

March 3, 2009

DOCKET 01-AFC-170
DATE MAR 03 2009
RECD. MAR 13 2009



1801 J Street  
Sacramento CA 95811  
Tel: (916) 444-6666  
Fax: (916) 444-8373

Ann Arbor MI  
Tel: (734) 761-6666  
Fax: (734) 761-6755

Mr. John Yee  
Supervisor  
South Coast AQMD  
21865 E. Copley Drive  
Diamond Bar, CA 91765-4182

Subject: RECLAIM/Title V Facility Permit for the Inland Empire Energy Center  
(Facility ID 129816)

Dear Mr. Yee:

On behalf of Inland Empire Energy Center, LLC, we are pleased to submit the enclosed SCAQMD application forms requesting a RECLAIM/Title V permit change for the Inland Empire Energy Center (IEEC). We are requesting a change to the permit to clarify the number of hours allowed for emergency and non-emergency operation of the two emergency generator engines at the facility (Devices D9 and D10). The current permit condition for the two emergency generator engines limits annual operation to 50 hours per year. Because this limit matches the 50 hours/year allowed under CARB's I/C Engine Air Toxic Control Measure (ATCM) for non-emergency operation, we had assumed this SCAQMD permit limit was meant to limit non-emergency operation for testing/maintenance purposes. While a 50 hour/year limit will be fine for a normal year, additional operating hours will be necessary during a year when emergency operation is necessary. Under both the ATCM and SCAQMD emergency engine policy, a combined total of 200 hours/year is allowed for emergency and non-emergency operation. Consequently, we are requesting that the annual operating hour limit in the permit be revised to clarify that a higher number of operating hours are allowed for emergency operation. Therefore, we request the following change to the permit condition for the emergency generator engines:

- Condition C1.1: The operator shall limit the operating time to no more than 50 hour(s) in any one year **for maintenance/testing purposes and no more than a combined total of 200 hour(s) in any one year for each engine for any purpose (emergency and maintenance/testing operation).**

Enclosed is a check in the amount of \$3,974.34 payable to the SCAQMD to cover the filing fee for the requested permit change, including the 50% additional fee for an

expedited review by the SCAQMD. The amount of this filing fee was based on the SCAQMD's online permit application filing fee calculator and is summarized below.

- Change of condition for Emergency Generator Engine (Device D9): \$1,016.31.
- Change of condition for Emergency Generator Engine (Device D10), identical unit: \$508.16.
- Expedited permit fee (50% of above amounts): \$762.24.
- Title V/RECLAIM permit modification fee: \$1,687.63.
- Total fee required: \$3,974.34.

If you have any questions or need further information, please don't hesitate to contact me at (916) 444-6666.

Sincerely,



Tom Andrews  
Senior Engineer

Enclosure

cc: Dale Runquist, CEC  
CEC Dockets Office, Docket #01-AFC-17C  
Francisco Escobedo, GE  
Alisa Harris, GE  
Craig Matis, GE  
Ken Kohl, GE



**SIERRA RESEARCH**

916-444-6666  
1801 J Street  
Sacramento, CA 95811

UNION BANK OF CALIFORNIA, N.A.  
SACRAMENTO, CA 95814  
11-49/1210

20602

3/3/2009

PAY TO THE ORDER OF South Coast AQMD

\$\*\*3,974.34

Three Thousand Nine Hundred Seventy-Four and 34/100\*\*\*\*\*

DOLLARS

South Coast AQMD

MEMO

⑈0 2060 2⑈ ⑆ 21000497⑆ 21911290⑈

**SIERRA RESEARCH**

South Coast AQMD

3/3/2009

20602

Date Type Reference  
3/3/2009 Bill

Original Amt.  
3,974.34

Balance Due Discount  
3,974.34  
Check Amount

Payment  
3,974.34  
3,974.34

Union Bank of Califom

3,974.34



South Coast Air Quality Management District

Form 400-CEQA

California Environmental Quality Act (CEQA) Applicability

Mail Application To: P.O. Box 4944 Diamond Bar, CA 91765 Tel: (909) 396-3385 www.scaqmd.gov

The SCAQMD is required by state law, the California Environmental Quality Act (CEQA), to review discretionary permit project applications for potential air quality and other environmental impacts. This form is a screening tool to assist the SCAQMD in clarifying whether or not the project has the potential to generate significant adverse environmental impacts that might require preparation of a CEQA document [CEQA Guidelines §15060(a)]. Refer to the attached instructions for guidance in completing this form. For each Form 400-A application, also complete and submit one Form 400-CEQA. If submitting multiple Form 400-A applications for the same project at the same time, only one 400-CEQA form is necessary for the entire project. If you need assistance completing this form, contact Lori Inga at (909) 396-3109.

