



Tuolumne County Air Pollution Control District Annual Reporting Form Internal Combustion Engines

(Please complete all of the following information)

Company / Agency Name: _____
Company Location: _____
Mailing Address: _____
Company Contact: _____ Telephone: _____
Contact Email: _____ Fax: _____

Calendar year of the information reported: **2022**

Please answer the following regarding your Generator Sets

Engine 1:

Manufacturer: _____
Model: _____ Model Year: _____
BHP: _____ Maintenance/Testing Annual Hours: _____
Fuel Used: _____ Quantity: _____ (Gals)

Engine 2:

Manufacturer: _____
Model: _____ Model Year: _____
BHP: _____ Maintenance/Testing Annual Hours: _____
Fuel Used: _____ Quantity: _____ (Gals)

Engine 3:

Manufacturer: _____
Model: _____ Model Year: _____
BHP: _____ Maintenance/Testing Annual Hours: _____
Fuel Used: _____ Quantity: _____ (Gals)

Engine 4:

Manufacturer: _____
Model: _____ Model Year: _____
BHP: _____ Maintenance/Testing Annual Hours: _____
Fuel Used: _____ Quantity: _____ (Gals)

Engine 5:

Manufacturer: _____
Model: _____ Model Year: _____
BHP: _____ Maintenance/Testing Annual Hours: _____
Fuel Used: _____ Quantity: _____ (Gals)

Use the back of this form for additional comments or clarification.

[illegible]