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INTERNAL COMBUSTION ENGINE (ICE) SUPPLEMENTAL FORM

Section I – Facility Information

1. Business Name: _____ Facility ID: _____
2. Do you claim confidentiality of data? a. Yes (attach explanation) b. No
3. Is the equipment located within 1,000 feet from the outer boundary of a school?
 - a. Yes (complete c. for **all** schools, K-12, within ¼ mile radius of facility property)
 - b. No
 - c. 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

Section II – Equipment Information

5. Proposed Usage Category: a. Emergency / Standby b. Continuous / Regular
6. Serial Number: Generator: _____ Engine: _____ Combination: _____
7. ICE Manufacturer: _____ Model #: _____ Model Year: _____
8. ICE size (manufacturer’s maximum power rating): _____ BHP @ _____ RPM
 kW: _____ Cylinder Displacement: _____ cubic inches
9. EPA Engine Family: _____ or CARB Executive Order #: U- - -
10. 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	

If ICE is a fire pump driver, is ICE Underwriters Laboratories (U.L.) Listed? Yes No

Fuel Information (check all that apply):

- Air to Fuel Ratio: _____
- | | |
|---|--|
| 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 | |

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12. Cycle Type: a. Two Cycle b. Four Cycle
13. Combustion Type: a. Lean Burn b. Rich Burn
14. Aspiration:
 a. Turbocharged c. Naturally Aspirated
 b. Turbocharged / Aftercooled d. Timing Retarded $\geq 4^\circ$ (relative to standard timing)

Section III – Operation Information

15. Fuel Consumption Rate:
 a. Maximum Rated Load: _____ gal/hr or _____ cubic feet/hour
 b. Average Load: _____ gal/hr or _____ cubic feet/hour
 Source of fuel consumption information: _____
16. Is ICE connected to Emission Control Device? Yes No
 If Yes and permitted, provide NSAQMD Permit # or Device #(s) of control equipment: _____
 If Yes and unpermitted, describe in Section VI by including type of control equipment, manufacturer, and model number. Attach manufacturer’s catalog and manufacturer’s guarantee of emissions after the control device and / or control efficiency.
17. Operating Schedule:
 Normal: _____ hrs/day _____ days/week _____ weeks/year
 Maximum: _____ hrs/day _____ days/week _____ weeks/year
18. For standby ICEs only, hours operated annually for testing & maintenance: _____ hrs/year

Section IV – Additional Information (optional – may expedite permitting):

19. Emissions Data:

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

¹ Dry and corrected to 15% oxygen

- Manufacturer Emission Data Attached EPA Emission Factors
 CARB / AQMD Certified Data Source Test Data (attach Source Test results)

20. Stack or Vent Data:

Exhaust Temperature: _____ °F Exhaust Pressure: _____ inches of water column
 Exhaust Flow Rate: _____ cfm Oxygen Level: _____ %

