



North Coast Unified Air
Quality Management District
707 L Street
Eureka, CA 95501
(707) 443-3093

INTERNAL COMBUSTION ENGINE FORM 1301

Form 1300 must also accompany all submittals.

Section I - Equipment Information

1. Engine Function (check one):

- | | |
|--|---|
| a. <input type="checkbox"/> Electrical Power | d. <input type="checkbox"/> Compressor Driver |
| b. <input type="checkbox"/> Pump Driver | e. <input type="checkbox"/> Fire Pump |
| c. <input type="checkbox"/> Cogeneration (describe on a separate sheet of paper) | f. <input type="checkbox"/> Other: _____ |

2. Will the engine be installed only for emergency use? yes no
3. Is the engine portable? (can be moved from one location to another) yes no
4. Will the engine be used at only one facility? yes no

Engine Information

- | | |
|---|---|
| 5. Make: _____ | 6. Model: _____ |
| 7. Engine Serial Number: _____ | 8. Fuel Type: _____ |
| 9. Engine Family: _____ | 10. Executive Order: _____ |
| 11. Prime Rating: _____hp _____ kW | 12. Standby Rating: _____hp _____ kW |
| 13. Cycle Type: a. <input type="checkbox"/> Two Cycle b. <input type="checkbox"/> Four Cycle | |
| 14. Combustion Type: a. <input type="checkbox"/> Lean Burn b. <input type="checkbox"/> Rich Burn | |
| 15. Aspiration Type: | |
| a. <input type="checkbox"/> Turbocharged | c. <input type="checkbox"/> Naturally Aspirated |
| b. <input type="checkbox"/> Turbocharged/Aftercooled | d. <input type="checkbox"/> Timing Retarded $\geq 4^\circ$ (relative to standard timing) |
| 16. Air to Fuel Ratio: _____ | 17. Does engine have an air/fuel ratio controller? <input type="checkbox"/> yes <input type="checkbox"/> no |

Equipment Information

- | | |
|------------------------------------|----------------------------|
| 18. Make: _____ | 19. Model: _____ |
| 20. Equipment Serial Number: _____ | 21. Capacity/Rating: _____ |

Section II - Operation Information

22. Maximum operating schedule: hours/day ____ days/week ____ weeks/year ____ hours/year ____
23. Average operating schedule: hours/day ____ days/week ____ weeks/year ____ hours/year ____

Section IV- Title V Information: *Fill out if AQMD has identified your facility as a Title V facility*

The requested application involves a(n): (check all that apply)

- | | |
|---|---|
| a. <input type="checkbox"/> Administrative Permit Amendment | e. <input type="checkbox"/> Permit Shield |
| b. <input type="checkbox"/> Minor Permit Modification | f. <input type="checkbox"/> Alternative Operating Scenarios |
| c. <input type="checkbox"/> Significant Permit Modification | g. <input type="checkbox"/> Voluntary Emission Cap |
| d. <input type="checkbox"/> Non-Title V Permit Processing | i. <input type="checkbox"/> Other (specify): _____ |
- (Available until initial Title V permit is issued)