		OLYMPIC REGION CLEA 2940 Limited Lane NW, Olyr Engineering Division	Form 18 Internal Combustion Engines						
OLYMPIC	RCAA Region Clean Air Agency	Website: orcaa.org fax	(360) 491-6308		NOC # Dat	te I	File #		
Form 18 is to be completed for all internal combustion engines except turbines. (For turbines, submit Form 17). Submit one form for each engine. If this is a new engine or a modification to an existing engine, your application must also include Form 5 and an analysis of toxic air pollutant emissions in accordance with Chapter 173-460 of the Washington Administrative Code. Completion of Form 5 requires determining daily and annual toxic air pollutant emissions based on the maximum potential to emit of the engine. Additional forms and all ORCAA regulations and rules are available on the Agency's web site. Contact ORCAA's Engineering Division at the above telephone number if you need assistance completing this form. Please include the engine manufacturer's equipment specification sheet or brochure if one is available.									
1. SUI	1. SUMMARY								
Company Name					County No.*				
Sourc	e Description				Source No.*				
Initial	Date of Operation	າ	(Not required for modifica	ation of an existing pe	*(I rmitted source)	f unknown lea	ave blank)		
Opera	ating Schedule	Typical hrs/day	Days/week	Weeks/yr	Maximu	ım hrs/day			
2. ENG			plying for approval of po						
		(See ORCAA Regul	lation 6.1.1 for portable	equipment requirer	nents)				
Engine	e Type: <i>(Check c</i>	ne) 🗌 4 Stroke 🗌 2 Stro	oke Compression Ignitic	on (Diesel) or	🗌 4 Stroke 🔲 2 S	troke Sparl	к Ignition		
Engine	e Manufacturer		Model		Model Year				
EPA/C	CARB Engine Far	nily Name		Engine Serial N	lo				
Engine	e Displacement	(cu in) Max	imum rated output (bhp	) T	pical load as % of	bhp rating			
Is this	an emergency/s	tandby engine? 🛛 🗌 Yes	No 🗌 No						
(Com	plete and check a	all that apply)							
Certifi	cation:	PA Certified 🛛 CARB Cert	tified						
		one (If None is checked, plea	ase indicate below the it	ems applicable to th	his engine.)				
	Naturally aspirated Supercharged Inter-cooled				Afte	r-cooled			
		Timing retard $\ge 4^{\circ}$	Lean-burn	Rich-burn					
Prima	· _	lectrical generation		-	Fire pump driver				
		•	grinder driver						
	Check here if the	<b>INFORMATION</b> Complete the engine has more than one action sheet or brochure for each other than one action sheet or brochure for each other than the engine that the engine the engine that the engine the engine the engine the engine that the engine that the engine	dd-on control device an				'er's		
Contro	ol device number	# (If (	unknown leave blank)	🗌 New 🗌 Exist	ting				
Device	e type: 🗌 D	iesel catalyzed particulate filte			e catalytic reduction	n (SCR)			
		on-selective catalytic reduction			,				
Make		-							
Make, Model, and Rated Capacity									
Contro		molonoloo at typical operatio				, Wt %	Basis		
Contro	Control Efficiency/Emission Factor Basis Codes: (Submit supporting documentation if available)				Pollutant Name	Reduction			
(1) So	urce testing or other measurement by plant (8) Guess				Particulates				
	-	rce testing or measurement by ORCAA (9) EPA/CARB Certification Organ							
	pecification from ve			Nitrogen Oxides					
.,	laterial balance by platerial balance by (	blant using knowledge of process		Sulfur Dioxide Carbon Monoxide					
.,	EPA Document AP-42 Emission Factors Others –           Check here and attach a					 ch a			
• •	aken from literature	separate list of pollutants. Include the basis code and the control efficiency.							

