

## Feather River Air Quality Management District

### Form 2 – Agricultural Engine Supplemental Form

**Directions: Please fill out one (1) Agricultural Engine Supplemental Form for each engine being registered.**

|   |  |  |  |
|---|--|--|--|
| 1) Owner/Operator/Company Name:   |  |  |  |
| 2) Manufacturer's Maximum Brake Horsepower:   |  | _____HP @ _____RPM   |  |
| 3) Engine Manufacturer:   |  | 4) Engine Model:   |  |
| 5) EPA Engine Family:   |  | 6) Engine Serial Number:   |  |
| 7) Year of Manufacture:   | (or approximate age of engine _____ yrs old)   |  |  |
| 8) Engine Tier:   | <input type="checkbox"/> Tier 0 (non-certified / pre-1996) <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3 <input type="checkbox"/> Tier 4 |  |  |
| 9) Date of Initial Installation or Date of Proposed Installation:   |  |  |  |
| 10) Have you owned and/or operated this engine since March 1, 2008?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| 11) Fuel Type and Estimated Usage:  |  | <input type="checkbox"/> CARB Diesel <input type="checkbox"/> Other - Please specify: _____<br>_____Gallons/Year    _____Hours of Operation/year                 |  |
| 12) Equipped with an hour meter or fuel flow meter?   |  | <input type="checkbox"/> Hour Meter <input type="checkbox"/> Fuel Flow Meter   |  |
| 13) Work Performed:   |  | <input type="checkbox"/> Generator Set <input type="checkbox"/> Water Pump Drive <input type="checkbox"/> Compressor Drive <input type="checkbox"/> Other: _____ |  |
| 14) Location of Operation (Supply at least one of the following):   |  |  |  |
| <input type="checkbox"/> Latitude/Longitude:                    Northing - _____ deg. _____ min _____ sec    OR    Decimal _____<br>Easting - _____ deg. _____ min _____ sec    OR    Decimal _____ |  |  |  |
| <input type="checkbox"/> Universal Trans Meridian (UTM):    Zone 10    _____ E    _____ N   |  |  |  |
| <input type="checkbox"/> PLSS data:    Township: _____ Range: _____ Section: _____  |  |  |  |
| <input type="checkbox"/> Parcel/Plot Number: _____  |  |  |  |
| <input type="checkbox"/> Distance & Direction to Nearest Crossroads: _____  |  |  |  |
| 15) Does the engine operate at more than one location?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| 16) Does the engine operate entirely within Yuba and/or Sutter counties?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No, Please list other counties: _____  |  |
| For the following question:<br>"Residential Area" means three or more permanent residences located anywhere outside the facility's property.  |  |  |  |
| 17) Is the engine operated within 0.5 miles from a residential area, school, or hospital?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| 18) Address/location in which the engine is stored when not in use:   |  |  |  |
| 19) Printed Name of Owner/Operator:   |  | Title:   |  |
| 20) Signature of Owner/Operator:  |  | Date:  |  |