

DISTRICT HEADQUARTERS

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TRUCKEE FIELD OFFICE

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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

3. Is the equipment located within 1,000 feet from the outer boundary of a school?

a. Yes No

b. School Name: _____ Phone #(s): _____

School Address: _____

(Information for additional schools should be supplied on a separate page)

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 #: U- - -

9. ICE Function (check all that apply):

a. Electrical Generator

b. Compressor Driver

c. Cogeneration (describe on separate sheet of paper)

d. Fire Pump

e. Flood Control

f. Pump Driver

g. Rental

h. Portable

i. Other

10. Fuel Information (check all that apply):

a. Natural Gas

b. Diesel Oil

c. Propane

d. Gasoline

e. Digester Gas

f. Landfill Gas

g. Other _____

11. Fuel Consumption Rate:

a. Maximum: _____ gal/hr Average: _____ gal/hr

12. Operating Schedule:

Normal: _____ hrs/day _____ 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:

Pollutants	Maximum Emissions Before Control			Maximum Emissions After Control		
	gm/bhp-hr	PPM ¹	lb/hr	gm/bhp-hr	PPM ¹	lb/hr
ROG						
NOx						
SOx						
CO						
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.)
