



**Mendocino County
Air Quality Management District**

306 East Gobbi Street
Ukiah, California 95482
(707) 463-4354 Fax: 463-5707
mcaqmd@mendocinocounty.org
www.mendoair.org

**AIR QUALITY APPLICATION FORM # 14-3
Emergency Backup Generator Powered by Internal Combustion Engine (ICE)**

Facility Name:		Application #		
Facility Address:		Fac #		
City:		Previous Permit #		
Section I REASON FOR APPLICATION				
<input type="checkbox"/> Existing Equipment	<input type="checkbox"/> New Process at existing facility	<input type="checkbox"/> Registration of Equipment		
<input type="checkbox"/> New Facility	<input type="checkbox"/> Modification of existing process/equipment	<input type="checkbox"/> Expedited Permit Request (Additional Fees Apply)		
<input type="checkbox"/> Transfer of Location	<input type="checkbox"/> Transfer of Ownership	<input type="checkbox"/> Date of transfer		
Description of project:				
Estimated Construction Starting Date:		Completion date:		
Section II EQUIPMENT OR PROCESS DESCRIPTION				
Equipment or Process name: Emergency Backup Generator powered by internal combustion engine [ICE]				
Describe process (include Process Flow diagram):				
Describe Associated Processes (Separate Applications may be required.):				
Estimated Annual hours of operation (Hrs/Yr)				
Operation schedule	Hrs/Day	Days/Week	Weeks/Yr	
Section III FACILITY LOCATION				
<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)				
Section IV AUTHORIZED FACILITY REPRESENTATIVE & CONTACT INFORMATION				
		(District Use Only) District Receipt Stamp		
Signature of Business Owner or Authorized Representative ↑				Date ↑
Name (please print) ↑				Title ↑
Contact Person Regarding this application ↑				
Contact Phone # ↑	Email ↑			



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Facility #		Application #	
Section V DIESEL POWERED EQUIPMENT INFORMATION			
(Duplicate this page as necessary for additional process equipment. List all equipment that produces air emissions.)			
Equipment Description		EMERGENCY BACKUP GENERATOR	
Make		Model	
Serial #		<input type="checkbox"/> Portable	<input type="checkbox"/> Stationary
IC Engine #1 Information: (for Engines Operating in Tandem Only)			
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: 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.
Equipment Description		EMERGENCY BACKUP GENERATOR	
Make		Model	
Serial #		<input type="checkbox"/> Portable	<input type="checkbox"/> Stationary
IC Engine #2 Information: (for Engines Operating in Tandem Only)			
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: 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.
Section VI 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.			



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Facility #

Application #

Section VII

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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