

ANNUAL REPORT – ENGINE

(enter year here)

Company Name: _____ **Permit #:** _____

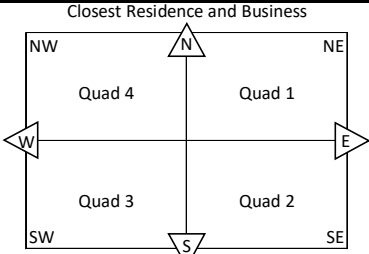
Facility Address: _____

Facility Contact: _____ **Facility Contact Title:** _____

Phone Number: _____ **E-Mail:** _____

Instructions:

- Enter engine run time. If run time is not available, enter fuel usage to report engine operation information.
- 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.**

Closest Residence and Business (Diesel Engines Only)		
<input type="checkbox"/> Distance information has not changed and has been submitted previously.		
Category	Distance (ft)	Quad Number
Residence		<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> <p style="text-align: center; margin: 0;">Closest Residence and Business</p>  </div>
Business		

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

*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: _____