



INTERNAL COMBUSTION ENGINE SUMMARY FORM

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NOTICE

An application will not be processed unless ALL fields in "Section A" are complete.

Section A

Company/Agency	Phone Number
Equipment Location	Existing Permit # (if any)
Engine Manufacturer	Model Number
Engine Serial Number:	EPA/C.A.R.B. 12-character Engine Family Name
Manufacturer Date:	Is unit equipped with a non-resettable hour meter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Utilization of Engine	
<input type="checkbox"/> Electrical Generator _____ Kw	<input type="checkbox"/> Fire Pump
<input type="checkbox"/> Compressor Driver _____ cfm	<input type="checkbox"/> Portable
<input type="checkbox"/> Pump Driver _____ gpm	<input type="checkbox"/> Rental
	<input type="checkbox"/> Other _____
Fuel Information	Air to Fuel Ratio _____
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Gasoline	<input type="checkbox"/> LPG
<input type="checkbox"/> Digester Gas <input type="checkbox"/> Landfill Gas	<input type="checkbox"/> Diesel Oil
<input type="checkbox"/> Other _____	
Engine Size (Manufacturers Rating)	BHP@ _____ RPM
Operating Schedule	
_____ Hr/Days	_____ Days/Week
_____ Weeks/Year	Maximum Operating Hours _____ Hrs/Days
<input type="checkbox"/> Emergency Only (indicate hours operated for testing & maintenance)	

Section B

Is this unit designed to be moved or carried from one location to another, or does it have wheels, skids, <input type="checkbox"/> Yes (Portable) <input type="checkbox"/> No (Stationary)



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Section C

Engine Description _____ Number of Cylinders: _____

Two Cycle or Four Cycle
 Lean Burn or Rich Burn
 Turbocharged Turbocharged/Aftercooled Naturally Aspirated

Sulfur Content of Disgester Gas, Landfill Gas or Diesel _____

Maximum Rated Fuel Consumption (Gas/Hr, Cu. Ft/Hr) _____

Average Load Percentage % _____

Energy Recovery From Exhaust Yes No If yes, please explain _____

Emission Control Device Yes No If yes, please explain _____

Emission Data:

POLLUTANT	EMISSION BEFORE CONTROL	EMISSION AFTER CONTROL
	Gr/BHP PPM Lb/Day	Gr/BHP PPM Lb/Day
NMHC or TOC	_____	_____
NOx	_____	_____
CO	_____	_____
PM10	_____	_____
SOx	_____	_____

Manufacturer Data Source Test Data

Section D

Stationary Engines Only

Stack Dimensions
 Height Above Grade _____ Ft Height Above Building _____ Ft

Exhaust Cross Section
 Diameter _____ In Width _____ In Length _____ In

Exhaust Temperature _____ °F Direction of Stack Outlet Horizontal Vertical Other

End of the Stack Open Capped Flapper Valve

Stack Serves
 Only this equipment Exhaust Flow _____ CFM
 Other equipment also Total Flow Rate _____ CFM
 Exhaust Pressure _____ CFM

Receptor Information. A receptor is a residence or business whose occupants could be exposed to toxic emissions from your facility.

Nearest offsite receptor _____

Distance to nearest offsite receptor _____ feet

Distance to nearest school grounds _____ feet

 Name of preparer

 Date