

SHASTA COUNTY DEPARTMENT OF RESOURCE MANAGEMENT
AIR QUALITY MANAGEMENT DISTRICT
1855 PLACER STREET, SUITE 101, REDDING, CA 96001
VOICE (530)225-5674/FAX (530)225-5237

SUPPLEMENTAL INFORMATION: INTERNAL COMBUSTION ENGINE
(Specifically, diesel-fired engines used for electricity generation and pumps)

Provide the following data, specifications, drawings, and plans for each engine as a supplement to the standard application form. This information requested should be submitted complete and accurate to ensure expedient review and evaluation.

1. **Facility Information**

Company Name: _____

2. **Equipment Location Drawing**

The drawing or sketch submitted must be dimensioned and must show the following:

- a) The property involved and outlines of all buildings. Identify property lines plainly.
- b) Location and identification of the internal combustion engine on the property.
- c) Location of the property with respect to streets and all adjacent properties within 1000'.
Also, identify use type of the adjacent properties.

3. **List the Equipment Driven by the Engine (or generator)**

4. **Engine Specifications**

- a) Engine Manufacturer: _____
- b) Model Number: _____
- c) Identification/Serial Number: _____
- d) Horsepower: _____
- e) Total Displacement: _____ in³
- f) Fuel Type: _____
- h) Fuel Usage Rate (maximum): _____ gallons/hour _____ gallons/year
- i) Fuel Storage Tank: _____ gallon capacity
Check one: Aboveground or Underground
Check one: Attached or Detached (to/from engine)

SUPPLEMENTAL (cont)

4. **Engine Specifications** (cont)

j) Emission Data:

Exhaust Stack Data:

Height Above Ground in Feet	Stack Diameter in Feet	Stack Temperature (°F)	Exit Flow Rate

Pollutant Estimates*:

Particulate Matter	Nitrogen	Carbon Monoxide	Hydrocarbons	Sulfur Oxides	Other

*Application will not be considered complete without appropriate units, e.g, lbs/day, lbs/hr, ppm, lb/MMBtu, g/BHP-hr, g/hr, g/kW-hr

5. **Engine Operation**

a) Maximum Operating Schedule: _____ hrs/day _____ days/week _____ weeks/year

b) Average Operating Schedule: _____ hrs/day _____ days/week _____ weeks/year

6. **Describe Periodic Maintenance Procedures**

7. **Generator Specifications (if applicable)**

a) Generator Manufacturer: _____

b) Model Number: _____

c) Power Rating: _____ kw

8. **Filer Information**

Filer's Printed Name: _____

Signature: _____ Date: _____

NOTICE: After the Authority to Construct is granted, any deviation from approved plans is not permitted without first securing additional approval from the Air Pollution Control Officer. As stated in the Health and Safety Code Sections 41510, 41511, and 42304, the Air Quality Management District shall make random audits on submitted data to insure the appropriateness of such data. The willful submission of false or inaccurate data constitutes a misdemeanor per Health and Safety Code Section 42400.