

DOCKETED

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**SHASTA COUNTY DEPARTMENT OF RESOURCE MANAGEMENT
AIR QUALITY MANAGEMENT DISTRICT**

**1855 PLACER STREET, SUITE 101, REDDING, CALIFORNIA 96001 PHONE (530)225-5674/FAX (530)225-5237
aqmd.shastacounty.gov**

APPLICATION FOR AUTHORITY TO CONSTRUCT/PERMIT TO OPERATE

INSTRUCTIONS

PERMIT NUMBER -PO-

Each applicant for an Authority to Construct shall provide to the District the following:

- A. One application form for each emission unit or multi-component system at the facility.
- B. A \$75 one time filing fee for each application or a \$15 transfer of ownership * or name change fee made payable to the Shasta County AQMD. (*Furnish a copy of the sales agreement or a signed statement from the seller.)
- C. Adequate drawings of each emissions unit, including plot plan and area map indicating receptors within 1/4 mile of the facility. Any public or private school with an outer boundary within 1000 feet of the emissions unit must be included on the map.
- D. A signature of a responsible member of the organization on each application.
- E. An annual permit fee must be paid before a Permit to Operate is granted. The District shall notify the applicant of the appropriate amount due following an initial inspection of the permitted device(s).

Print Clearly

- 1. Business Name: Fountain Wind LLC
- 2. Email: hwoltag@connectgenllc.com
- 3. Assessor's Parcel Number: 029-190-010 (see figures) Telephone: 281.520.6995 Fax: _____
- 4. Type of Business: renewable energy generation
- 5. Mailing Address: 1001 McKinney Street, Suite 700 Houston, TX 77002
- 6. Address of Equipment: 40.823144°, -121.821985°
- 7. Equipment Description (use additional sheets if required): A 268 horsepower Generac emergency generator fueled by propane.

- 8. Application to: (check one):
 - Operate Existing Equipment
 - New Construction
 - Change of Location
 - Modification
 - Exempt Equipment
 - Change of Ownership*
 - 9. Type of Organization:
 - Corporation
 - Partnership
 - Individual Owner
 - Government Agency
- (Copy of agreement or statement attached? Yes _____ No)

- 10. Planned construction dates: Start: April 2025 End: December 2025
- 11. Is a plot plan attached? Yes: No:
- 12. Is this emission unit within 1000 feet from the outer boundary of any public or private school? Yes: _____ No:
- 13. Name of Owner(s)/Principles: Henry Woltag
- 14. Signature of Applicant: _____ Date: _____
- 15. Print Signer's Name: _____ Title: _____

BY SIGNING THIS APPLICATION, THE APPLICANT/PROPERTY OWNER AGREES TO DEFEND, INDEMNIFY, AND HOLD THE SHASTA COUNTY AIR QUALITY MANAGEMENT DISTRICT HARMLESS FROM ANY CLAIM, ACTION, OR PROCEEDING BROUGHT TO ATTACK, SET ASIDE, VOID OR ANNUL THE DISTRICT'S APPROVAL OF THIS APPLICATION, ISSUANCE OF ANY ASSOCIATED PERMIT, AND ANY ENVIRONMENTAL REVIEW ASSOCIATED WITH THE PROPOSED PROJECT.

Other Division Review			Air Quality Fees Collected				
General Plan/Zoning:			Type	Date	Amount	Receipt #	Rec'd By
Use requires use permit:	Yes	No	Filing				
Use requires building permit:	Yes	No	Permit				
Planning:	Building:						
Date:	Date:						

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VOICE (530)225-5674/FAX (530)225-5237**

SUPPLEMENTAL INFORMATION: INTERNAL COMBUSTION ENGINE
(specifically natural gas-fired or propane-fired engines used for electricity generation)

Provide the following data, specifications, drawings, and plans for each engine as a supplement to the standard application form. This information requested should be submitted complete and accurate to ensure expedient review and evaluation.

1. **Facility Information**

Company Name: Fountain Wind LLC

2. **Equipment Location Drawing**

The drawing or sketch submitted must be dimensioned and must show the following:

- a) The property involved and outlines of all buildings. Identify property lines plainly.
See attached map.
- b) Location and identification of the internal combustion engine on the property.
The genset will be located within the substation and switchyard depicted on the map.
- c) Location of the property with respect to streets and all adjacent properties within 1000'.
Also, identify use type of the adjacent properties.
No receptors within 0.25 mi and no schools within 1,000 ft. Nearest receptor is 2 mi NW.

3. **List the Equipment Driven by the Engine (or generator)**

~~substation control building and project's telemetry, communication and control equipment~~

4. **Engine Specifications**

- a) Engine Manufacturer: Generac Industrial Power
- b) Model Number: RG060
- c) Identification/Serial Number: 3004556017
- d) Horsepower: 268 bhp
- e) Power Rating: 60 kw
- f) Total Displacement: 146.46 in³
- g) Fuel Type: propane natural gas or propane

SUPPLEMENTAL (cont)

4. **Engine Specifications** (cont)

h) Fuel Usage Rate (maximum): 1.47 cuft/hour _____ cuft/year

i) Fuel Storage Tank: 65 cuft capacity

aboveground or underground

j) Emission Data: Data must include: criteria pollutant emission rates, stack height, stack diameter, stack exhaust flow rate, and stack exhaust temperature. Submittal of the engine manufacturers specifications manual is recommended (if available).

