

*******PLEASE COMPLETE FOR EACH ADDITIONAL AGRICULTURAL ENGINE*******
KCAPCD ADDITIONAL AGRICULTURAL DIESEL ENGINE REGISTRATION
"Serving Eastern Kern County"

Registration to be Issued to (Owner/operator or Company Name): _____			
Engine Location Street Address and City: _____ ¼ Section, Township, Range: _____ UTM Coordinates or APN: _____ Does this engine change location at the farm (check box)? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please describe location changes: _____			
Engine Use (check box):	Water Well Pump <input type="checkbox"/>	Booster Pump <input type="checkbox"/>	Electrical Power <input type="checkbox"/>
			Irrigation Pump <input type="checkbox"/> Lagoon Pump <input type="checkbox"/>
Engine Type (check 2 boxes):	Stationary <input type="checkbox"/>	Portable <input type="checkbox"/>	Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/>
Engine Data Installation Date: _____ Model Year: _____ Make: _____ Serial Number: _____ Model: _____ Rated Brake Horsepower: _____ bhp @ _____ rpm EPA Engine Tier (check box): <input type="checkbox"/> Tier 0 <input type="checkbox"/> Tier I <input type="checkbox"/> Tier II <input type="checkbox"/> Tier III <input type="checkbox"/> Tier IV EPA Engine Family Name (if applicable): _____ Fuel Information: CARB Diesel _____ Other (list) _____ Estimated Average Fuel Use: _____ gal/yr Average Operating Hours: _____ hrs/yr Stack Data: Height of Discharge: feet Inner Diameter: inches Weather Cap: Yes <input type="checkbox"/> or No <input type="checkbox"/> Exhaust Flow Rate: cfm Temperature: °F/°C			
Engine Specifications/Emission Controls (check all that apply): Timing Retarded: _____ Exhaust Gas Recirculation: _____ Positive Crankcase Ventilation: _____ Non-selective Catalytic Reduction: _____ Intercooler (Aftercooler): _____ Turbocharger: _____ Diesel Particulate Filter (DPF): _____ Oxidation Catalyst (OC) _____ DPF/OC Manufacturer and Model (please List): _____ DPF/OC Control Efficiency: _____ Other (please list): _____			
Emissions Data Engine Exhaust Data Sheet Attached (check boxes)? Yes No Particulate Matter (PM ₁₀): _____ g/bhp-hr ¹ Hydrocarbons _____ g/bhp-hr Oxides of Nitrogen (NOx): _____ g/bhp-hr Carbon Monoxide _____ g/bhp-hr ¹ NMHC (non methane hydrocarbons) or VOC (volatile organic compounds)			
If you requesting an emission limits exemption, what type (check box)? Emergency Generator <input type="checkbox"/> Remote Location* <input type="checkbox"/>			
*Exemption valid only for engines operated in the Indian Wells			
Receptor Data Is the engine located or to be located within ¼ mile of an off-site residential area (3 or more homes), school or hospital (check box)? Yes <input type="checkbox"/> or No <input type="checkbox"/> If Yes, Complete the following. Receptor Type (check box): School <input type="checkbox"/> Residence <input type="checkbox"/> Hospital <input type="checkbox"/> Name of School or Hospital: _____ Address and City of Receptor: _____ Distance to Engine: _____ Feet Compass Direction to Engine: _____ deg Coordinates of Receptor: _____			