Spark Ignited IC Engines
Application Form -70
Santa Barbara County Air Pollution Control District
260 N. San Antonio Road, Suite A
Santa Barbara, CA  93110-1315
TEL: (805) 961-8800  FAX: (805) 961-8801
Email: engr@sbcapcd.org  Web Site: www.ourair.org

Application must be typewritten, computer generated, or hand printed in ink.  Complete all pages of the application.

This application form is for the permitting of spark ignited IC engines. For diesel IC engines see forms APCD-33 through APCD-37. Complete a separate APCD Form-70 for each engine along with APCD Form-01 (Permit Application – General). Only one Form-01 is required for multiple engines at the same facility. Reference our IC engine webpage for additional information and resources (https://www.ourair.org/spice/).

1. FACILITY NAME:
   Facility Street Address
   City, State  ZIP:  Assessor Parcel Number(s) (APN)

2. PURPOSE OF APPLICATION:
   □ New Unit □ Loss of Permit Exemption □ Derate Engine
   □ Install Emission Controls on Existing Unit. Existing Unit APCD Device ID No: ___________________________
   □ Replace Existing Unit with a New Unit. Existing Unit APCD Device ID No: ___________________________
   □ Other (describe): ___________________________
   For derated engines, describe the method of derating and provide supporting data to verify the new rating (see the webpage for derating requirements).

3. EQUIPMENT THE ENGINE POWERS (check all that apply):
   □ Oil Well Pump □ Drilling Equipment □ Injection Pump □ Water Pump □ Electrical Generator
   □ Compressor □ Firefighting □ Flood Control
   □ Other (describe): ___________________________
   Note: engines used exclusively for emergency electrical power generation, flood control, or firefighting are exempt from permit if they operate no more than 200 hours per year and records are kept per Rule 202.

4. EQUIPMENT DATA:  Provide the rated brake horsepower from the unit’s nameplate (see Rule 102 for definitions). Daily and annual permit limits will be based on the maximum hourly fuel consumption of the unit and 24 hours per day and 365 days per year of operation, unless otherwise requested. Enclose a copy of the unit’s data sheet.
   Rated brake hp: __________________________ Fuel Consumption at rated brake hp (gal/hr or scf/hr): __________________________
   Installation Date: ________________________  Model Year: ________________________
   Mfgr: ________________________________  Model: __________________________
   Serial No: __________________________  Operator ID: __________________________
   Displacement (liters): ____________________  □ Turbocharged  □ Intercooled/Aftercooled

(District Use Only)

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<th>Date Received Stamp</th>
<th>APCD Application</th>
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<tr>
<td>Facility Number:</td>
<td>Permit No.</td>
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<td>Facility Name:</td>
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Use:  ☐ Stationary  ☐ Portable

Type:  ☐ 4-Stroke  ☐ 2-Stroke  Manufacturer’s Recommended Air-to-Fuel Ratio: ______________________

Is this a cyclically-loaded rich burn engine?  ☐ Yes  ☐ No

Fuel:  ☐ Utility Natural Gas  ☐ Produced Gas  ☐ Propane  ☐ Digester Gas  ☐ Gasoline
☐ Other (describe): _____________________________________________________________

Sulfur Content: ______________________ Units: ppmvd or % by weight (circle units) {data not required for utility gas or propane}

6. FUEL METERING:

☐ Fuel Meter. A dedicated temperature and pressure corrected fuel meter is required. Gas utility company meters are generally not considered “dedicated” meters. A single meter that is connected to a combined grouping of units (i.e., stacked units) is considered dedicated. Submit a copy of the manufacturer’s spec sheet for the specific make and model of the meter that will be used. The permittee must obtain District approval of each fuel meter prior to permit issuance.

Manufacturer: ___________________________________________ ☐ Meter Shared for a grouping of Units?
Model: ___________________________________________________ ☐ Temperature & Pressure Corrected?
Type: ______________________ examples: positive displacement (diaphragm/bellows), rotary (Roots type), turbine, orifice, mass flow, ultrasonic flow.

☐ Hour Meter. A dedicated hour meter or an electronic management system that is capable of tracking and logging the units time on/off is required. Submit a copy of the manufacturer’s spec sheet for the specific make and model of the meter that will be used. The permittee must obtain District approval of the hour meter system prior to permit issuance.

7. EMISSION CONTROLS: Include manufacturer’s literature with performance guarantee and maintenance/replacement recommendations.

☐ Selective Catalytic Reduction (SCR)  ☐ Non-Selective Catalytic Reduction (NSCR)

For catalysts provide the following: Manufacturer: ________________ Model: ________________

☐ Air/Fuel Ratio Controller  ☐ Other (describe): ______________________

8. EMISSION FACTORS: Provide the basis of emission factors (e.g. manufacturer’s guarantee, default value) and attach supporting documentation.

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<th>NOₓ (as NO₂)</th>
<th>CO</th>
<th>ROC</th>
<th>PM₁₀</th>
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<tr>
<td>ppmv @ 15% O₂</td>
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<tr>
<td>g/bhp-hr</td>
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Basis
9. SITE PLAN AND STACK DATA: Attach a site plan showing the location of the engine on the property along with the locations of all buildings within 1,000 feet of the property. Note any sensitive receptors on the plan (schools, hospitals, etc.)

Stack Height Above Ground: ________ feet  Stack Diameter: ________ inches (inside diameter)

Stack Height Above Building: ________ feet  Exhaust Flow Rate: ________ cfm (cubic feet/minute)

Exhaust Temperature: ________ °F  Exhaust Velocity: ________ feet per minute

Stack Orientation: □ horizontal □ vertical  End of Stack: □ rain cap □ open or hinged rain flap

Does the stack stand alone or is it located on the building? □ stands alone □ on building

10. 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: ________________________________

11. APPLICATION CHECKLIST: Along with this Form -70, the following is required.

☐ Have you filled in all required fields on this form? If not, the application will likely be deemed incomplete. Complete application forms save you time and eliminate unwanted project delays.

☐ APCD Form -01 and filing fee. See also Section 12 of Form -01 for additional checklist items.

☐ Equipment data sheet including maximum rated horsepower, fuel consumption, and air-to-fuel ratio for the exact make and model of engine applied for.

☐ Gas analysis for produced or digester gas.

☐ Emissions control manufacturer documentation, including an emissions statement and/or guarantee.

☐ Data supporting the emissions factors.

☐ The site plan required in the Stack Data section.