

**San Joaquin Valley Air Pollution Control District
Supplemental Application Form**

Emergency/Low-Use IC Engines for Non-Agricultural Operations

Please complete one form for each engine.

This form must be accompanied by a completed Application for Authority to Construct and Permit to Operate form

PERMIT TO BE ISSUED TO:
LOCATION WHERE THE EQUIPMENT WILL BE OPERATED:

EQUIPMENT DESCRIPTION

Engine Details	Engine Manufacturer:		Number of Cylinders:	
	Engine Model:		Engine Year of Manufacture:	
	Engine Serial Number:		Engine Tier Rating:	
	Engine Certification Family Number:			
	Engine's Type of Combustion: <input type="checkbox"/> Rich-Burn <input type="checkbox"/> Lean-Burn <input type="checkbox"/> 4-Stroke <input type="checkbox"/> 2-Stroke			
	Engine Manufacturer's Maximum Rated Power Output (per the data plate): _____ bhp			
	Engine's Rated Power Output for the Process the Engine Serves: _____ bhp			
Process Data	Process the Engine Serves:			
	Electrical Power Generation Only	Generator Manufacturer:		Model:
		Power Output: _____ kW		
Will this equipment be used in an electric utility rate reduction program? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Fuel Data	Fuel Type: <input type="checkbox"/> Diesel <input type="checkbox"/> Natural Gas <input type="checkbox"/> LPG/Propane <input type="checkbox"/> Gasoline <input type="checkbox"/> Other: _____			
	For "Other" fuels only: Higher Heating Value: _____ Btu/scf, or _____ Btu/gal, For "Other" fuels only: An Ultimate Fuel Analysis or the combustion F-Factor _____ dscf/MMBtu			
	Sulfur Content: _____ gr/100 scf (gaseous fuel) or _____ % by weight (liquid fuel)			
	Fuel Consumption at Maximum Rated Output: _____ gal/hr, or _____ scf/hr			
Rule 4702 Type of Use	<input type="checkbox"/> Emergency Standby - Limited exclusively to power primary mechanical or an electrical generator during periods of unscheduled power outages beyond the control of the operator, and limited from 20 to 100 hrs/yr (depending on the engine's PM ₁₀ emission factor) for maintenance and testing purposes only. <input type="checkbox"/> This engine is specifically used to power a pump for a municipal water supply. <input type="checkbox"/> I request the higher opacity limit of 40% with the corresponding operational limits of 30 minutes per week and 2 hours per month for maintenance and testing. (CH&SC 41701.6) <input type="checkbox"/> I request the lower opacity limit of 20%. <input type="checkbox"/> This engine is specifically used to provide power at a health care facility. (CH&SC 1250) <input type="checkbox"/> This engine is subject to Office of Statewide Health Planning and Development (OSHPD) requirements. <input type="checkbox"/> Special Case Emergency - Limited exclusively to preserve or protect property, human life, or public health during a disaster or a state emergency (e.g. fire or flood) and limited to 20 to 100 hrs/yr (depending on the engine's PM ₁₀ emission factor) for maintenance and testing purposes only. <input type="checkbox"/> This engine is specifically used to power a direct-drive firewater pump. <input type="checkbox"/> This firewater pump engine is subject to National Fire Protection Association (NFPA) requirements. <input type="checkbox"/> Low Use - Limited to ≤ 200 hrs/yr of operation for ALL purposes combined, including maintenance and testing.			

Hour Meter	Note: All engines are required to have either a nonresettable elapsed time meter or an alternate device, method, or technique, approved by the APCO, for determining elapsed operating time.	
	<input type="checkbox"/> Equipped with a Nonresettable Elapsed Operating Time Meter	<input type="checkbox"/> Alternate Method (please provide details): _____

EMISSIONS CONTROL

Emissions Control Equipment (Check all that apply)	<input type="checkbox"/> Positive Crankcase Ventilation	<input type="checkbox"/> 90% Efficient crankcase emission control device
	<input type="checkbox"/> Turbocharger	<input type="checkbox"/> Intercooler/Aftercooler
	<input type="checkbox"/> Automatic Air/Fuel Ratio or O ₂ Controller - Manufacturer: _____	
	<input type="checkbox"/> Non-Selective Catalytic Reduction: Manufacturer: _____ Model: _____	
	Control Efficiencies: NO _x _____ %, SO _x _____ %, PM ₁₀ _____ %, CO _____ %, VOC _____ %	
	<input type="checkbox"/> Particulate Filter - Manufacturer: _____ Model: _____ Control Efficiency: _____ %	
<input type="checkbox"/> Other (please specify): _____		

EMISSIONS DATA

Note: See District BACT and District Rule 4702 requirements for applicability to proposed engine at http://www.valleyair.org/busind/pto/bact/chapter3.pdf and http://www.valleyair.org/rules/currentrules/r4702.pdf .				
Emissions Data	Pollutant	(g/bhp-hr)	(g/kW-hr)	(ppmvd)
	Nitrogen Oxides (NO _x)			
	Volatile Organic Compounds (VOC)			
	NO _x + NMHC			
	Particulate Matter (PM ₁₀)			
	Carbon Monoxide			
% O ₂ , dry basis, if corrected to other than 15%: _____ %				
Source of Data	<input type="checkbox"/> Manufacturer's Specifications <input type="checkbox"/> Emissions Source Test <input type="checkbox"/> CARB/EPA Certification <input type="checkbox"/> Other _____ Note: please provide copies of all sources of emissions data.			

HEALTH RISK ASSESSMENT DATA

Operating Hours	Maximum Operating Schedule: _____ hours per day, and _____ hours per year		
Receptor Data	Distance to nearest Residence	_____ feet	Distance is measured from the proposed stack location to the nearest boundary of the nearest apartment, house, dormitory, etc.
	Direction to nearest Residence	_____	Direction from the stack to the receptor, i.e. Northeast or South.
	Distance to nearest Business	_____ feet	Distance is measured from the proposed stack location to the nearest boundary of the nearest office building, factory, store, etc.
	Direction to nearest Business	_____	Direction from the stack to the receptor, i.e. North or Southwest.
Stack Parameters	Release Height	_____ feet above grade	
	Stack Diameter	_____ inches at point of release	
	Rain Cap	<input type="checkbox"/> Flapper-type <input type="checkbox"/> Fixed-type <input type="checkbox"/> None <input type="checkbox"/> Other: _____	
	Direction of Flow	<input type="checkbox"/> Vertically Upward <input type="checkbox"/> Horizontal <input type="checkbox"/> Other: _____ ° from vert. or _____ ° from horiz.	
Exhaust Data	Flowrate: _____ acfm	Temperature: _____ °F	
Transportable	Is this engine transportable? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: This is used for health risk assessment purposes only.		
Facility Location	<input type="checkbox"/> Urban (area of dense population) <input type="checkbox"/> Rural (area of sparse population)		