

Spark Ignited Engine Form 200-4 Oil and Gas Equipment

Santa Barbara County Air Pollution Control District 260 N. San Antonio Road, Suite A Santa Barbara, CA 93110-1315

Submit this supplemental equipment form attached to the **Oil and Gas Production Facility Form-200** to permit **Prime or Emergency Standby Spark Ignited Engines** rated at **50 horsepower or greater** that are part of the project. Submit one application per engine. Include manufacturer specifications for the engine model year as an attachment to this form.

Device Name						
Facility Name						
I. Spark Ignition Engin	e Information					
Operator ID (component ID)						
Manufacturer						
Model						
Serial Number						
Brake Horsepower		bhp		Has the unit been Derated	○ No	O Yes
Model Year				If yes, what is the original HP		bhp
Engine Use				BSFC (brake specific fuel consumption)		
If Engine Use is "other", explain				Engine Classification	Stationary	OPortable
Engine Operating Status				Induction Type		
Engine Type				Displacement Per Cylinder		L/Cyl
Is the Engine "stacked"	O No O Yes					
Hour Meter Type	ation					
Hour Meter Type Hour Meter Manufacturer (If not integral)						
Hour Meter Model (If not integral) Hour Meter Serial Number (If not integral)						
Tiour Weter Serial Number (II lie	n integral)	<u> </u>				
III. Fuel Parameters						
Primary Fuel Type				Primary Fuel Sulfur Content		ppmv as H ₂ S
If Fuel Type is "other", explain				Fuel Higher Heating Value		
Secondary Fuel Type				Secondary Fuel Sulfur Content		ppmv as H ₂ S
If Fuel Type is "other", explain				Fuel Higher Heating Value		
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IV. Emission Control #1 (fill out if applicable and attach specs)								
Manufacturer			Model					
Serial Number								
Emission Control Type								
Pollutants Controlled		☐ NOx	☐ ROC	СО	SOx			
V. Emission Control #2 (fill out if applicable and attach specs, for three or more emission controls, describe in section IX below)								
Manufacturer			Model					
Serial Number								
Emission Control Type					_			
Pollutants Controlled		NOx	ROC	СО	SOx			
VI. Hours of Operation VII. CEMS (Continuous Emissions Monitoring Systems)								
VI. Hours of Opera	ation	VII. CE	vis (Continuo	us Emissions IVI	onitoring Systems)			
Daily		☐ NOx		СО	SOx			
Annual		Other C	EMS					
VIII. Manufacturer's Not-to-Exceed Emission Factors								
Pollutant	Emissio	n Factor	Units					
NOx								
PM								
СО								
ROC								
IX. Primary Fuel N	Meter							
If a fuel meter serves this c	levice, fill out Fu	el Meter Form 200-18 an	d list the fuel meter	name from Form 200-	-18 below.			
Fuel Meter Name								
X. Secondary Fuel	Meter							
If a second fuel meter serves this device, fill out a Fuel Meter Form 200-18 and list the fuel meter name from Form 200-18 below.								
Fuel Meter Name								
Yes No are the manufacturer specifications for this engine, emissions control devices and CEMS attached to the form? Application cannot be deemed complete without the attached information.								
XI. Device Descrip	tion		XII. Location	n Note				