MENDOCINO COUNTY AIR QUALITY MANAGEMENT DISTRICT
1100A HASTINGS ROAD, UKIAH, CA 95482
PHONE: (707) 463-4354 mcaqmd@mendocinocounty.gov www.mendoair.org

AIR QUALITY APPLICATION FORM # 14-2
Equipment Powered by Internal Combustion Engine

Facility Name: Facility #

Facility Address: City:

Application # Previous Permit #

Section XIV REASON FOR APPLICATION

☐ Existing Equipment ☐ New Process at Existing Facility ☐ Registration of Equipment

☐ New Facility ☐ Modification of Existing Process/Equipment ☐ Expedited Permit Request (Additional Fees Apply)

☐ Transfer of Location ☐ Transfer of Owner ship Date of Transfer:

Description of Project:

Estimated Construction Starting Date: Completion Date:

Section XV EQUIPMENT OR PROCESS DESCRIPTION

Equipment or Process Name: Equipment Powered by Internal Combustion Engine

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/Year

Section XVI FACILITY LOCATION

☐ Residential ☐ Commercial ☐ Agricultural/Timberland ☐ Light Industrial ☐ Heavy Industrial

Distance of Emissions Source to Property Line (In Feet)

Section XVII AUTHORIZED FACILITY REPRESENTATIVE & CONTACT INFORMATION

Signature of Business Owner or Authorized Representative Date

Name (Please Print) Title

Primary Contact Regarding Application

Primary Contact Telephone # or Email

(District Use Only)

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Facility #	**Application #**

Section XVIII ENGINE POWERED EQUIPMENT INFORMATION

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

Equipment Description: Generator

Make: | Model:

Serial: | ☐ Portable ☐ Stationary

IC Engine Information:

Make: | Model:

Serial # | Engine Year: | Tier Certification (Provide Documentation)

☐ Emergency Backup ☐ Prime Power ☐ Other | Brake Horsepower (BHP)

Current Hour Meter Reading: | Date of Installation:

Retrofit Device: | Retrofit Level: ☐ 1, ☐ 2, or ☐ 3

☐ Compression Ignition ☐ Spark Ignition | Turbo Charged ☐ Yes ☐ No | ☐ Turbo/After cooler

Fuel Type: ☐ Propane ☐ Diesel ☐ Natural Gas ☐ Other:

Fuel Storage Capacity: _____ Gallons ☐ Aboveground ☐ Belowground ☐ Integral

Fuel Usage: ☐ Gal//Hr. ☐ Gal/Yr.

Equipment #2 Description:

Make | Model

Serial # | ☐ Portable ☐ Stationary

IC Engine #2 Information:

Make | Model

Serial # | Engine Year: | Tier Certification (Provide Documentation)

☐ Emergency Backup ☐ Prime Power ☐ Other | Brake Horsepower (BHP):

Current Hour Meter Reading: | Date of Installation:

Retrofit Device: | Retrofit Level: ☐ 1, ☐ 2, or ☐ 3

☐ Compression Ignition ☐ Spark Ignition | Turbo Charged ☐ Yes ☐ No | ☐ Turbo/After cooler

Fuel Type: ☐ Propane ☐ Diesel ☐ Natural Gas ☐ Other:

Fuel Storage Capacity: _____ Gallons ☐ Aboveground ☐ Belowgrounc ☐ Integral

Fuel Usage: ☐ Gal/Hr. ☐ 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.

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Section XX 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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