5. **Engine Operation**

a) Maximum Operating Schedule: 16 hrs/day 1 days/week 3 weeks/year

b) Average Operating Schedule: 0.167 hrs/day 1 days/week 52 weeks/year

6. **Describe Periodic Maintenance Procedures**

The genset will be used as a backup generator at the site. Other than use as a backup, the engine will be operated a a maximum of 61 hours per year for testing (0.167 hours/day). Periodic testing of emergency gensets is typically conducted monthly.

7. **Generator Specifications (if applicable)**

a) Generator Manufacturer: Generac Industrial Power

b) Model Number: RG060

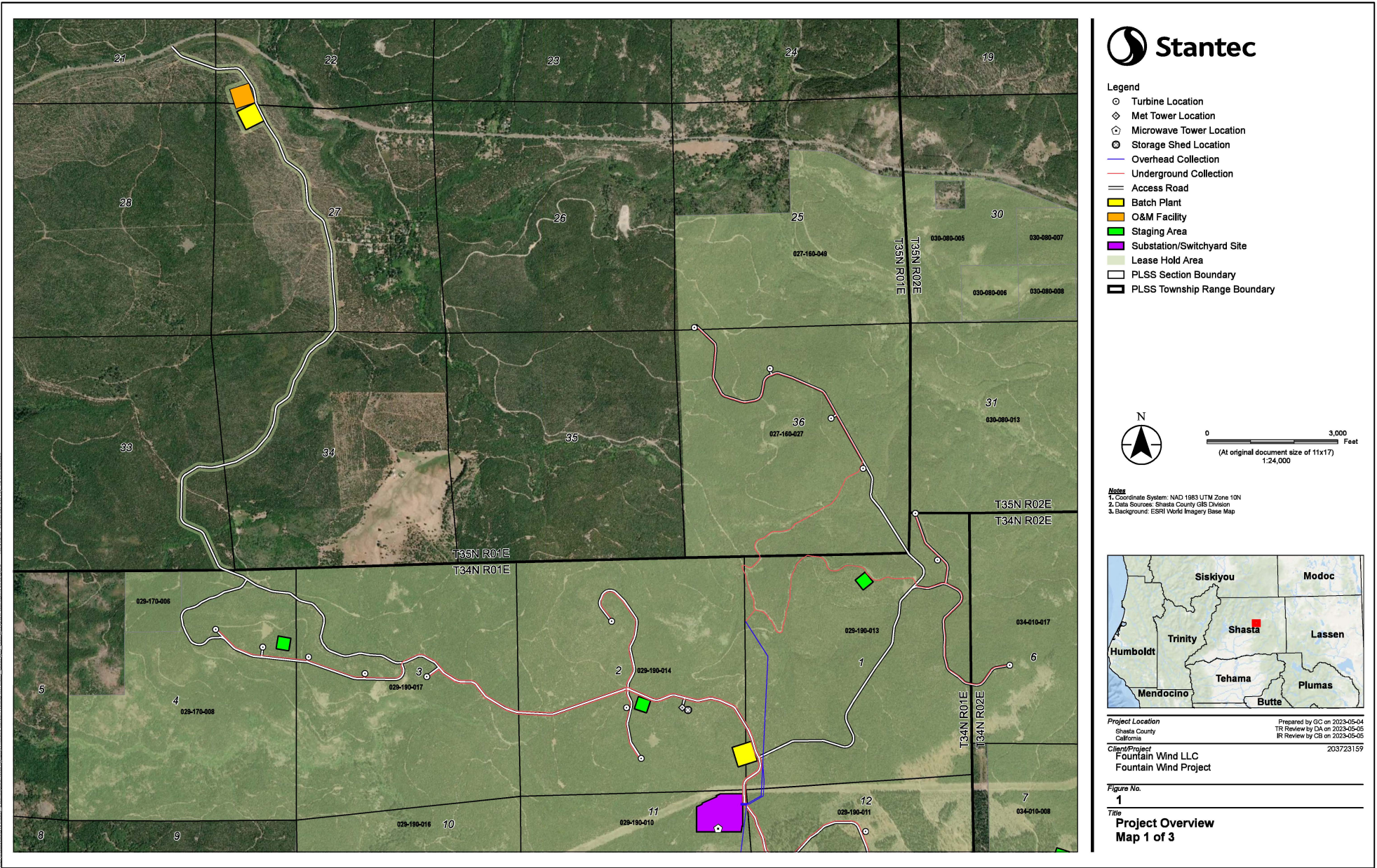
c) Power Rating: 60 kw

8. **Filer Information**

Filer's Printed Name: Sara Parsons

DocuSigned by:
Signature: Sara Parsons Date: 7/5/2023
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NOTICE: After the Authority to Construct is granted, any deviation from approved plans is not permitted without first securing additional approval from the Air Pollution Control Officer. As stated in the Health and Safety Code Sections 41510, 41511, and 42304, the Air Quality Management District shall make random audits on submitted data to insure the appropriateness of such data. The willful submission of false or inaccurate data constitutes a misdemeanor per Health and Safety Code Section 42400.



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