

INTERNAL COMBUSTION ENGINE (ICE) SUPPLEMENTAL FORM

Section I - Facility/Owner Information

- 1.1. **Business Name:** _____
- 1.2. **Contact Name:** _____
- Phone No.: _____ Fax No.: _____ E-mail: _____
- Address: _____
- 1.3. **Address of Engine:** _____
- 1.4. **FRAQMD Permit No.:** _____ (if unknown, leave blank)
- 1.5. Do you claim confidentiality of data? No Yes (attach explanation)

Section II - General Equipment Information (Complete all items to the best of your ability)

- 2.1. **Internal Combustion Engine (ICE) Type (Check all that apply) :**
- Non-emergency (Prime) Emergency Low-use Portable
- 2.2. **Engine Manufacturer:** _____ **Engine Model:** _____
- 2.3. **Engine Family:** _____ **Serial Number:** _____
- 2.4. **Year of Manufacture:** _____ **Year of Installation:** _____
- 2.5. **ICE Size (Manufacturer Maximum Rating) :** _____ BHP @ _____ RPM
- 2.6. **ICE Function:**
- Electrical Generator Compressor Driver Pump Driver Fire Pump Driver
- Tub Grinder Driver Cogeneration Other(specify) : _____
- If ICE is a Fire Pump Driver, is ICE Underwriters Laboratories (U.L.) listed? Yes No
- 2.7. **Fuel Information:**
- CARB Diesel Natural Gas Propane/LPG Gasoline Digester Gas
- Landfill Gas Other Fuel: _____ If Dual Fuel: _____
- 2.8. **Engine Type:** Compression Ignition Spark Ignited Rich Burn Spark Ignited Lean Burn
- 2.9. **Engine Meter :** Hour Meter Dedicated Fuel Meter None
- 2.10. **Engine Specifications (Check all that apply) :**
- Naturally Aspirated Turbocharged After-cooled Injection Timing Retarded
- Two Cycle Four Cycle Other (specify): _____

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Section II - General Equipment Information (Complete all items to the best of your ability)

2.11. Is ICE connected to an Emission Control Device(s)? No Yes: _____

If Yes, attach description of type of control equipment, Manufacturer's Name, Model Number, Catalog, Guarantee of Emissions after the control equipment, and Control Efficiency.

2.12. Stack Data

Exhaust Stack Height from Ground: _____ feet Diameter of Stack Outlet: _____ feet

Direction of Outlet: Horizontal or Vertical End of Stack: Open or Capped

2.13. Vent Data:

Exhaust Temperature: _____ °F Exhaust Pressure: _____ inches of water column

Exhaust Flow Rate: _____ scfm Oxygen Concentration Level: _____ Volume %

Section III - Operation Information

3.1. Describe the General Use of the Engine:

3.2. Fuel Consumption Rate:

At Maximum Rated Load: _____ gal / hr At Average Rated Load: _____ gal / hr

3.3. Typical load (Percent of Maximum Bhp rating): _____

3.4. Emission Data: (if unknown, leave blank)

Pollutants	Maximum Emissions before Control Device			Maximum Emissions after Control Device		
	gm / bhp	lb / hour	ppmv ⁽¹⁾	gm / bhp	lb / hour	ppmv ⁽¹⁾
NMHC	_____	_____	_____	_____	_____	_____
NOx	_____	_____	_____	_____	_____	_____
CO	_____	_____	_____	_____	_____	_____
PM10	_____	_____	_____	_____	_____	_____
SOx	_____	_____	_____	_____	_____	_____

NOTE ⁽¹⁾ - DRY, CORRECTED TO 15% O₂.

3.5. Source of Emission Data:

Attached Manufacturer Emission Data Attached Source Test Results Attached AP-42 Data

Attached Other (specify) _____

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Section III - Operation Information

3.6. Operating Schedule: Q1 Q2 Q3 Q4
Maximum: _____ hours / day _____ hours / qtr _____ hours / year
Average: _____ hours / day _____ hours / qtr _____ hours / year
For Emergency ICEs only, indicate hours operated annually for testing and maintenance in hour / year _____

3.7. Is the engine included in an existing AB2588 emission inventory? Yes No

Section IV – Receptor Information

4.1. Description of Nearest Receptor (i.e. Residential Area, business, school, etc.): _____
4.2. Facility Distance to the Nearest Receptor: _____ feet
4.3. Name of Nearest School (K-12): _____
4.4. Facility Distance to the Nearest School: _____ feet

If the facility is within 1,000 feet of a school site, and if the application will result in an increase in hazardous emissions, a public notice will be required at the expense of the applicant. (CH&S 42301.6)

Section V - Applicant Certification Statement

THE ABOVE INFORMATION IS SUBMITTED TO DESCRIBE THE DESIGN AND USE OF THE EQUIPMENT FOR WHICH APPLICATION FOR AUTHORITY TO CONSTRUCT IS BEING MADE.

SIGNATURE OF RESPONSIBLE

OFFICIAL OF FIRM: _____ DATE: ____ / ____ / ____

TYPE OR PRINT NAME AND OFFICIAL TITLE OF PERSON SIGNING THIS DATA FORM

NAME: _____ TITLE: _____