



AIR QUALITY MANAGEMENT DISTRICT

306 EAST GOBBI STREET
UKIAH, CA 95482
(707) 463-4354
www.mendoair.org

AIR QUALITY APPLICATION FORM # 207.23

Section I TYPE OF APPLICATION

<input type="checkbox"/> Authority to Construct	<input type="checkbox"/> Transfer of Location	<input type="checkbox"/> Registration of Equipment
<input type="checkbox"/> Permit for Existing Equipment	<input type="checkbox"/> Transfer of Ownership	<input type="checkbox"/> Modification of Permit-
<input type="checkbox"/> Permit Update		Previous Application # _____

Section II APPLICATION INSTRUCTIONS (Also review List & Criteria)

- A. This application must be filled out completely with all statements answered. Please type or print in black or blue ink. For permitting assistance please call the District office at 707-463-4354.
- B. Applications must be accompanied by one copy of each plan, specification, and drawing required. The District may request additional information.
- C. This application must be signed by the owner/operator or a responsible member of the organization that is to operate the equipment for which the application is made.
- D. Incomplete applications will delay the review process. Faxed applications or copies will not be accepted.
- E. Mail original signed application to: Mendocino County AQMD, 306 E Gobbi Street Ukiah, CA, 95482
- F. Construction and/or operation prior to obtaining a permit from the District is a violation of District Regulations and subject to penalties as defined in Regulation 1, Rule 1-300(i).

Section III APPLICANT INFORMATION

Name of Business or Organization (DBA)
Permit to be Issued to:

Legal Owner (if different from DBA)

Type of Ownership: Corporation Partnership Sole Proprietor Government Agency Other

Nature of Business

Mailing Address, City, State, Zip:

Address Where Equipment is Located:

Equipment or Process Name: **Equipment Powered by Internal Combustion Engine (ICE)**

Section IV PROCESS DESCRIPTION

Describe the Equipment Use and Purpose (List specific equipment and engine information on Page 2):

Describe Associated Processes (Separate Applications may be required i.e. Tub Grinder, Construction Equipment, etc.):

Estimated Annual Usage Rate: _____ (Hours/Yr)

Operation Schedule: Hrs/Day: _____ Days/Week: _____ Weeks/Year: _____

Estimated Construction Starting Date: _____ Completion Date: _____

Section V AUTHORIZED FACILITY REPRESENTATIVE INFORMATION

Signature of Owner/Operator _____ Date _____		(District Use Only) <i>District Receipt Stamp:</i> Application #: Facility ID #:
Name (Please Print) _____ Title _____		
Telephone Number _____	Fax Number _____	
Email _____		



AIR QUALITY MANAGEMENT DISTRICT

306 EAST GOBBI STREET
UKIAH, CA 95482
(707) 463-4354
www.mendoair.org

AIR QUALITY APPLICATION FORM # 207.23, Page 2

Duplicate this page as necessary for additional process equipment. List all equipment that may produce air emissions.

Section VI		EQUIPMENT INFORMATION			
Description of Equipment Powered by this Engine, if applicable: (Grinder, Pump, Crusher, etc.)					
Equipment Description:					
Make:		Model:			
Serial / License Number:		Horsepower:		<input type="checkbox"/> Portable	<input type="checkbox"/> Stationary
Engine Description: (Generator Set, Direct Drive, etc.)					
Engine Manufacturer:				Model:	
Serial Number:			Facility Equipment I. D. Number:		
<input type="checkbox"/> Emergency Backup	<input type="checkbox"/> Prime Power	<input type="checkbox"/> Other	<input type="checkbox"/> Portable	<input type="checkbox"/> Stationary	
Brake Horsepower (BHP):		Engine Year:		Tier Certification	
Current Hour Meter Reading:			Date of Installation:		
<input type="checkbox"/> Compression Ignition	<input type="checkbox"/> Spark Ignition		Retrofit Device:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Retrofit Type:			Retrofit Level: <input type="checkbox"/> 1, <input type="checkbox"/> 2, or <input type="checkbox"/> 3		
Turbo Charged	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Turbo/After cooler		
Fuel Type:	<input type="checkbox"/> Propane	<input type="checkbox"/> Diesel	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Other:	
Section VII		FUEL INFORMATION			
Fuel Storage Capacity:		Gallons	<input type="checkbox"/> Aboveground	<input type="checkbox"/> Belowground	<input type="checkbox"/> Integral
Fuel Usage:		<input type="checkbox"/> Gal/Hr.	<input type="checkbox"/> Gal/Yr.		
Fuel Type:		<input type="checkbox"/> Off-Road Fuel	<input type="checkbox"/> Highway Fuel	<input type="checkbox"/> Other _____	
Section VIII		EMISSIONS DATA			
<ul style="list-style-type: none">Provide estimates of pollutant concentrations and mass emission rates from Mfg. Data Sheet, if available.Describe any combustion modifications or control devices used to reduce NOx emissions and state the estimated reduction.Use appropriate units, e.g. grams/brake horsepower, lbs/gal, etc.					
Section IX		PERIODIC MAINTENANCE PROCEDURES			
Describe periodic maintenance procedures to be used to ensure emissions will be minimized:					



AIR QUALITY MANAGEMENT DISTRICT

306 EAST GOBBI STREET

UKIAH, CA 95482

(707) 463-4354

www.mendoair.org

AIR QUALITY APPLICATION FORM # 207.23, Page 3

Duplicate this page as necessary for each diagram.

Section X

FACILITY AND PROCESS FLOW DIAGRAM

Include adjacent buildings and streets on facility drawings.

Include all associated processes on process flow diagrams.

N↑