

EASTERN KERN AIR POLLUTION CONTROL DISTRICT

2700 "M" STREET SUITE 302, BAKERSFIELD, CA 93301-2370 PHONE: (661) 862-5250 • FAX: (661) 862-5251 • www.kernair.org

SUPPLEMENTAL APPLICATION PISTON ENGINE DATA FORM

Business Name to Appear on Permit:		Owner's Name:				Phone No:				
Engine Information										
Engine Manufacturer:		Model:			Model	Year:	Sei	rial Number:		
EPA Certification: Ti	er 0	Tier 1	Tier 2	Tier 3	5	Tier 4	Two Cy	cle	Four C	Cycle
Number of Cylinders:	А	verage Load:	%	Expected op	erating	schedule:	hrs/da	у	hrs	/year
Fuel Consumption:	g	l/hr or	Cuft/hr	Engine Ratir	ng:		BHP @]	RPM
Fuel Type: Gasoline	Diese		LPG	Landfill Gas	Dig	gester Gas	Other (list):			
Emissions Controls (check al										
	fuel	Lean	Rich		iter	Aft		ning	Natural	•
<u> </u>	ected	Burn	Buri		oler	Coo		arded	Aspire	
Oxidation Catalyst (OC)		Particulate er (DPF)		e Crankcase ation (PCV)			st Gas ulation		i-selective	
DPF/OC Manufacturer:	1 110	· · · · ·	DPF/OC M			Keene	DPF/OC Ef	2	ile Reduct	.1011
				ouci.	List any	v other Emissi	ions Control Device	•		
Emissions data collected from	n: N	Manufacturer Gu	arantee	Source Test	Listun	, outer 211105				
PM-10: g/bhp-hr N	MHC:	g/bhp-hr	NOx:	g/bhp-hr	NMH	C+NOx:	g/bhp-hr	CO:	g/l	bhp-hr
Exhaust Information										
Stack Diameter:inHeight Above Grade or Building:ftExhaust Temp. @ Rated HP:°F					°F					
Does the Stack have a Weath	ner Cap:	Yes	No	Direction of e	xhaust	from engin	e: Vertica	al	Horizon	tal
Stack Serves: Only This Equipment This Engine and Other Equipment Exhaust Flow Rate: O			CFM							
*If this stack serves additional e	quipmen	nt please list the ty	pe and rating	of all other equ	ipment	on a separat	e sheet of paper a	und submit v	with this fo	rm.
Use (check all that apply)										
Pump Driver Rating:		onm	Electric Jenerator	Rating:		kw	Compressor Driver	Rating:		cfm
Full Time Standby Emergency Other (list):										
Check one if requesting emission limits exemption: Emergency Generator Remote Location (only valid in Indian Wells Valley)										
Receptor Data										
Is this engine located or to be located within ¹ / ₄ mile of an off-site residential area (3 or more homes), school, or hospital? Yes No										
If Yes, check one and compl	ete the f	following: F	Residential	School	Hosp	oital Dista	ance from Engi	ne:		Ft.
Name of School or Hospital:	Add	lress of Receptor:		City:		Com	pass Direction	to Engine:		Deg.
	Print Contact Name: Consultant? □ YES □ NO If YES, please attach Assignment of Agent Title: Phone: E-Mail Address:					-				
nue:		Pnone:		E-	Mail Ac	aaress:				
Signature: Date:										

GCUVGTP 'KERN AIR POLLUTION CONTROL DISTRICT I NGP G. UVGRJ GPU, APCO



APPLICATION FOR AUTHORITY TO CONSTRUCT AND PERMIT TO OPERATE

INSTRUCTIONS

- 1. Checks or money orders shall be made payable to Gcuytp'Kern Air Pollution Control District. Filing fees apply toward initial Permit to Operate fee. Payment of initial permit fee, and application processing fee is required for issuance of an Authority to Construct (Rules 301 and 303).
 - a. A filing fee of \$130 paid by check or money order is required for each application. If the project is installation of gasoline storage tanks, a filing fee is required for each tank.
 - b. In the case of a Transfer of Ownership of a PTO where no alteration, addition or change of location is to occur, the filing fee is \$70 per permit. Documentation showing the transfer of ownership should also be provided; for example, escrow papers or a letter from the previous owner outlining the sale.
 - c. The ownership of an ATC is not transferable.
 - d. A transfer of location requires an ATC unless the original ATC or the current PTO has multiple locations.
- 2. A separate application is required for each distinct process consisting of the aggregation of equipment items operating together to perform a given function and having the potential to cause the emission of an air contaminant. Such a process may consist of one individual piece of equipment or several equipment items, including air pollution control devices, if any. Any given facility may require more than one Authority to Construct and Permit to Operate.
- 3. With each application for Authority to Construct and Permit to Operate, the following data, specifications, plans and drawings must be submitted:
 - a. **Equipment Location Drawing or Plot Plan** Drawing or sketch submitted should show:
 - 1. Property involved and outlines of all buildings and structures on it. Property lines. Quarter Section, Township and Range.

