

SAN DIEGO AIR POLLUTION CONTROL DISTRICT

**SUPPLEMENTAL APPLICATION
INFORMATION**

**FEE SCHEDULES
34A,B,D-G,I**

San Diego APCD Use Only

Appl. No.: _____

ID No.: _____

RECIPROCATING INTERNAL COMBUSTION ENGINES (NON-EMERGENCY)

1 To aid the submittal of your application, a checklist is available on the District website for fee schedule 34.
2 **Company Name:** _____

3 **Equipment Address:** _____

4 Reason for submitting application (choose one):

- 5 New or Additional Unit
- 6 Existing Unpermitted Unit, Date of Installation _____
- 7 Replacement of Existing Permitted Unit; Permit#: _____
- 8 Modification of Permitted Engine: Permit #: _____
- 9 Other (Explain) _____

10 Proposed installation date if known: _____ Note: if expedited processing was requested, APCD will
11 contact you to discuss scheduling.

12 **A. EQUIPMENT DESCRIPTION**

13 Attach the engine manufacturer's specification sheets.

14 Engine Mfr.: _____ Model: _____ S/N: _____

15 hp Rating: _____ EPA or CARB certified (attach EPA or CARB certificate)

16 Engine year of manufacture: _____ Engine Family No.: _____

17 Fuel Type and Consumption (at 100% load):

- 18 diesel* gasoline _____ gal/hr
- 19 natural gas Propane _____ specify units: cu. ft. per hour or gal/hr
- 20 Other (Specify): _____ include units and attach sulfur content specification

* Diesel fuel must be Certified California Diesel (CARB Diesel).

21 Engine Equipment (check all that apply):

- 22 lean burn air/fuel controller pre-chamber combustion
- 23 turbocharger aftercooler exhaust gas recirculation
- 24 3-way Catalyst* oxidation catalyst* diesel particulate filter (dpf)*
- 25 other add-on control technology* (specify): _____

26 * attach manufacturer's specification for efficiency, and/or ARB verification.

27 crankcase (blow-by) emission control equipment
28 (Specify): _____ Model _____

29 Describe any in-stack emission control, emission monitoring, or parametric monitoring devices:
30 _____
31 _____

32 Is the engine equipped with a non-resettable hour meter (required for new engines)? yes no

33 **B. PROCESS DESCRIPTION**

34 Engine Drives: Compressor _____ cfm Pump (direct drive) _____ gpm

35 Generator _____ kw Other (specify) _____

36 Equipment is: Stationary or Portable

37 If portable, check all that apply:

38 The engine will not leave the facility/stationary source.

39 The engine will operate at various locations/facilities.

40 The engine will supplement or support an on-going activity of the stationary source.

41 Engine is used for peak shaving electrical supply or critical peak pricing operations.

42 Engine is used for cogeneration or combined heat and power (CHP)

43 Please describe how this engine will be used: _____

44 _____

45 _____

46 _____

47 _____

48 _____

49 **C. OPERATING SCHEDULE**

	Hours/day	Hours/week	Hours/year
Average			
Maximum			
Initial commissioning*		Total hours:	

* Attach a description of any initial commissioning activities that will require operation without emission controls or with emissions controls not fully functioning.

50 **D. EMISSIONS** (@100% Load). Provide emission rates in either g/bhp-hr or ppmvd.*

51

Pollutant	Grams per horsepower-hour (g/HP-HR)	Part per million by vol. (dry) (ppmvd) at 15% oxygen
Carbon Monoxides (CO)		
Nitrogen Oxides (NOx)		
Non-Methane Hydrocarbons (NMHC)		
Non-Methane Hydrocarbons + (NOx) (NMHC)+(NOx)		
Particulate Matter (PM)		

52 *Attach manufacturer's specifications or source of exhaust emission data.

53 **E. RULE 1200 TOXICS EVALUATION:**

54 **FACILITY SITE MAP** Attach a map showing the geographic location of your facility. This helps by making it possible
 55 for the District to use a Geographic Information System to identify community residents and workers who may be
 56 impacted by emissions from your facility.

57 **PLOT PLAN** Attach a **facility plot plan or diagram** (need not be to scale as long as distances of key features from
 58 reference points are shown) showing all of the following: the **location of emission point(s)** at the facility, property lines,
 59 and the **location and dimensions of buildings** (estimated height, width, and length) that are closer than 100 ft. from the
 60 emission point. Annotated aerial photographs are satisfactory. This diagram helps by making it possible for the District to
 61 efficiently set-up the inputs for a health risk evaluation. Inaccurate information may adversely affect the outcome of the
 62 evaluation.

63 **Ducted or Stack Emissions** (For 1 or more emission points). Estimate values if you are unsure.

Parameter	Point #1	Point #2	Point #3	Point #4	Point #5	Point #6
Height of Exhaust above ground (ft)						
Stack Diameter (or length/width) (ft)						
Exhaust Gas Temperature ¹ (°F)						
Exhaust Gas Flow (actual cfm or fps)						
Is Exhaust Vertical? (Click here for help) ²	Select	Select	Select	Select	Select	Select
Raincap? (Click here for help) ²	Select	Select	Select	Select	Select	Select
Distance to Property Line (+/- 10 ft)						

1. Use “70 °F” or “Ambient” if unknown
2. Non-vertical exhaust configurations and fixed raincaps interfere with pollutant dispersion and may negatively impact HRA results

64 **RECEPTOR DATA** A receptor is a residence or business whose occupants could be exposed to toxic emissions from
 65 your facility. In order to estimate the risk to nearby receptors, please provide the distance from the emission point to the
 66 nearest residence and to the nearest business.

67 Distance to nearest residence _____ ft

68 Distance to nearest business _____ ft

69 Distance to nearest school _____ ft

70 **Name of Preparer:** _____ **Title:** _____

71 **Phone No.:** (____) _____ **E-mail:** _____ **Date:** _____

NOTE TO APPLICANT:

Before acting on an application for Authority to Construct or Permit to Operate, the District may require further information, plans, or specifications. Forms with insufficient information may be returned to the applicant for completion, which will cause a delay in application processing and may increase processing fees. The applicant should correspond with equipment and material manufacturers to obtain the information requested on this supplemental form prior to submittal of this application.