22 _____

23 _____

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

24 **B. PROCESS DESCRIPTION**

25 Engine Drives: compressor _____ cfm pump _____ gpm

26 generator _____ kw other (specify) _____

27 Equipment is: portable stationary continuous service

28 peak shaving electrical supply cogeneration

29 emergency electrical supply used at any time

30 _____

30 **C. OPERATING SCHEDULE** (typical)

	Hours/day	Days/week	Weeks/year
Average			
Maximum			

Equipped with a non-resettable hour meter? yes no

31 **D. FUEL CONSUMPTION AND EMISSIONS** (@100% Load)

32 Liquid Fuel: _____ gal/hr _____ gal/wk _____ gal/yr

33 Gaseous Fuel: _____ gal/hr _____ gal/wk _____ gal/yr

34 _____/hr _____/wk _____/yr

Exhaust Emission*:	LB/HR	g/HP-HR	g/HR	PPM
Carbon Monoxides (CO)				
Nitrogen Oxides (NOx)				
Hydrocarbons (HC) (Non CH4)				
Sulfur Oxides (SOx) @ 12% CO2				
Particulate Matter (PM)				

35 *Please attach manufacturer's specifications or source of exhaust emission data.

36 Exhaust Temperature _____ °F

37 Fuel Supplier: _____

38 Fuel Sulfur Content: _____ % Sulfur (% wt. as S. (Liquid Fuel))

39 Fuel Sulfur Content: _____ % Sulfur (% vol. as H2S (Gaseous Fuel))

40 Engine year of manufacture: _____

41 CARB Certification No.: _____

42 EPA Certification No.: _____

43 **E. RULE 1200 TOXICS EVALUATION:**

44 **FACILITY SITE MAP** Please provide a copy of a **Thomas Bros. Map** showing the geographic location of your
 45 facility. This helps by making it possible for the District to use a Geographic Information System to identify community
 46 residents and workers who may be impacted by emissions from your facility.

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

52 **EMISSION POINT DATA** Determine if your emission source(s) are ducted sources or if they are unducted/fugitive
 53 sources and provide the necessary data below. (**Examples** of commonly encountered emission points: **Ducted or Stack**
 54 **Emissions** - an exhaust pipe or stack, a roof ventilation duct; **Unducted Emissions** - anything not emitted through a duct,
 55 pipe, or stack, for instance, an open window or an outdoor area or volume.)
 56

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

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

* Use "70 °F" or "Ambient" if unknown

57 **2. Unducted Emissions** (For 1 or more emission points). Estimate if you are unsure.

58 **Describe how unducted gases, vapors, and/or particles get into the outside air.** Provide a brief description of the
 59 process or operation for each unducted emission point. If unducted emissions come out of building openings such as
 60 doors or windows, estimate the **size of the opening** (example – 3 ft x 4 ft window).

61 If unducted emissions originate outside your buildings, estimate the **size of the emission zone** (example - paint
 62 spraying 2' x 2' x 2' bread boxes).

63 _____

64 _____

65 _____

66 _____

67 _____

68 _____

69 _____

70 _____

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

74 Distance to nearest residence _____ ft

75 Distance to nearest business _____ ft

76 Distance to nearest school _____ft

77 **Name of Preparer:** _____ **Title:** _____

78 **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.