



# AIR QUALITY MANAGEMENT DISTRICT

306 EAST GOBBI STREET  
UKIAH, CA 95482  
(707) 463-4354  
[www.mendoair.org](http://www.mendoair.org)

## AIR QUALITY APPLICATION FORM # 14-2 Internal Combustion Engine (ICE)

<b>Facility Name :</b>		<b>Facility #</b>	
<b>Application #</b>		<b>Previous Permit #</b>	
<b>Section XIV</b>		<b>REASON FOR APPLICATION</b>	
<input type="checkbox"/> Existing Equipment		<input type="checkbox"/> Transfer of Ownership      Date of Transfer	
<input type="checkbox"/> New Facility		<input type="checkbox"/> New Process at Existing Facility <input type="checkbox"/> Modification of Existing Process/Equipment	
Estimated Construction Starting Date:		Completion Date:	
<b>Section XV</b>		<b>EQUIPMENT OR PROCESS DESCRIPTION</b>	
<b>Equipment or Process Name:</b> <b>Equipment Powered by Internal Combustion Engine (ICE)</b>			
<b>Describe Process (Include Process Flow Diagram)</b>			
Describe Associated Processes (Separate Applications may be required)			
Maximum hourly daily and monthly, production rates and raw material usage rates for associated process.			
Hourly		Daily      Monthly      Material Usage Rate	
Estimated Annual Hours of Operation (IC Engine) (Hours/Yr):			
Operation Schedule:		Hrs/Day      Days/Week      Weeks/Year	
<b>Section XVI</b>		<b>FACILITY LOCATION</b>	
<input type="checkbox"/> Residential		<input type="checkbox"/> Commercial <input type="checkbox"/> Residential/Commercial <input type="checkbox"/> Light Industrial <input type="checkbox"/> Heavy Industrial	
Distance of Emissions Source to Property Line (In Feet)			
<b>Section XVII</b>		<b>AUTHORIZED FACILITY REPRESENTATIVE &amp; CONTACT INFORMATION</b>	
		<b>(District Use Only)      District Receipt Stamp:</b>	
Signature of Business Owner or Authorized Representative		Date	
Name (Please Print)		Title	
Primary Contact Regarding Application			
Primary Contact Telephone # or Email			



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## AIR QUALITY APPLICATION FORM # 14-2, Page 2 Equipment Powered by Internal Combustion Engine (ICE)

Facility #

Application #

### Section XVIII DIESEL POWERED EQUIPMENT INFORMATION

(Duplicate this page as necessary for additional process equipment. List all equipment that produces air emissions.)

<b>Equipment Description</b>									
Make		Model							
Serial #						<input type="checkbox"/> Portable		<input type="checkbox"/> Stationary	
<b>IC Engine Information:</b>									
Make		Model							
Serial #		Engine Year:		Tier Certification Provide Documentation					
<input type="checkbox"/> Emergency Backup		<input type="checkbox"/> Prime Power		<input type="checkbox"/> Other		Brake Horsepower (BHP):			
Current Hour Meter Reading:					Date of Installation				
Retrofit Device:		Type		Retrofit Level:		<input type="checkbox"/> 1, <input type="checkbox"/> 2, or <input type="checkbox"/> 3			
<input type="checkbox"/> Compression Ignition		<input type="checkbox"/> Spark Ignition		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:	
Fuel Storage Capacity:		<input type="checkbox"/> Aboveground		<input type="checkbox"/> Belowground		<input type="checkbox"/> Integral			
Fuel Usage:		<input type="checkbox"/> Gal//Hr.		<input type="checkbox"/> Gal/Yr.					
<b>Equipment Description</b>									
Make		Model							
Serial #						<input type="checkbox"/> Portable		<input type="checkbox"/> Stationary	
<b>IC Engine Information:</b>									
Make		Model							
Serial #		Engine Year:		Tier Certification Provide Documentation					
<input type="checkbox"/> Emergency Backup		<input type="checkbox"/> Prime Power		<input type="checkbox"/> Other		Brake Horsepower (BHP):			
Current Hour Meter Reading:					Date of Installation				
Retrofit Device:		Type		Retrofit Level:		<input type="checkbox"/> 1, <input type="checkbox"/> 2, or <input type="checkbox"/> 3			
<input type="checkbox"/> Compression Ignition		<input type="checkbox"/> Spark Ignition		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:	
Fuel Storage Capacity:		<input type="checkbox"/> Aboveground		<input type="checkbox"/> Belowground		<input type="checkbox"/> Integral			
Fuel Usage:		<input type="checkbox"/> Gal//Hr.		<input type="checkbox"/> Gal/Yr.					

### Section XIX EMISSIONS DATA

- 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 XX METHOD OF CONTROL OF FUGITIVE EMISSIONS

<b>Description::</b>



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## Section XXI

## FACILITY AND PROCESS FLOW DIAGRAM

Include adjacent buildings and streets on facility drawings.

Include all associated processes on process flow diagrams.

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