



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



# Full-Time Compression-Ignited IC Engines for Non-Agricultural Operations

Please complete one form for each engine.

*This form must be accompanied by a completed Authority to Construct/Permit to Operate Application form*

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

### EQUIPMENT DESCRIPTION

<b>Engine Details</b>	Engine Manufacturer:		Number of Cylinders:	
	Engine Model:		Engine Year Manufactured:	
	Engine Serial Number:		Engine Tier Rating :	
	Engine Certification Family Number:			
	Engine's Type of Combustion: <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			
<b>Process Data</b>	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				
<b>Fuel Data</b>	Fuel Type: <input type="checkbox"/> Diesel <input type="checkbox"/> Other: _____		<input type="checkbox"/> Fuel Meter <input type="checkbox"/> None	
	For "Other" fuels only: Higher Heating Value: _____ Btu/gal			
	Sulfur Content: _____ % by weight			
	Fuel Consumption at Maximum Rated Output: _____ gal/hr			
<b>Rule 4701/4702 Type of Use</b>	<p>Full Time - limited from greater than 200 hrs/yr to full time operation (8,760 hrs/year).</p> <p>Note: Full time engines must monitor operational characteristics recommended by the engine manufacturer or the emissions control system supplier. Please provide details in additional documentation and refer to Section 5.6.2 of Rule 4702 for details (see link in the "Emissions Data" section).</p>			
<b>Hour Meter</b>	<p>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.</p> <p><input type="checkbox"/> Equipped with a Nonresettable Elapsed Operating Time Meter</p> <p><input type="checkbox"/> Alternate Method (please provide details): _____</p>			

## EMISSIONS CONTROL

<b>Emissions Control Equipment</b> (Check all that apply)	<input type="checkbox"/> Positive Crankcase Ventilation System	<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 <sub>2</sub> Controller - Manufacturer: _____	
	<input type="checkbox"/> Selective Catalytic Reduction - Manufacturer: _____ Model: _____ <input type="checkbox"/> Ammonia, <input type="checkbox"/> Urea, <input type="checkbox"/> Other: _____, Reagent slip _____ ppmv @ _____ % O <sub>2</sub>	
	<input type="checkbox"/> Non-Selective Catalytic Reduction - Manufacturer: _____ Model: _____	
	<input type="checkbox"/> Particulate Filter - Manufacturer: _____ Model: _____ Control Efficiencies: NO <sub>x</sub> _____ %, SO <sub>x</sub> _____ %, PM <sub>10</sub> _____ %, CO _____ %, VOC _____ %	
<input type="checkbox"/> Other (please specify): _____		

## EMISSIONS DATA

Note: See District BACT and District Rules 4701 and 4702 requirements for applicability to proposed engine at <a href="http://www.valleyair.org/busind/pto/bact/chapter3.pdf">http://www.valleyair.org/busind/pto/bact/chapter3.pdf</a> , <a href="http://www.valleyair.org/rules/curnrules/r4701.pdf">http://www.valleyair.org/rules/curnrules/r4701.pdf</a> , and <a href="http://www.valleyair.org/rules/curnrules/r4702.pdf">http://www.valleyair.org/rules/curnrules/r4702.pdf</a> .							
<b>Primary Fuel Emissions Data</b>	Operational Mode	Steady State		Start-up		Shutdown	
		(ppmvd)	(g/hp-hr)	(ppmvd)	(lb/hr)	(ppmvd)	(lb/hr)
	Nitrogen Oxides						
	Particulate Matter (PM <sub>10</sub> )						
	Carbon Monoxide						
	Volatile Organic Compounds						
Duration (please provide justification)				_____ hr/day	_____ hr/yr	_____ hr/day	_____ hr/yr
% O <sub>2</sub> , dry basis, if corrected to other than 15%: _____ %							
<b>Source of Data</b>	<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.						

## INSPECTION AND MONITORING

<b>Inspection and Monitoring Provisions</b>	Note: All engines (except for certified engines that have <u>not</u> been retrofitted with an exhaust control device) must submit for APCO approval, an Inspection and Monitoring (I&M) plan that specifies all actions to be taken for the plan. Please provide details in additional documentation and refer to Section 6.5 of Rule 4702 for details (see link in previous section).
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## HEALTH RISK ASSESSMENT DATA

<b>Operating Hours</b>	Maximum Operating Schedule: _____ hours per day, and _____ hours per year		
<b>Receptor Data</b>	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.
<b>Stack Parameters</b>	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.	
<b>Exhaust Data</b>	Flowrate: _____ acfm	Temperature: _____ °F	
<b>Transportable</b>	Is this engine transportable? <input type="checkbox"/> Yes <input type="checkbox"/> No    Note: This is used for health risk assessment purposes only.		
<b>Facility Location</b>	<input type="checkbox"/> Urban (area of dense population) <input type="checkbox"/> Rural (area of sparse population)		