

DISTRICT HEADQUARTERS

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NORTHERN 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 #: _____
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		
	g/bhp-hr	ppm	lb/hr	g/bhp-hr	ppm	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.)

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