

EMERGENCY DIESEL ENGINE QUESTIONNAIRE

Facilities with stationary diesel engines classified as emergency equipment that are subject to California Air Resources Board's Stationary Compression Ignition Engines Airborne Toxic Control Measure are required to submit information on each engine to the local Air Pollution Control District by July 1, 2005. Completing and submitting this form to the Placer County Air Pollution Control District (District) will satisfy the information requirement. Information from District files has been entered into the form. If this information is incorrect, please enter the correct information. Please fill in the blanks as completely as your information allows.

Engine Owner			_
Type of Business/Facility (Private Company, Corpo	oration, Utility, Govt. Agency)	_
Street Address of Diesel E	ngine		
City	ZipC	Code	
Contact Name	Phor	ne Number	
District Permit Number			
		ngine	_
Engine Installation Date			
Engine Rated Brake Horse	power		
Engine Manufacturer			
Engine Model	Engin	ne Serial Number	
Engine Year of Manufactur	e		
Exhaust Stack Height from	Ground (ft)Diam	neter of Stack Outlet (inches)	
Turbocharger (Yes/No)	Aftercooler (Yes/N	No) Injection Timing Retard (Yes/No)	
Distance from Engine to N	earest Fence Line or Pro	pperty Boundary (ft)	
Distance from Engine to N	earest Residence (ft)		
Distance from Engine to N	earest Business (ft)		
Is the Engine Located With	in 500 Feet of a School ((Yes/No)Name of School	
Uncontrolled Emission Fac	tors in Grams per Brake	Horsepower-Hour (g/bhp-hr)	
PM	NOx	co	