



**Lake County Air Quality  
Management District**  
885 Lakeport Blvd.  
Lakeport, CA 95453  
707-263-7000 / fax 263-0421

**Robert L. Reynolds**  
Air Pollution Control Officer  
bobr@lcaqmd.net

## **Agricultural Engine Registration Permit Application Form**

Type of Application:     New Engine     Modification     Existing Ag. Engine, Not Previously Permitted

Important: To assure your application is complete, include all of the following when submitting:

Application Fee     Complete All Sections     Signature on Application     One Engine per Application

This application form is for the registration permitting of existing and new stationary and portable diesel engines rated greater than or equal to 50 bhp that are used in Agricultural Operations.

To the extent allowed by law, the engine specified in this application may be operated in Lake County. The issued registration permit will denote any geographic operational restrictions. You do not need to permit diesel engines used to power agricultural wind machines or engines that provide motive power (e.g., motor vehicles, tractors).

Contact Name: _____	Telephone: _____
Legal Owner: _____	FAX: _____
Mailing Address: _____	Email: _____
_____	Permit #: _____
_____	Category: _____

Facility Name: _____	Facility or Project Name: _____
_____	_____

Equipment Location/Legal Description: _____ _____ _____	Assessor Parcel Number(s) (APN) <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
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**Engine Use:** (check all that apply)

Frost Protection Pump     Well Pump     Irrigation Pump     Booster Pump     Electrical Power

Other (describe): \_\_\_\_\_

**Engine Data:** Enclose a copy of the Engine Data Sheet and a photo of the engine nameplate, if available.

Installation Date: \_\_\_\_\_ or Approximate Year of Installation: \_\_\_\_\_

Equipment Make: \_\_\_\_\_ Model Number: \_\_\_\_\_

Engine Make: \_\_\_\_\_ Engine Model: \_\_\_\_\_

Engine Family: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Year of Manufacture: \_\_\_\_\_ Rated Brake Horse Power (hp): \_\_\_\_\_

Engine Tier Rating: \_\_\_\_\_ (Options: 0, 1, 2, 3, or 4)

# Agricultural Engine Permit Application Form Continued

## Emissions Data:

(Note: Generic emissions data will be used unless specific emissions data is provided by the applicant)

Attach Engine emissions data sheet, if available. Data Sheet attached:  Yes  No

Control Equipment (Please complete if emissions controls are proposed or are on the engine):

Diesel Particulate Filter  Oxidation Catalyst  Other (describe) \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ ARB Executive Order No. \_\_\_\_\_

Particulate Matter Reduction Efficiency: \_\_\_\_\_%(by mass)

## Fuel & Hours Information:

Fuel(s) used (check all that apply):

CARB (CA) Diesel  Other (specify) \_\_\_\_\_

Fuel Usage Rate: \_\_\_\_\_ Gallons per year.

Average Total Operating Hours: \_\_\_\_\_ hours per year.

Please estimate hours of operation for each of the following uses:

Frost or emergency use only \_\_\_\_\_ hours per year. All other (irrigation, etc) \_\_\_\_\_ hours per year.

## Standby Electrical Generator: (Provide this generator data in addition to the engine data above)

Generator Mfgr: \_\_\_\_\_ Model: \_\_\_\_\_ Rating: \_\_\_\_\_kW

Operating Schedule: \_\_\_\_\_Hours/Day \_\_\_\_\_ Days/Week \_\_\_\_\_Weeks/Year

Is the generator only used during emergencies as defined in the ATCM?  Yes  No

Is the engine equipped with a non-resettable hour meter with a minimum display of 9,999 hours?  Yes  No

Is the generator enrolled in an electrical utility Interruptable Service Contract (ISC)?  Yes  No

## Remote Engine Exemption: (note: only applies to existing In-Use engines)

Are you claiming the remote engine exemption?  Yes  No

Is the engine located more than one-half mile from any residential area, school or hospital?  Yes  No

# Agricultural Engine Permit Application Form Continued

## **Engine Location:**

Engine Geographic Coordinates. Provide the exact point where the engine is located. This data can be obtained by many methods including: handheld GPS, Cell Phone enabled GPS, using free online tools such as Google Earth.

Geographic Coordinates: \_\_\_\_\_ and \_\_\_\_\_ (circle units) Lat/Long, UTM, Other \_\_\_\_\_

In order to ensure compliance with the ATCM, facilities must provide detailed location data along with a scaled map identifying the property boundaries, parcel numbers, and any houses, hospital, or school locations clearly identified. Scaled maps can be obtained using the County of Lake GIS Website, Approximate scale maps are available using Google Maps, Google Earth, Yahoo Maps or others.

Is such a map enclosed?  Yes  No

If available, provide an aerial/satellite photograph(s) showing the same area identified in the scaled map. Is such a photo/satellite map enclosed?  Yes  No

Does the engine ever change location at this farm? If yes identify all the multiple areas that the engine can be used at on the scaled map and aerial photograph provided above.  Yes  No

Is the engine located within one-quarter mile (1,320 feet) of a residential area, school, or hospital? (Include engines that may change location)  Yes  No

If yes, answer the following two questions:

- (a) Distance from the engine to the residential area, school, or hospital = \_\_\_\_\_ feet  
(b) Direction from the engine to the residential area, school, or hospital = \_\_\_\_\_ (e.g.NE)

**I understand that I am responsible for any information listed herein or requested pursuant to this application. Based on information and belief formed after reasonable inquiry, the statements and information presented in this application and supplemental documentation are true, accurate, and complete.**

Signature of authorized representative of firm

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Note: If the engine is not owned by the property owner or operator/management company it must be a rental and is not qualified to be an ag-engine.



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## Agent Authorization Form - Agricultural Engines

**Authorized Agent: (Complete this section if appropriate)**

I hereby designate \_\_\_\_\_  
(agent's name - print)

of \_\_\_\_\_  
(agent's business name - print)

to serve as the Authorized Agent for my company / facility:

\_\_\_\_\_  
(applicant company's name - print)

at \_\_\_\_\_

in dealing with the Lake County Air Quality Management District in matters regarding (check as appropriate):

- |   |   |
|---|---|
| <input type="checkbox"/> Engine Permit Application    | <input type="checkbox"/> Billing          |
| <input type="checkbox"/> Air Toxics (AB2588)          | <input type="checkbox"/> Source Testing   |
| <input type="checkbox"/> Inspections and Compliance   | <input type="checkbox"/> All of the above |
| <input type="checkbox"/> Other (state purpose): _____ |   |

This designation includes written correspondence, telephone discussions, and meetings and shall remain in effect until it is suspended in writing by my company or the following date: \_\_\_\_\_ whichever is earlier.

As the Legal Owner, I hereby authorize the above mentioned agent to represent my company in the matters identified above:

Name (print):	
Title:	
Phone:	
Address:	
City, State, ZIP	
Signature:	