



**Lake County Air Quality
Management District**
2617 South Main Street
Lakeport, CA 95453
707-263-7000 / fax 263-0421

Douglas G. Gearhart
Air Pollution Control Officer
doug@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) _____
_____	_____
_____	_____

Engine Use: (check all that apply)

- Frost Protection Pump Irrigation Pump Electrical Power
 Well Pump Booster Pump Other _____

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 _____
(check one) 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 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, mailing address, etc. - 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):

- Engine Permit Application Source Testing
- Air Toxics (AB2588) All of the Above
- Inspections and Compliance Other (state purpose): _____
- Billing

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:	