



Diesel-Fired Engine Emissions Inventory Form -34R

Santa Barbara County Air Pollution Control District
260 N. San Antonio Road, Suite A
Santa Barbara, CA 93110-1315

This Form -34R is provided for use by owners/operators subject to the ARB's Stationary Diesel Airborne Toxic Control Measure (ATCM). Specifically, the information required in Section 93115.10(a)(3) on page 42 of the ATCM must be submitted to the APCD prior to installation of any new engine installed after January 1, 2005, or for any in-use engine. Complete a separate APCD Form -34R for each engine. Mail the completed form(s) to the APCD at the above address. Refer to the ATCM for the definitions of all terms.

I. Owner/Operator Contact Information					
Company Name					
Contact Name		Position/Title			
Mailing Address					
City		State		Zip Code	
Telephone		Email			
Address of Engine					

II. Engine Information			
Manufacturer			
Model Name			
Year of Manufacture		Model Year	
Maximum Rated Brake Horsepower			bhp
Serial Number			
EPA 12-Character Family Name*			
ARB Engine Certification Executive Order*			
Owner/Operator ID for Engine (if any)			

*Only applicable to certified engines. Check engine nameplate or engine manufacturer.

III. Engine Control Equipment	
<input type="checkbox"/> Turbocharger	<input type="checkbox"/> Aftercooler
<input type="checkbox"/> Oxidation Catalyst (provide specs)	<input type="checkbox"/> Diesel Particulate Filter (provide specs)
<input type="checkbox"/> Injection Timing Retard	
<input type="checkbox"/> Other (Describe)	

IV. Fuel Used	
<input type="checkbox"/> CARB Diesel	<input type="checkbox"/> Jet Fuel
<input type="checkbox"/> Diesel	
<input type="checkbox"/> Alternative Diesel Fuel (specify)	
<input type="checkbox"/> Alternative Fuel (specify)	
<input type="checkbox"/> Combination (Dual Fuel) (specify)	
<input type="checkbox"/> Other (Describe)	

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V. Operation Information

Describe general use of engine	
Typical annual hours of operation	
If seasonal, months of year operated	
If seasonal, typical hours per month operated	
Typical Load (percent of maximum bhp rating)	%
Fuel usage rate (if available)	Gallons/ hour

VI. Health Risk Modeling Information

Receptor Distances : Application cannot be deemed completed without passing a health risk evaluation. Please fill in information below completely.

Distance from engine to nearest residential receptor	ft				
Distance from engine to nearest worker receptor*	ft				
Distance to nearest school grounds	ft				
Distance from engine to nearest building	ft				
Building Width	ft	Building Height	ft	Building Length	ft

*Nearest worker receptor includes any offsite worker receptors (business) or any onsite non-affiliated worker receptor who is not employed by or monetarily tied to the facility being evaluated.

Yes No Is a site plan or map showing the location of the engine, stack exhaust point and relative distances of all nearby buildings attached to the form? Application cannot be deemed complete without a detailed site plan or map.

Stack Information

Stack Height from Ground	ft	Diameter of Stack Outlet	inches
Direction of Outlet (horz. or vert)		End of Stack (open or capped)	
Stack Exhaust Gas Temperature	°F	Exhaust Gas Flow Rate	scfm

Yes No Will the manufacturer provided stack configuration and dimensions be modified in any way? If yes, attach a diagram showing the proposed stack configuration and relative dimensions.

VII. AB2588 Inventory

Is the engine included in an existing AB2588 inventory? Yes No

VIII. Applicant/Preparer Statement

The person who prepares the application also must sign this form. The preparer may be an employee of the owner/operator or an authorized agent (contractor/consultant) working on behalf of the owner/operator (an *Authorized Agent Form -01A* is required).

I certify pursuant to H&SC Section 42303.5 that all information contained herein and information submitted with this application is true and correct.

Completed By		Company	
Signature		Date	