

DOCKETED

Docket Number:	01-AFC-25C
Project Title:	Malburg City of Vernon-Compliance
TN #:	226358
Document Title:	Malburg Generating Station's Response to SCAQMD 01-09-19 Email
Description:	South Coast Air Quality Management District (SCAQMD)
Filer:	Scott Galati
Organization:	DayZenLLC
Submitter Role:	Applicant Representative
Submission Date:	1/23/2019 1:53:54 PM
Docketed Date:	1/23/2019



ATMOSPHERIC DYNAMICS, INC
Meteorological & Air Quality Modeling

January 23, 2019

Mr. Andrew Lee
South Coast Air Quality Management District
21865 E. Copley Drive
Diamond Bar, CA 91765

Subject: MGS (Facility ID# 155474) Response Package to the SCAQMD January 9th Email to Scott Galati

Dear Mr. Lee;

Malburg Generating Station (MGS) has provided the attached response package to your January 9th, 2019 information request. As summarized below, we have responded to all of the questions. Additionally, there are several attachments and modeling files associated with the responses.

Response 4.d.i.aa: *Modeling Protocol:* Both Malburg staff, SCAQMD staff and Atmospheric Dynamics were informed by Vicky Lee via email on October 6th, 2017 that the protocol would not be reviewed by modeling staff until after the permit application was received and a draft modeling review request made. The modeling protocol reflects modeling methodologies and is not an emissions protocol. Regardless of emission decreases or increases associated with the project, the modeling protocols purpose is to present the proposed meteorology, dispersion models, background air quality data sources which would be used to support a permit modification. It is important to note that the modeling as submitted to the SCAQMD nearly three months ago. Considering the amount of time the application has been with the SCAQMD, the modeling, which was revised in accordance with the May 1, 2018 and September 26, 2018 letters, the October 20, 2018 modeling should have at least been submitted to the appropriate SCAQMD Staff for review before now.

Response 4.d.ii.aa.1): We agree that existing condition A 63.3 monthly emission limit for SO₂ should be increased from 214 pounds to 227 pounds for both turbines.

Response 4.d.ii.aa.2): We agree that condition C1.4 should be revised to increase the fuel usage limit per turbine per month from 330 mmcf/month to 405 mmcf/month.

Response 8.d.iii.aa 1): The modeling results presented in the October 20th, 2018 response letter are for one turbine as noted since only one turbine at a time would undergo commissioning activities. It should also be noted that the EPA model AERMOD was revised between the May and October 2018 response which also results in a change in concentration.



Response 8.d.iii.aa.2): The commission modeling results presented in the October 20th, 2018 response package are correct.

Response 8.d.iii.bb: The commissioning activities were less than 50 hours per year for either turbine, and therefore, would not be considered statistically significant for the probabilistic form of the federal 1-hour standard.

Response 9.a.ii: Simply stated, the annual stack parameters (Scenario 15) were used to modeling both 1-hour acute and annual chronic/cancer impacts. However, the emissions used in the HRA for the 1-hour acute impacts were based on the maximum fuel use day which would be the 38°F temperature day or Scenario S13. The slight difference in stack parameters (exit temperature and exit velocity) between Scenarios S13 and S15 would not result in the project becoming significant as the maximum acute impact of 0.0059 (at receptor 2612) is several orders of magnitude less than the significance level of 1.0.

Response 16: The signed copy of Form 500-A2 has been sent via FedEx and will be emailed as part of this response.

Copies of this submittal will be sent to the California Energy Commission. Please feel free to contact me at (831) 620-0481 if you have any questions concerning our response to your September comments. We urge the SCAQMD to prioritize this project and quickly issue the draft permit so that the CEC can complete its review. It appears that this project has not been a priority and not expedited as expected. Please confirm a date certain whereby the SCAQMD will issue a draft permit.

Regards,

Atmospheric Dynamics, Inc.



