



INTERNAL COMBUSTION ENGINE PROCESS

Organization Name: _____

No. of units included in this application _____ (use a separate form for units which are not identical)

Manufacturer: _____ Model: _____ EPA Family Number: _____ Serial No.: _____

EQUIPMENT TYPE: (enclose a copy of the manufacturer's specification sheet)

- | | | | |
|--------------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> stationary | <input type="checkbox"/> rich-burn* | <input type="checkbox"/> lean-burn* | engine size: _____ hp @ _____ rpm |
| <input type="checkbox"/> portable | <input type="checkbox"/> dual-fire | <input type="checkbox"/> diesel | generator mfg: _____ and rating: _____ kw |
| <input type="checkbox"/> skid mount | <input type="checkbox"/> 2-cycle | <input type="checkbox"/> 4-cycle | year of mfg: _____ installed: _____ (if pre-existing) |
| <input type="checkbox"/> other _____ | <input type="checkbox"/> turbine | <input type="checkbox"/> reciprocating | fuel use rate: _____ <input type="checkbox"/> gal/hr (liq) or <input type="checkbox"/> cfh (gas) |

*<4% O₂ in exhaust prior to control is "rich-burn" and 4% O₂ or greater is "lean burn"

PROCESS OR CONTROL EQUIPMENT: (include any test results)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> non-selective catalyst | <input type="checkbox"/> turbocharger | <input type="checkbox"/> aftercooler | <input type="checkbox"/> electronic fuel injection |
| <input type="checkbox"/> air/fuel control | <input type="checkbox"/> fuel injection | <input type="checkbox"/> non-resettable run-hour | |
| <input type="checkbox"/> oxidative catalyst | <input type="checkbox"/> particulate trap | <input type="checkbox"/> oxidative particulate trap | |
| <input type="checkbox"/> other: _____ | catalyst/trap mfg: _____ | Model: _____ | |

Reduction efficiency of air pollution control device(s): _____ % of _____ (give pollutant)

PRIMARY USE:

- backup generator - maint. operation: _____ min/day, _____ min/mo; testing: _____ hr/yr
- pump compressor cogeneration other: _____
- prime use electrical generation (includes load shedding under an interruptible electric service contract)

TYPE OF FUEL:

HEAT CONTENT

SULFUR

ANNUAL FUEL USE

OPERATING HOURS

- | | | | | |
|---|-----------------|-----------|--------------|-------------|
| <input type="checkbox"/> natural gas | _____ Btu/cf | n/a | _____ therms | _____ hr/yr |
| <input type="checkbox"/> highway diesel | _____ Btu/gal | _____ wt% | _____ mgal | _____ hr/yr |
| <input type="checkbox"/> propane | _____ Btu/cf | n/a | _____ mgal | _____ hr/yr |
| <input type="checkbox"/> gasoline | _____ Btu/gal | n/a | _____ mgal | _____ hr/yr |
| <input type="checkbox"/> other: _____ | _____ Btu/_____ | | | _____ hr/yr |

EXHAUST STACK:

full load exhaust flow: _____ acfm and temperature: _____ F°

standby generator maintenance: _____ % of full load, exhaust flow: _____ acfm, and temperature: _____ F°

stack diameter: _____ inches, stack height above ground: _____ feet

discharge direction: up down horizontal other: _____

ESTIMATED EMISSIONS: (attach emissions calculations and cite reference)

NOx	units*	CO	units*	VOC**	units*	PM-10	units*
	lb/hr		lb/hr		lb/hr		lb/hr

* provide units in parts per million (ppm) at 15% O₂ or grams per brake horsepower-hour (g/bhph) and pounds per hour (lb/hr)

**ppm VOC must be as methane

(APCD use only)

Application No.	_____
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