DISTRICT HEADQUARTERS 200 Litton Drive, Suite 320

Grass Valley, CA 95945 (530) 274-9360 / FAX: (530) 274-7546 email: office@myairdistrict.com or www.myairdistrict.com NORTHERN FIELD OFFICE 257 E. Sierra, Unit E Mailing Address: P.O. Box 2227 Portola, CA 96122 (530) 832-0102 / FAX: (530) 832-0101 email: <u>office@myairdistrict.com</u> or www.myairdistrict.com

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							
З. а.	Is the equipment located within 1,000 feet from the outer boundary of a school?							
b.	School Name: Phone #(s):							
	School Address:							
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.a.Electrical Generatorb.Compressor Driverg.Rentalc.Cogeneration (describe on separate sheet of paper)h.Portablei.Othere.Flood Control							
10.	Fuel Information (check all that apply):							
	a. Natural Gas e. Digester Gas b. Diesel Oil f. Landfill Gas c. Propane g. Other d. Gasoline							
11.	Fuel Consumption Rate:							
	a. Maximum: gal/hr Average: gal/hr							

INTERNAL COMBUSTION ENGINE (ICE) SUPPLEMENTAL FORM Page 2:

12. Operating Schedule:

Normal:	hrs/d	ay	_ 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:

	Maximum Emissions Before Control			Maximum Emissions After Control		
Pollutants	g/bhp-hr	ppm	lb/hr	g/bhp-hr	ppm	lb/hr
ROG						
NOx						
SOx						
СО						
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.)

Revised 03/01/13