- 2. Location and identification of proposed equipment on property.
- 3. Whether property involved is within 1,000 feet of a school property boundary. If so, identify nearest school by name and address.
- 4. Location of property with respect to streets and all adjacent properties. Identification of adjacent properties. If in a business district or residential area, show all buildings outside property, but within ¼ mile of property line. Identify all such buildings (residence, apartment building, warehouse, retail store, etc.). Indicate direction north on the drawing.
- b. **Equipment Description** State: make, model, size, type, and serial number of entire unit or its major parts. List all electric motors (and electric horsepower rating) associated with all equipment.
- c. **Process Description** Each application must include a written description of each operation to be carried out in each process. Descriptions must be complete and in detail for all operations. Particular attention must be given to parts of process which may result in the emission of air contaminants. Similarly, operation of air pollution control equipment must be described in sufficient detail to allow the District to determine if it can be expected to consistently operate at required control efficiencies.
- d. **Expected Emission of Air Contaminants** Submit with each application calculated estimates of the emission of all air contaminants (criteria and toxic) from proposed equipment, including reference to source(s) of emission factors. Include test data (reference source) to support calculations. Well-documented, well-organized emissions calculations can expedite processing of applications. Failure to submit emissions calculations and supporting test data can significantly increase processing time.
- e. **Operating Schedule** Specify hours per day, days per week and months per year equipment is to be operated.
- f. **Process Weight** Detail type and total weight of each material charged to each operation on basis of pounds per hour or per other specified unit of time. Your Authority to Construct and Permit to Operate will be conditioned to limit process weight to specified amount.
- g. **Fuels and Burners Used** Indicate for gaseous fuel: source, type, heating value, sulfur content (total and as H₂S), and maximum consumption (cubic feet per hour); for fuel oil: source, type, heating value, API gravity (degrees), sulfur content, nitrogen content, preheat temperature, temperature at which SSU viscosity is 150, type of atomization (steam, air or mechanical), amount (%) of excess combustion air to be utilized, and maximum consumption (gallons per hour); for solid fuels: type, heating value, sulfur content, ash content, and maximum consumption (pounds per hour). For all burners, indicate make, model, size, type, number of burners and maximum capacity of each burner.

- h. **Process and Instrumentation Diagram** For continuous processes, show flow of materials and location and type of all instrumentation, including any stack gas monitors. Show all pertinent temperatures, pressures, volume flow rates and mass flow rates.
- i. **Equipment Drawings** Supply drawings, dimensioned and to scale, in plan, elevations and as many sections as are needed to show clearly design and operation of air pollution control devices. Drawings of basic equipment must be included if they are necessary for sizing and understanding operation of air pollution control equipment or if such equipment has potential air contaminant emission points. The following must be shown:
 - 1. <u>SCRUBBERS</u> Interior dimensions of all parts; location and number of spray nozzles, if any; flow characteristics of nozzles (gpm @ psi); pump performance curves; mist eliminator performance data; scrubber liquid chemical analysis; and "blow-down" rate.
 - 2. <u>FABRIC COLLECTORS</u> Dimensions of housing and compartments; number and size of filter tubes; filter media specifications (permeability, weave type, thread count, weight, etc.); cleaning mechanism specifications (air volume and pressure, reverse air flow valve arrangements, etc.); and fan performance curves.
 - 3. <u>INCINERATORS</u> Dimensions of all components; refractory specifications; number, size, and model number for each burner; burner fuel specifications, including type, heating value, sulfur content, and maximum consumption; waste material specifications, including type, heating value, sulfur content, ash content, and maximum consumption; engineering design calculations showing expected gas residence time and combustion temperature.
 - 4. <u>ALL AIR POLLUTANT CONTROL EQUIPMENT</u> Locations, size and shape details of all features that may affect collection or control of air contaminants of any kind.
- j. All data and calculations used in selecting or designing any equipment that may cause emission of an air contaminant.
- 4. A completed environmental information form and initial study evaluation. The California Environmental Quality Act (CEQA) requires this form.