FACILITY INFORMATION
Business Name of Operator to Appear on the Permit: Inland Empire Energy Center, LLC
Facility ID (6-Digit): 129816
Project Description: Requested permit change to clarify the allowable operating hours for emergency situations for the emergency generator engines (Devices D9 and D10)

REVIEW FOR EXEMPTION FROM FURTHER CEQA ACTION
Check "Yes" or "No" as applicable
A. A CEQA and/or NEPA document previously or currently prepared that specifically evaluates this project?
B. A request for a change of permittee only (without equipment modifications)?
C. Equipment certification or equipment registration (qualifies for Rule 222)?
D. A functionally identical permit unit replacement with no increase in rating or emissions?
E. A change of daily VOC permit limit to a monthly VOC permit limit?
F. Equipment damaged as a result of a disaster during state of emergency?
G. A Title V (i.e., Regulation XXX) permit renewal (without equipment modifications)?
H. A Title V administrative permit revision?
I. The conversion of an existing permit into an initial Title V permit?
If "Yes" is checked for any question above, your application does not require additional evaluation for CEQA applicability. Skip to page 2, "SIGNATURES" and sign and date this form.

REVIEW OF IMPACTS WHICH MAY TRIGGER CEQA
Complete Sections I-VI by checking "Yes" or "No" as applicable. To avoid delays in processing your application(s), explain all "Yes" responses on a separate sheet and attach it to this form.
Section I - General
1. Has this project generated any known public controversy regarding potential adverse impacts that may be generated by the project?
2. Is this project part of a larger project?
Section II - Air Quality
3. Will there be any demolition, excavating, and/or grading construction activities that encompass an area exceeding 20,000 square feet?
4. Does this project include the open outdoor storage of dry bulk solid materials that could generate dust? If Yes, include a plot plan with the application package.

1 A "project" means the whole of an action which has a potential for resulting in physical change to the environment, including construction activities, clearing or grading of land, improvements to existing structures, and activities or equipment involving the issuance of a permit. For example, a project might include installation of a new, or modification of an existing internal combustion engine, dry-cleaning facility, boiler, gas turbine, spray coating booth, solvent cleaning tank, etc.

2 To download the CEQA guidelines, visit http://ceqa.ca.gov/env\_law/state.html.

3 To download this form and the instructions, visit http://www.scaqmd.gov/ceqa or http://www.scaqmd.gov/permit

	Yes	No	
5.	<input type="radio"/>	<input checked="" type="radio"/>	Would this project result in noticeable off-site odors from activities that may not be subject to SCAQMD permit requirements? For example, compost materials or other types of greenwaste (i.e., lawn clippings, tree trimmings, etc.) have the potential to generate odor complaints subject to Rule 402 - Nuisance.
6.	<input type="radio"/>	<input checked="" type="radio"/>	Does this project cause an increase of emissions from marine vessels, trains and/or airplanes?
7.	<input type="radio"/>	<input checked="" type="radio"/>	Will the proposed project increase the QUANTITY of hazardous materials stored aboveground onsite or transported by mobile vehicle to or from the site by greater than or equal to the amounts associated with each compound on the attached Table 1? <sup>4</sup>
<b>Section III - Water Resources</b>			
8.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project increase demand for water at the facility by more than 5,000,000 gallons per day? The following examples identify some, but not all, types of projects that may result in a "yes" answer to this question: 1) projects that generate steam; 2) projects that use water as part of the air pollution control equipment; 3) projects that require water as part of the production process; 4) projects that require new or expansion of existing sewage treatment facilities; 5) projects where water demand exceeds the capacity of the local water purveyor to supply sufficient water for the project; and 6) projects that require new or expansion of existing water supply facilities.
9.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project require construction of new water conveyance infrastructure? Examples of such projects are when water demands exceed the capacity of the local water purveyor to supply sufficient water for the project, or require new or modified sewage treatment facilities such that the project requires new water lines, sewage lines, sewage hook-ups, etc.
<b>Section IV - Transportation/Circulation</b>			
10.			Will the project result in (Check all that apply):
	<input type="radio"/>	<input checked="" type="radio"/>	a. the need for more than 350 new employees?
	<input type="radio"/>	<input checked="" type="radio"/>	b. an increase in heavy-duty transport truck traffic to and/or from the facility by more than 350 truck round-trips per day?
	<input type="radio"/>	<input checked="" type="radio"/>	c. increase customer traffic by more than 700 visits per day?
<b>Section V - Noise</b>			
11.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project include equipment that will generate noise GREATER THAN 90 decibels (dB) at the property line?
<b>Section VI - Public Services</b>			
12.			Will the project create a permanent need for new or additional public services in any of the following areas (Check all that apply):
	<input type="radio"/>	<input checked="" type="radio"/>	a. Solid waste disposal? Check "No" if the projected potential amount of wastes generated by the project is less than five tons per day.
	<input type="radio"/>	<input checked="" type="radio"/>	b. Hazardous waste disposal? Check "No" if the projected potential amount of hazardous wastes generated by the project is less than 42 cubic yards per day (or equivalent in pounds).
*REMINDER: For each "Yes" checked in the sections above, attach all pertinent information including but not limited to estimated quantities, volumes, weights, etc.**			

