

## ANNUAL REPORT – ENGINE

(enter year here)

**Company Name:** \_\_\_\_\_ **Permit #:** \_\_\_\_\_

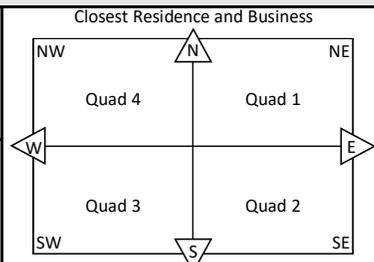
**Facility Address:** \_\_\_\_\_

**Facility Contact:** \_\_\_\_\_ **Facility Contact Title:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Instructions:**

- Enter the quarterly and annual engine run time. If run time is not available, enter fuel usage to report engine operation information. If both run time and fuel usage are available, enter both operation data.
- If entering fuel usage, specify the fuel type (Diesel, Natural Gas, Propane, Gasoline, Waste Gas/Other) and the units of measurement (cubic feet, therms).
- Identify the location of the closest residence and business, by entering the distance (in feet) and the Quad Number that best describes the location (NE, SE, SW, NW) for *diesel engines only*.
  - If distance information was submitted in prior reporting years and has not changed, you may indicate that in the table below. **This information does not need to be reported again unless any changes in the distance information have occurred.**

<b>Closest Residence and Business (Diesel Engines Only)</b>			
<input type="checkbox"/> Distance information has not changed and has been submitted previously.			
Category	Distance (ft)	Quad Number	
Residence			
Business			

Usage	Run Time (Hours)				
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Annual Total
Maintenance*					
Emergency*					
Other					
<b>Fuel Usage</b> <input type="checkbox"/> Actual <input type="checkbox"/> Purchased <input type="checkbox"/> N/A <b>Fuel Type:</b> _____ <b>Units:</b> _____					

\*Maintenance / Emergency definitions can be found in your permit.

Any information presented must be true and correct to the best of your knowledge. California Health and Safety Code 42400.3.5 and 42402.4 establish separate criminal and civil penalties for any person who, knowingly and with intent to deceive, falsifies any document required to be kept pursuant to any rule, regulation, permit, or order from the Sacramento Metropolitan Air Quality Management District. By signing below, I certify that all information is true and accurate and complete, to the best of my knowledge and ability.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_