

DISTRICT HEADQUARTERS

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TRUCKEE FIELD OFFICE

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QUINCY FIELD OFFICE

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**INTERNAL COMBUSTION ENGINE (ICE) SUPPLEMENTAL FORM**

*(A Permit Application Form should ALWAYS accompany this form)*

1. Business Name: \_\_\_\_\_
2. Do you claim confidentiality of data?  Yes *(attach explanation)*  No
3. Is the equipment located within 1,000 feet from the outer boundary of a school?
  - a.  Yes  No
  - b. School Name: \_\_\_\_\_ Phone #(s): \_\_\_\_\_  
 School Address: \_\_\_\_\_  
*(Information for additional schools should be supplied on a separate page)*
4. Distance to nearest residential or business property line: \_\_\_\_\_ feet  Residence  Business
5. Proposed Usage Category:  Emergency / Standby  Continuous / Regular
6. ICE Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_ Model Year: \_\_\_\_\_
7. ICE size (manufacturer's maximum power rating): \_\_\_\_\_ BHP @ \_\_\_\_\_ RPM  
 Cylinder Displacement: \_\_\_\_\_ cubic inches
8. EPA Engine Family: \_\_\_\_\_ or CARB Executive Order #: U- - -
9. ICE Function (check all that apply):
 

a. <input type="checkbox"/> Electrical Generator	f. <input type="checkbox"/> Pump Driver
b. <input type="checkbox"/> Compressor Driver	g. <input type="checkbox"/> Rental
c. <input type="checkbox"/> Cogeneration (describe on separate sheet of paper)	h. <input type="checkbox"/> Portable
d. <input type="checkbox"/> Fire Pump	i. <input type="checkbox"/> Other
e. <input type="checkbox"/> Flood Control	
10. Fuel Information (check all that apply):
 

a. <input type="checkbox"/> Natural Gas	e. <input type="checkbox"/> Digester Gas
b. <input type="checkbox"/> Diesel Oil	f. <input type="checkbox"/> Landfill Gas
c. <input type="checkbox"/> Propane	g. <input type="checkbox"/> Other _____
d. <input type="checkbox"/> Gasoline	
11. Fuel Consumption Rate:
  - a. Maximum: \_\_\_\_\_ gal/hr Average: \_\_\_\_\_ gal/hr

12. Operating Schedule:

Normal: \_\_\_\_\_ hrs/day \_\_\_\_\_ days/week \_\_\_\_\_ weeks/year

Maximum: \_\_\_\_\_ hrs/day \_\_\_\_\_ days/week \_\_\_\_\_ weeks/year

13.  For standby ICEs only, hours operated annually for testing & maintenance: \_\_\_\_\_ hrs/year

14. Emissions Data:

Pollutants	Maximum Emissions Before Control			Maximum Emissions After Control		
	gm/bhp-hr	PPM <sup>1</sup>	lb/hr	gm/bhp-hr	PPM <sup>1</sup>	lb/hr
ROG						
NOx						
SOx						
CO						
PM						

The above information is submitted to describe the design and use of the equipment for which application for permit is being made.

Name: \_\_\_\_\_  
Printed Name
*Signature*

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Space (for clarifications, explanations, etc.)**