

ANNUAL REPORT – MULTIPLE ENGINES

_____ (enter year here)

Company Name: _____ **Permit(s) #:** _____

Facility Address: _____

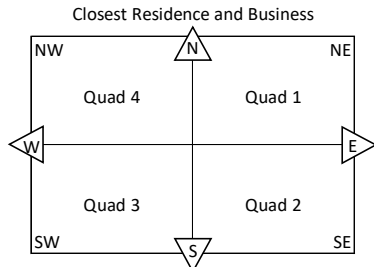
Facility Contact: _____ **Facility Contact Title:** _____

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

Instructions:

- On the following pages, fill out the table with the requested information *for each engine* permitted at your facility.
- Indicate the permit number for the corresponding engine.
- Enter the quarterly and annual run times for each specified engine. If run times are not available, enter fuel usage to report engine operation. If both run times 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 quadrant that best describes the location (NE, SE, SW, NW) for *diesel engines only*.

- Use the following diagram as a reference to determine the Quad Number in the direction of the closest residence or business.



- If distance information was submitted in prior reporting years and has not changed, you may indicate that in the table on the following page for the corresponding engine. **This information does not need to be reported again unless any changes in the distance information have occurred.**

SAMPLE ENTRY

(Example: Engine; Closest residence is located 500 ft Northeast and closest business is located 200 ft Northwest of the engine.)

Permit Number	Usage	Run Time (Hours)					Closest Residence and Business <i>(Diesel Engines Only)</i>		
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Annual Total	Category	Distance (ft)	Quad Number
SAMPLE: 12345	Maintenance*	1.3	2.5	1.6	3.0	8.4	<input type="checkbox"/> Distance information has not changed and has been submitted previously.		
	Emergency*	5.0			0.4	5.4	Residence	500	4
	Other						Business	200	1
	Fuel Usage (Fuel Type: _____/Units: _____)								

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: _____



Permit Number	Usage	Run Time (Hours)					Closest Residence and Business (Diesel Engines Only)		
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Annual Total			
	Maintenance*						<input type="checkbox"/> Distance information has not changed and has been submitted previously.		
	Emergency*						Category	Distance (ft)	Quad Number
	Other						Residence		
	Fuel Usage (Fuel Type: _____/Units: _____)						Business		
	Maintenance*						<input type="checkbox"/> Distance information has not changed and has been submitted previously.		
	Emergency*						Category	Distance (ft)	Quad Number
	Other						Residence		
	Fuel Usage (Fuel Type: _____/Units: _____)						Business		
	Maintenance*						<input type="checkbox"/> Distance information has not changed and has been submitted previously.		
	Emergency*						Category	Distance (ft)	Quad Number
	Other						Residence		
	Fuel Usage (Fuel Type: _____/Units: _____)						Business		
	Maintenance*						<input type="checkbox"/> Distance information has not changed and has been submitted previously.		
	Emergency*						Category	Distance (ft)	Quad Number
	Other						Residence		
	Fuel Usage (Fuel Type: _____/Units: _____)						Business		
	Maintenance*						<input type="checkbox"/> Distance information has not changed and has been submitted previously.		
	Emergency*						Category	Distance (ft)	Quad Number
	Other						Residence		
	Fuel Usage (Fuel Type: _____/Units: _____)						Business		

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

Permit Number	Usage	Run Time (Hours)					Closest Residence and Business (Diesel Engines Only)		
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Annual Total			
	Maintenance*						<input type="checkbox"/> Distance information has not changed and has been submitted previously.		
	Emergency*						Category	Distance (ft)	Quad Number
	Other						Residence		
	Fuel Usage (Fuel Type: _____/Units: _____)						Business		
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*Maintenance / Emergency definitions can be found in your permit.