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APPLICATION FOR AUTHORITY TO CONSTRUCT, PERMIT TO OPERATE, EXEMPTION, AND BANKING CERTIFICATE

Company/Billing Information

usiness Name to Appear on Permit: Ow		wner's Name:			Phone No:		
Mailing Address:	L		Business E-mail Addre	ess:			
City:		State:	Zip:		Fax No:		
Equipment Location							
Street Address:		City:	y:			Zip:	
General Nature of Business:	I					S.I.C. CODE(S) If Known:	
Assessors' Parcel No: OR		/4 SEC	CTION	TOWNS	HIP	RANGE	
Application Type See AT	C/PTO In	istructions fo	r appropriate filing	fee			
□ Authority To Construct (ATC) □	Permit T	To Operate (PT	TO)	\Box Ch	ange of	Business Name	
		Aodification					
\Box ATC – Renewal	PTO – T	Transfer of Ow	vnership		Exemption Renewal		
			al/Modification		-	g Certificate	
Description of Equipment or Modification for	r which ar	oplication is	made (include Pern				
Check all that apply Is this Facility within 1,000 feet of the outer boundary of Have all necessary land-use authorizations been obtained Is there any other equipment in the EKAPCD jurisdictio Is this application being submitted as the result of a Notic If YES, NOV/NTC #: Is this equipment portable AND will it be operated at different	d?	□ NO (If by the same oper ion or Notice to 0	"NO" attach explanation erator?	NO ∃ NO	U	ise Additional Sheets if Necessary	
Print Contact Name:			Consultant? \Box YES	S □ NO	If YES	, please attach Assignment of Agent	
Title: Phone	e:		E-Mail Address				
Print Signing Authority Name If Different:				Titl	e:		
Signature:					Date:		
DATE RECEIVED	Validati	ion (for EK	KAPCD use)				
	ATC N	No:		Fil	ing Fe	ee: \$	
		Dscrpt:					
	Code:	Date:					



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ENVIRONMENTAL INFORMATION FORM AND INITIAL STUDY EVALUATION

Applicant:		
Contact:		
Title:	Phone:	
Project Description:		

Environmental Information	<u>Yes</u>	<u>No</u>	<u>Maybe</u>
Will the proposed project with regard to the proposed location:			
1. Conflict with the adopted environmental plans and goals of the community?	[]	[]	[]
2. Have a substantial, demonstrable negative aesthetic effect?	[]	[]	[]
3. Substantially affect a rare or endangered species of animal or plant or the habitat of the species?	[]	[]	[]
4. Interfere substantially with the movement of any resident or migratory fish or wildlife species?	[]	[]	[]
5. Substantially diminish habitat for fish, wildlife or plants?	[]	[]	[]
6. Breach published national, state, or local standards relating to solid waste or litter control?	[]	[]	[]
7. Substantially degrade water quality or contaminate a public water supply?	[]	[]	[]
8. Substantially degrade or deplete ground water resources or interfere substantially with ground water recharge?	[]	[]	[]
9. Disrupt or adversely affect a prehistoric or historic archeological site or a property of historic or cultural significance to a community or ethnic or social group; or a paleontological site except as part of scientific study?	[]	[]	[]
10. Induce substantial growth or concentration of population?	[]	[]	[]
1. Cause an increase in traffic which is substantial in relation to the existing traffic load and capacity of the street system?	[]	[]	[]
2. Displace a substantial number of people?	[]	[]	[]

Environmental Information	Yes	<u>No</u>	<u>Maybe</u>
13. Encourage activities which result in the use of large amounts of fuel, water or energy?	[]	[]	[]
14. Use fuel, water or energy inefficiently?	[]	[]	[]
15. Increase substantially the ambient noise level for adjoining areas?	[]	[]	[]
16. Cause substantial flooding, erosion or siltation?	[]	[]	[]
17. Expose people or structures to major geologic hazards?	[]	[]	[]
18. Extend a sewer trunk line with capacity to serve new development?	[]	[]	[]
19. Disrupt or divide the physical arrangement of an established community?	[]	[]	[]
20. Create a potential public health hazard or involve the use, production, or disposal of materials which pose a hazard to people or animal or plant populations in the area affected?	[]	[]	[]
21. Conflict with established recreational, educational, religious or scientific uses?	[]	[]	[]
22. Convert prime agricultural land to non-agricultural use or impair the agricultural productivity of prime agricultural land?	[]	[]	[]
23. Interfere with emergency response or evacuation plans?	[]	[]	[]
24. Violate any ambient air quality standard, contribute substantially to an existing or projected air quality violation, or expose sensitive receptors to substantial pollutant concentrations?	[]	[]	[]
25. Emits Greenhouse Gas (GHG) emissions greater than 25,000 tons?	[]	[]	[]

NOTE: Please attach any pertinent explanatory information.

CERTIFICATION:

I hereby certify the statement furnished above and in attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief.

Print Signing Authority Name If Different:	

Signature: _____ Date: _____