NOTE TO ENGINE OWNER OR OPERATOR:
The California Airborne Toxic Control Measure (ATCM) for Stationary Compression Ignition Engines (Title 13 CCR, Section 93115) requires the information requested in this form to be submitted by **July 1, 2005**. Failure to submit the required information is in a violation of an ATCM requirement and may result in fines or penalties.

| Company Name: ________________________________ | Contact Phone Number: ____________________ |
| Contact Name: ________________________________ | Contact Address: ____________________________ |
| Contact E-mail Address: ________________________ | Engine PO No.: _____________________________ |

| Engine Address: ________________________________ |

### A. EQUIPMENT DESCRIPTION

- **Engine Mfr.**: ____________________________  **Model**: ____________________________  **S/N**: ________________________
- **Engine hp Rating**: ________________________  **Engine Family No.**: ________________________
- **Engine Model Year**: ________________________ or approximate age is unable to determine ____________
- **Engine Equipment**:
  - [ ] turbocharger
  - [ ] aftercooler
  - [ ] injection timing retard
  - [ ] exhaust gas recirculation
  - [ ] selective catalytic reduction
  - [ ] pre-chamber combustion
  - [ ] crankcase control equipment
  - [ ] diesel particulate filter
  - [ ] other add-on control technology (Specify) ____________________

### B. FUEL INFORMATION

- **Fuel Type**:
  - [ ] CARB diesel
  - [ ] jet fuel
  - [ ] alternative fuel (specify) ________________________
  - [ ] alternative diesel fuel (specify) ________________________
  - [ ] dual fuel (specify) ________________________
  - [ ] Other (specify): ________________________

### C. OPERATIONAL INFORMATION

- **Engine Drives**:
  - [ ] compressor
  - [ ] pump
  - [ ] generator
  - [ ] other (specify) ________________________
- **Typical Load**: ______(percent of maximum bhp rating)
- **Typical annual hours of operation**: ________________________
- **If seasonal, months of year operated ______ and hours per month operated ______**
D. FUEL CONSUMPTION AND EMISSIONS (if available)

Liquid Fuel: ________ gal/hr at ________ % load

Gaseous Fuel: ________ MMBtu at ________ % load (for dual fueled engines only)

<table>
<thead>
<tr>
<th>Exhaust Emissions:</th>
<th>g/HP-HR</th>
<th>g/KW-HR</th>
<th>lb/hr</th>
<th>g/hr</th>
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</thead>
<tbody>
<tr>
<td>Particulate Matter (PM)</td>
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<tr>
<td>Nitrogen Oxides (NOx)</td>
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<tr>
<td>Hydrocarbons (HC) (Non CH4)</td>
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<tr>
<td>Non Methane HC (NMHC)+ NOx</td>
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<tr>
<td>Carbon Monoxides (CO)</td>
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</tbody>
</table>

*Attach the basis for fuel usage and exhaust emission data (e.g. manufacturer’s data, source test, etc.)

E. MODELING AND RECEPTOR DATA

Exhaust stack height ________ feet (measure from the ground to the top of the stack)

Diameter of stack outlet ________ inches

Direction of stack outlet: □ horizontal □ vertical

End of stack: □ capped □ open

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 engine stack to the nearest receptor and to the nearest school grounds.

Distance to nearest receptor ________ ft Description receptor __________________________

Distance to nearest school grounds □ < 100 ft □ 100-500 ft □ 500-1000 ft □ > 1000 ft

Name of Preparer: ___________________________ Title: ___________________________

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