



**YOLO-SOLANO AIR QUALITY MANAGEMENT DISTRICT**

1947 Galileo Court, Suite 103; Davis, CA 95618

Phone - (530) 757-3650 Fax - (530) 757-3670

**INTERNAL COMBUSTION ENGINES (RECIPROCATING)  
SUPPLEMENTAL FORM 310**

For operation of Internal Combustion Engines, please submit this completed form with an Authority to Construct (ATC) application form (Form 01) and the applicable filing fees.

After the ATC is granted for any equipment, deviations from the approved plans are not permissible without first securing additional written approval for the changes from the Air Pollution Control Officer.

For assistance or clarification concerning permits, contact Engineering Staff at (530) 757-3650.

**SECTION 1 - COMPANY INFORMATION**

Company Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION 2 - ENGINE INFORMATION**

Engine Manufacturer: \_\_\_\_\_ Max. Power Rating (BHP): \_\_\_\_\_

Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_

Engine Family: \_\_\_\_\_ Year of manufacture: \_\_\_\_\_  
(EPA 12-character number) (approximate age if unable to determine)

Maximum rated fuel consumption: \_\_\_\_\_  gal/hour  standard cubic feet/hour  
(indicate appropriate units)

Tier Certification:  Non-Certified  Tier 1  Tier 2  Tier 3  Tier 4-Interim  Tier 4-Final

Fuel Type:  Diesel  Natural Gas  LPG/Propane  Other, Specify: \_\_\_\_\_

Ignition Type:  Compression ignition  Spark ignited rich burn  Spark ignited lean burn

Engine cycle:  4-Cycle  2-Cycle

For existing units, the date engine first began operation in the District: \_\_\_\_\_

**SECTION 3 – TRACKING (How will records of operation be tracked? – MUST select one)**

Engine meter:  Hour meter\*  Dedicated fuel meter  Other: \_\_\_\_\_

\*Per the CARB ATCM, all diesel engines are required to have a non-resettable hour meter with a minimum display capability of 9,999 hours

**SECTION 4 – EXHAUST INFORMATION**

Exhaust flow rate (actual cubic feet per minute, acfm): \_\_\_\_\_ Exhaust temperature (Fahrenheit): \_\_\_\_\_

Exhaust stack height from ground (feet): \_\_\_\_\_ Exhaust pressure (inches Hg): \_\_\_\_\_

Diameter of exhaust stack outlet (inches): \_\_\_\_\_

Direction of exhaust stack outlet:  Horizontal  Vertical

End of exhaust stack:  Open (including rain caps)  Fixed Cap

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**SECTION 5 – LOCATION INFORMATION**

- Provide a drawing or sketch that shows at least the following:
- The property involved - identify property lines and all buildings on the property;
  - Location of the internal combustion engine including the location of the exhaust stack on the property;

**SECTION 6 - EXHAUST EMISSION DATA:**

- Provide a copy of the engine manufacturer's specification sheets and certified exhaust emissions data

<u>Pollutant</u>	<u>Value</u>	<u>Units*</u>	<u>Pollutant</u>	<u>Value</u>	<u>Units*</u>
VOC	_____		SOx	_____	
CO	_____		PM10	_____	
NO <sub>x</sub>	_____			_____	

\*(g/bhp-hr, ppmv, lb/hr, etc.)

Control equipment (if applicable):

- Turbocharger     Aftercooler     Injection timing retard     Diesel oxidation catalyst\*  
 Non-selective catalyst     Exhaust gas recirculation     Diesel particulate filter\*     Other: \_\_\_\_\_

\* Please provide manufacturer's data & CARB Verification

**SECTION 7 - OPERATIONAL INFORMATION**

Emergency use engines are permitted to operate only when service (electrical or natural gas) fails or for emergency pumping of water for fire protection or flood relief. An emergency use engine shall not be operated in a demand relief (load shed or peak shaving) program. Unless a higher limit is requested, emergency use engines will be limited to 200 **total** hours of operation per year (including maintenance and testing hours). At 200 hours per year, an emergency engine is exempt from the requirements of Sections 303 and 304 of [District Rule 3.4](#). If you believe your emergency use engine is located remotely and will be operated often due to Public Safety Power Shutoff (PSPS) events, please indicate max annual emergency use limits below.

Emergency-use engine:             No             Yes            Maximum emergency use hours per year: \_\_\_\_\_

**Maximum operating schedule** for non-emergency use engines (prime use, intermittent, etc.):

Hours per day: \_\_\_\_\_ Hours per quarter: \_\_\_\_\_ Hours per year: \_\_\_\_\_

If seasonal, months of year operated and typical hours per month operated: \_\_\_\_\_

Is engine part of a demand response program:     Yes     No

Equipment driven by this engine:

- Natural gas compressor             Electric generator             Abrasive blaster  
 Direct drive water pump             Air compressor             Drill  
 Chipper            Other: \_\_\_\_\_

Equipment manufacturer: \_\_\_\_\_

Model number: \_\_\_\_\_

Serial number: \_\_\_\_\_

Print and sign the name of person completing the form:

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**(ORIGINAL OR DIGITAL SIGNATURE REQUIRED)**