Gregory Darwin

Cc

Kyle McCormack, MGS

Scott Galati, Dayzen, LLC



Attachments
AQMD Form 500-A2





South Coast Air Quality Management District
Form 500-A2
Title V Application Certification

Mail To:
 SCAQMD
 P.O. Box 4944
 Diamond Bar, CA 91765-0944
 Tel: (909) 396-3385
 www.aqmd.gov

Section I - Operator Information

1. Facility Name (Business Name of Operator That Appears On Permit): Bicent (California) Malburg LLC

2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 155474

3. This Certification is submitted with a (Check one):
 a. Title V Application (Initial, Revision or Renewal)
 b. Supplement/Correction to a Title V Application
 c. MACT Part 1

4. Is Form 500-C2 included with this Certification? Yes No

Section II - Responsible Official Certification Statement

Read each statement carefully and check each that applies – You must check 3a or 3b.

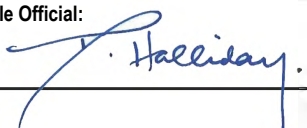
1. For Initial, Permit Renewal, and Administrative Application Certifications:
 a. The facility, including equipment that are exempt from written permit per Rule 219, is currently operating and will continue to operate in compliance with all applicable requirement(s) identified in Section II and Section III of Form 500-C1,
 i. except for those requirements that do not specifically pertain to such devices or equipment and that have been identified as "Remove" on Section III of Form 500-C1.
 ii. except for those devices or equipment that have been identified on the completed and attached Form 500-C2 that will not be operating in compliance with the specified applicable requirement(s).
 b. The facility, including equipment that are exempt from written permit per Rule 219, will meet in a timely manner, all applicable requirements with future effective dates.

2. For Permit Revision Application Certifications:
 a. The equipment or devices to which this permit revision applies, will in a timely manner comply with all applicable requirements identified in Section II and Section III of Form 500-C1.

3. For MACT Hammer Certifications:
 a. The facility is subject to Section 112(j) of the Clean Air Act (Subpart B of 40 CFR part 63), also known as the MACT "hammer." The following information is submitted with a Title V application to comply with the Part 1 requirements of Section 112(j).
 b. The facility is not subject to Section 112(j) of the Clean Air Act (Subpart B of 40 CFR part 63).

Section III - Authorization/Signature

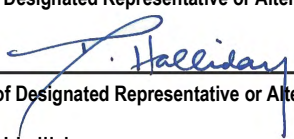
I certify under penalty of law that I am the responsible official for this facility as defined in AQMD Regulation XXX and that based on information and belief formed after reasonable inquiry, the statement and information in this document and in all attached application forms and other materials are true, accurate, and complete.

1. Signature of Responsible Official: 	2. Title of Responsible Official: Chief Operating Office
3. Print Name: Douglas Halliday	4. Date: 10/15/2018
5. Phone #: (410) 770-9500	6. Fax #:

7. Address of Responsible Official:
9 Federal St. Easton MD 21601
 Street # City State Zip

Acid Rain Facilities Only: Please Complete Section IV

Acid Rain facilities must certify their compliance status of the devices subject to applicable requirements under Title IV by an individual who meets the definition of Designated (or Alternate) Representative in 40 CFR Part 72.

Section IV - Designated Representative Certification Statement									
<p>For Acid Rain Facilities Only: I am authorized to make this submission on behalf of the owners and operators of the affected source or affected units for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.</p>									
1. Signature of Designated Representative or Alternate: 	2. Title of Designated Representative or Alternate: Chief Operating Officer								
3. Print Name of Designated Representative or Alternate: Douglas Halliday	4. Date:								
5. Phone #: (410) 770-9500	6. Fax #:								
7. Address of Designated Representative or Alternate:									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; border-bottom: 1px solid black;">9 Federal St.</td> <td style="width: 20%; border-bottom: 1px solid black;">Easton</td> <td style="width: 10%; border-bottom: 1px solid black;">MD</td> <td style="width: 25%; border-bottom: 1px solid black;">21601</td> </tr> <tr> <td style="font-size: small;">Street #</td> <td style="font-size: small;">City</td> <td style="font-size: small;">State</td> <td style="font-size: small;">Zip</td> </tr> </table>		9 Federal St.	Easton	MD	21601	Street #	City	State	Zip
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