<b>SIGNATURES</b>			
I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS FORM IS A SCREENING TOOL AND THAT THE SCAQMD RESERVES THE RIGHT TO CONSIDER OTHER PERTINENT INFORMATION IN DETERMINING CEQA APPLICABILITY.			
SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM: <i>Francisco Escobedo</i>		TITLE OF RESPONSIBLE OFFICIAL OF FIRM: Director of Asset Management	
TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM: Francisco Escobedo		RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER: (951) 928-5941	DATE Signed: 3/3/09
SIGNATURE OF PREPARER, IF PREPARED BY PERSON OTHER THAN RESPONSIBLE OFFICIAL OF FIRM:		TITLE OF PREPARER: Senior Engineer	
TYPE OR PRINT NAME OF PREPARER: Tom Andrews		PREPARER'S TELEPHONE NUMBER: (916) 444-6666	DATE Signed:

THIS CONCLUDES FORM 400-CEQA. INCLUDE THIS FORM AND THE ATTACHMENTS WITH FORM 400-A.

<sup>4</sup> Table 1 - Regulated Substances List and Threshold Quantities for Accidental Release Prevention can be found in the Instructions for Form 400-CEQA.



South Coast Air Quality Management District

Form 400-A

Application For Permit To Construct and Permit To Operate

Mail Application To: P.O. Box 4944 Diamond Bar, CA 91765

Tel: (909) 396-3365 www.aqmd.gov

**Section A: Operator Information**

1. Business Name of Operator To Appear On The Permit:  
Inland Empire Energy Center, LLC

2. Valid AQMD Facility ID (Available on Permit or Invoice issued by AQMD): 129816

3. Owner's Business Name (only if different from Business Name of Operator): N/A

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**Section B: Equipment Location**

4. Equipment Location Address:  
For equipment operated at various locations in AQMD's jurisdiction, provide address of initial site

26226 Antelope Road  
Street Address

Romoland CA 92585  
City State Zip Code

County:  Los Angeles  Orange  San Bernardino  Riverside

Contact Name: Francisco Escobedo  
Contact Title: Director of Asset Mang. Phone: (951) 928-5941  
Fac: (866) 749-9109 E-Mail: Frank.Escobedo@ge.com

**Section C: Permit Mailing Address**

5. Permit and Correspondence Information:  
 Check here if same as equipment location address

PO Box 1240  
Street Address

Romoland CA 92585  
City State Zip Code

Contact Name: Francisco Escobedo  
Contact Title: Director of Asset Mang. Phone: (951) 928-5941  
Fac: (866) 749-9109 E-Mail: Frank.Escobedo@ge.com

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**Section D: Application Type**

The facility is in  RECLAIM  Title V  RECLAIM & Title V Program (please check if applicable)

6. Reason for Submitting Application (Select only ONE):

- New Construction (Permit to Construct)
- Equipment Operating Without A Permit or Expired Permit\*
- Administrative Change
- Equipment On-Site But Not Constructed or Operational
- Title V Application (Initial, Revisions, Modifications, etc.)
- Compliance Plan
- Facility Permit Amendment
- Registration/Certification
- Streamlined Standard Permit

Permitted Equipment Altered/ Modified Without Permit Approval\*

Proposed Alteration/Modification to Permitted Equipment

Change of Condition For Permit To Operate

Change of Condition For Permit To Construct

Change of Location—Moving to New Site

Existing Or Previous Permit/Application Number:  
(If you checked any of the items in this column, you MUST provide an existing Permit Application Number)  
A/N 439495

7. Estimated Start Date of Operation/Construction (MM/DD/YYYY): N/A

8. Description of Equipment:  
A clarification to the allowable number of operating hours in the permit for emergency purposes for Device D10.

9. Is this equipment portable AND will it be operated at different locations within AQMD's jurisdiction?  No  Yes

10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each) 1

11. Are you a Small Business as per AQMD's Rule 102 definition? (10 employees or less and total gross receipts are \$500,000 or less, or a not-for-profit training center?)  No  Yes

12. Has a Notice of Violation (NOV) or a Notice To Comply (NC) been issued for this equipment?  No  Yes If yes, provide NOV/NC #.

\* A Higher Permit Processing Fee applies to those items with an asterisk (Rule 301 (c) (1) (D))

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**Section E: Facility Business Information**

13. What type of business is being conducted at this equipment location?  
Power Plant

14. What is your business's primary NAICS Code (North American Industrial Classification System)? 4911

15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator?  No  Yes

16. Are there any schools (K-12) within a 1000-ft. radius of the equipment physical location?  No  Yes

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**Section F: Authorization/Signature** I hereby certify that all information contained herein and information submitted with this application is true and correct.

17. Signature of Responsible Official:  
*Francisco Escobedo*

18. Title:  
Director of Asset Mang.

19. Print Name:  
Francisco Escobedo

20. Date:  
3/3/09

Check List

- Form(s) signed and dated by authorized official
- Supplemental Equipment Form (400-E-XX or 400-E-GEN)
- CEQA Form (400-CEQA) attached
- Payment for permit processing fee attached

Your application will be rejected if any of the above items are missing.

AQMD USE ONLY		APPLICATION TRACKING #	TYPE B C D	EQUIPMENT CATEGORY CODE:		FEE SCHEDULE:	VALIDATION	
ENG. A R	ENG. A R	DATE	CLASS I II IV	ASSIGNMENT Unit	Engineer	\$	AMOUNT \$	Tracking #



South Coast Air Quality Management District

Form 400-A

Application For Permit To Construct and Permit To Operate

Mail Application To: P.O. Box 4944 Diamond Bar, CA 91765

Tel: (909) 396-3385 www.aqmd.gov

<b>Section A: Operator Information</b>	
1. Business Name of Operator To Appear On The Permit: Inland Empire Energy Center, LLC	
2. Valid AQMD Facility ID (Available on Permit or Invoice Issued by AQMD): 129816	3. Owner's Business Name (only if different from Business Name of Operator): N/A
<b>Section B: Equipment Location</b>	
4. Equipment Location Address: For equipment operated at various locations in AQMD's jurisdiction, provide address of initial site	
26226 Antelope Road Street Address	
Romoland City	CA, 92585 State Zip Code
County: <input type="checkbox"/> Los Angeles <input type="checkbox"/> Orange <input type="checkbox"/> San Bernardino <input checked="" type="checkbox"/> Riverside	
Contact Name: Francisco Escobedo	
Contact Title: Director of Asset Mang. Phone: (951) 928-5941	
Fax: (866) 749-9109 E-Mail: Frank.Escobedo@ge.com	
<b>Section C: Permit Mailing Address</b>	
5. Permit and Correspondence Information: <input type="checkbox"/> Check here if same as equipment location address	
PO Box 1240 Street Address	
Romoland City	CA, 92585 State Zip Code
Contact Name: Francisco Escobedo	
Contact Title: Director of Asset Mang. Phone: (951) 928-5941	
Fax: (866) 749-9109 E-Mail: Frank.Escobedo@ge.com	
<b>Section D: Application Type</b>	
The facility is in <input type="checkbox"/> RECLAIM <input type="checkbox"/> Title V <input checked="" type="checkbox"/> RECLAIM & Title V Program (please check if applicable)	
6. Reason for Submitting Application (Select only ONE):	
<input type="checkbox"/> New Construction (Permit to Construct)	<input type="checkbox"/> Permitted Equipment Altered/ Modified Without Permit Approval*
<input type="checkbox"/> Equipment Operating Without A Permit or Expired Permit*	<input type="checkbox"/> Proposed Alteration/Modification to Permitted Equipment
<input type="checkbox"/> Administrative Change	<input type="checkbox"/> Change of Condition For Permit To Operate
<input type="checkbox"/> Equipment On-Site But Not Constructed or Operational	<input checked="" type="checkbox"/> Change of Condition For Permit To Construct
<input type="checkbox"/> Title V Application (Initial, Revisions, Modifications, etc.)	<input type="checkbox"/> Change of Location—Moving to New Site
<input type="checkbox"/> Compliance Plan	Existing Or Previous Permit/Application Number: (If you checked any of the items in this column, you MUST provide a existing Permit/ Application Number)
<input type="checkbox"/> Facility Permit Amendment	A/N 439494
<input type="checkbox"/> Registration/Certification	
<input type="checkbox"/> Streamlined Standard Permit	
* A Higher Permit Processing Fee applies to those items with an asterisk (Rule 301 (c) (1) (D))	
7. Estimated Start Date of Operation/Construction (MM/DD/YYYY): N/A	
8. Description of Equipment: A clarification to the allowable number of operating hours in the permit for emergency purposes for Device D9.	
9. Is this equipment portable AND will it be operated at different locations within AQMD's jurisdiction? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each) 1	
11. Are you a Small Business as per AQMD's Rule 102 definition? (10 employees or less and total gross receipts are \$500,000 or less, or a not-for-profit training center?) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
12. Has a Notice of Violation (NOV) or a Notice To Comply (NC) been issued for this equipment? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide NOV/NC #:	
<b>Section E: Facility Business Information</b>	
13. What type of business is being conducted at this equipment location? Power Plant	14. What is your business' primary NAICS Code (North American Industrial Classification System)? 4911
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16. Are there any schools (K-12) within a 1000-ft. radius of the equipment physical location? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Section F: Authorization/Signature</b> I hereby certify that all information contained herein and information submitted with this application is true and correct.	
17. Signature of Responsible Official: <i>Francisco Escobedo</i>	18. Title: Director of Asset Mang.
19. Print Name: Francisco Escobedo	20. Date: 3/3/09
Check List <input checked="" type="checkbox"/> Form(s) signed and dated by authorized official <input type="checkbox"/> Supplemental Equipment Form (400-E-JXX or 400-E-GEN) <input checked="" type="checkbox"/> CEQA Form (400-CEQA) attached <input checked="" type="checkbox"/> Payment for permit processing fee attached Your application will be rejected if any of the above items are missing.	

AQMD USE ONLY	APPLICATION/TRACKING #	TYPE B C D	EQUIPMENT CATEGORY CODE:	FEE SCHEDULE:	VALIDATION
ENG. A R DATE	ENG. A R DATE	CLASS I II IV	ASSIGNMENT Unit Engineer	CHECK/MONEY ORDER #	AMOUNT \$ Tracking #





South Coast Air Quality Management District

**Form 400-A**

**Application For Permit To Construct and Permit To Operate**

Mail Application To:  
P.O. Box 4944  
Diamond Bar, CA 91765  
Tel: (909) 396-3385  
www.aqmd.gov

<b>Section A: Operator Information</b>			
1. Business Name of Operator To Appear On The Permit: Inland Empire Energy Center, LLC			
2. Valid AQMD Facility ID (Available on Permit or Invoice issued by AQMD): 129816		3. Owner's Business Name (only if different from Business Name of Operator): N/A	
<b>Section B: Equipment Location</b>		<b>Section C: Permit Mailing Address</b>	
4. Equipment Location Address: For equipment operated at various locations in AQMD's jurisdiction, provide address of initial site  26226 Antelope Road Street Address  Romoland CA, 92585 City State Zip Code  County: <input type="radio"/> Los Angeles <input type="radio"/> Orange <input type="radio"/> San Bernardino <input checked="" type="radio"/> Riverside  Contact Name: Francisco Escobedo  Contact Title: Director of Asset Mang. Phone: (951) 928-5941 Fax: (866) 749-9109 E-Mail: Frank.Escobedo@ge.com		5. Permit and Correspondence Information: <input type="checkbox"/> Check here if same as equipment location address  PO Box 1240 Street Address  Romoland CA 92585 City State Zip Code  Contact Name: Francisco Escobedo  Contact Title: Director of Asset Mang. Phone: (951) 928-5941 Fax: (866) 749-9109 E-Mail: Frank.Escobedo@ge.com	
<b>Section D: Application Type</b> The facility is in <input type="radio"/> RECLAIM <input type="radio"/> Title V <input checked="" type="radio"/> RECLAIM & Title V Program (please check if applicable)			
6. Reason for Submitting Application (Select only ONE):		7. Estimated Start Date of Operation/Construction (MM/DD/YYYY):	
<input type="radio"/> New Construction (Permit to Construct) <input type="radio"/> Equipment Operating Without A Permit or Expired Permit* <input type="radio"/> Administrative Change <input type="radio"/> Equipment On-Site But Not Constructed or Operational <input type="radio"/> Title V Application (Initial, Revisions, Modifications, etc.) <input type="radio"/> Compliance Plan <input checked="" type="radio"/> Facility Permit Amendment <input type="radio"/> Registration/Certification <input type="radio"/> Streamlined Standard Permit		<input type="radio"/> Permitted Equipment Altered/ Modified Without Permit Approval* <input type="radio"/> Proposed Alteration/Modification to Permitted Equipment <input type="radio"/> Change of Condition For Permit To Operate <input type="radio"/> Change of Condition For Permit To Construct <input type="radio"/> Change of Location—Moving to New Site Existing Or Previous Permit/Application Number: <small>(If you checked any of the items in this column, you MUST provide a existing Permit Application Number)</small>	
<input type="radio"/> 8. Description of Equipment: Change in Title V permit		<input type="radio"/> 9. Is this equipment portable AND will it be operated at different locations within AQMD's jurisdiction? <input checked="" type="radio"/> No <input type="radio"/> Yes	
<input type="radio"/> 10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each)		<input checked="" type="radio"/> 11. Are you a Small Business as per AQMD's Rule 102 definition? (10 employees or less and total gross receipts are \$500,000 or less, or a not-for-profit training center?) <input type="radio"/> No <input checked="" type="radio"/> Yes	
<input type="radio"/> 12. Has a Notice of Violation (NOV) or a Notice To Comply (NC) been issued for this equipment?  <input checked="" type="radio"/> No <input type="radio"/> Yes If yes, provide NOV/NC #:			
* A Higher Permit Processing Fee applies to those items with an asterisk (Rule 301 (c) (1) (D))			
<b>Section E: Facility Business Information</b>			
13. What type of business is being conducted at this equipment location? Power Plant		14. What is your business' primary NAICS Code (North American Industrial Classification System)? 4911	
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? <input checked="" type="radio"/> No <input type="radio"/> Yes		16. Are there any schools (K-12) within a 1800-ft. radius of the equipment physical location? <input checked="" type="radio"/> No <input type="radio"/> Yes	
<b>Section F: Authorization/Signature</b> I hereby certify that all information contained herein and information submitted with this application is true and correct.			
17. Signature of Responsible Official: <i>Francisco Escobedo</i>		18. Title: Director of Asset Mang.	Check List <input checked="" type="checkbox"/> Form(s) signed and dated by authorized official <input type="checkbox"/> Supplemental Equipment Form (400-E-XX or 400-E-GEN) <input checked="" type="checkbox"/> CEQA Form (400-CEQA) attached <input checked="" type="checkbox"/> Payment for permit processing fee attached Your application will be rejected if any of the above items are missing.
19. Print Name: Francisco Escobedo		20. Date: 3/3/09	

<b>AQMD USE ONLY</b>	APPLICATION/TRACKING #	TYPE B C D	EQUIPMENT CATEGORY CODE:	FEE SCHEDULE: \$	VALIDATION
ENG. A R DATE	ENG. A R DATE	CLASS I II IV	ASSIGNMENT Unit Engineer	CHECK/MONEY ORDER #	AMOUNT \$ Tracking #