Continued	on	reverse	side
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## **OLYMPIC REGION CLEAN AIR AGENCY**

## Form 18 (continued)

			Internal Combustion Engines						
<b>4. EMISSION POINT/STACK INFORMATION</b> Check here if the engine has more than one stack or has a continuous pollutant emission monitor and repeat this section for each.									
Emission point number # (If unknown leave blank) 🗌 New 🗌 Existing									
Stack outlet height from ground level (ft)									
Diameter of stack outlet (inches) or Outlet cross-section area (square inches)									
Direction of outlet <i>(check one)</i> Horizontal Vertical End of outlet <i>(check one)</i> Open/hinged flap Rain cap									
Exhaust rate at typ	bical operation (a	cfm)		Exha	ust temperature at	typical operation	′°F)		
5. AIR TOXIC ASSESSMENT INFORMATION.									
Distance from engine to the property line of the nearest residence ( <i>ft</i> ) or ( <i>check if</i> ) Greater than one mile									
Distance from eng	ine to the proper	ty line of the ne	earest so	chool <sup>1</sup> (ft)		( ) ( )	Greate	er than 10	000 ft
-		-			Industrial		Hospit	al	
Describe the nearest non-residential, non-school site <i>(check one)</i> Industrial Commercial Hospital									
Distance from eng	ine to the proper		-		itial, non- school site	e <i>(ft</i> )	or 🗌 Grea	ter than o	one mile
1. K-12 and more t		-					_		
6. FUEL DATA Complete the table below for each fuel burned. If you are using a fuel other than those listed in the fuel table, attach a fuel analysis indicating the higher heating value, sulfur content, and nitrogen content. Please clearly indicate the measurement unit that corresponds to the information you are submitting. $\Box$ Check here if you are using more than two fuels, and attach a copy of this page listing the additional fuels.									
	Primary	Fuel			Secondary Fuel				
Fuel <sup>1</sup>	Name				Fuel <sup>1</sup>	Name			
Maximum Fuel Use	Rate <sup>2</sup>		gal/hr o	r SCF/hr	Maximum Fuel Use Rate <sup>2</sup> gal/hr or SCF/hr				
Annual Fuel Usage	3	gal/yr or th	herm/yr o	r SCF/yr	Annual Fuel Usage <sup>3</sup> gal/yr or therm/yr or SCF/yr				
Typical Heat Conte	nt <sup>4</sup>	BTU	/gal or Bī	TU/SCF	Typical Heat Content <sup>4</sup> <i>BTU/gal or BTU/</i>			TU/SCF	
Sulfur Content <sup>4</sup>		wt% liquia	ls or ppm	v gases	Sulfur Content <sup>4</sup> wt% liquids or ppmv gases				
	Emission Facto	ors (Optional)	I	1	Emission Factors (Optional)			I	I
Pollutant Name	Emission Factor	Units⁵	Basis Code <sup>6</sup>	Control Factor $(\sqrt{)}^7$	Pollutant Name	Emission Factor	Units⁵	Basis Code <sup>6</sup>	Control Factor $(\sqrt{)}^7$
Particulates					Particulates				
Organics					Organics				
Nitrogen Oxides					Nitrogen Oxides				
Carbon Monoxide					Carbon Monoxide				
Others – Check 1. <i>Fuel Table:</i> Di	here and attach a	separate list und Bio Diesel B10		uel used. Bio Diesel	B20 Blend C	here and attach a s Gasoline		er each fu	uel used.
Natural Gas   Landfill Gas   Digester Gas   Liquid Petroleum Gas (LPG)     2. Maximum fuel use rate units: gallon/hr for liquid fuels and SCF/hr for gaseous fuels. (SCF =Standard Cubic Foot)   3. The annual fuel usage is the actual or projected engine fuel consumption over a rolling 12-month time period. Annual usage units: gallons for liquid fuel, therms for natural gas, and SCF for other gaseous fuels. (therm = 100,000 BTUs, BTU =British Thermal Unit)     4. If you are using diesel, natural gas, or gasoline, you may skip this entry. Heat content units: BTU/gallon for liquid fuels, BTU/SCF for gaseous fuels. Sulfur content units: weight % for liquid fuels, ppmv for gaseous fuels. (ppmv = parts per million by volume)     5. Emission factors may be reported as gram/brakehp-hr, or as lb per gallon, or as lb per therm, or as lb per SCF.     6. See the Control Efficiency/Emission Factor Basis Code table under Section 3 on page 1 of this form.     7. Place a check in this column if the emission factor applies to emissions after an add-on control device.     7. CERTIFICATION I hereby certify that all information contained herein is true and correct. (Please sign and date this form)									
Name of person	certifying (print)	Title of po		tifying	Signatur	e of person certifyir	ig [	Date	

Phone Number: