

## INLAND ENERGY, INC.

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South Tower Suite 606  
Newport Beach, CA 92660  
Ph 949 856-2200 / Fax 949 856-2313  
www.InlandEnergy.Com



April 19, 2007

Mr. John Kessler  
Project Manager  
California Energy Commission  
1516 Ninth Street  
Sacramento, CA 95814

Re - Docket # 07-AFC-1

<b>DOCKET</b> <b>07-AFC-1</b>	
DATE	APR 19 2007
RECD.	APR 25 2007

Dear Mr. Kessler:

Attached are copies of the Applications for Authority to Construct and Permit to Operate that were submitted to the Mojave Desert Air Quality Management District.

If you have any questions regarding these or other Victorville 2 documents, please call me @ 760-843-5450.

Regards,

Antonio D. Penna Jr.  
Inland Energy

Xc:

Mr. Thomas Barnett, Inland Energy  
Ms. Sara Head, ENSR  
Mr. Eldon Heaston, MDAQMD (w/out attachments)

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**

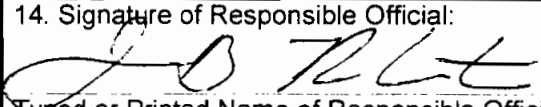
14306 Park Avenue, Victorville, CA 92392-2310  
 (760) 245-1661 Facsimile: (760) 245-2022

www.mdaqmd.ca.gov  
 Eldon Heaston  
 Executive Director

**APPLICATION FOR AUTHORITY TO CONSTRUCT AND PERMIT TO OPERATE**

Page 1 of 2: please type or print

REMIT \$212.00 WITH THIS DOCUMENT (\$121.00 FOR CHANGE OF OWNER)

1. Permit To Be Issued To (company name to receive permit): City of Victorville		1a. Federal Tax ID No.: 9 5 2 2 3 5 9 1 8	
2. Mailing/Billing Address (for above company name): 14343 Civic Drive, P. O. Box 5001, Victorville, CA 92393-5001			
3. Facility or Business License Name (for equipment location): Victorville 2 Hybrid Power Project			
4. Facility Address - Location of Equipment (if same as for company, enter "Same"): Helendale Road, Victorville, CA 92393 [Note: Street to be renamed Perimeter Road]		Location UTM or Lat/Long: NAD27 11 466122 E 3832139 N	
5. Contact Name/Title: Jon B. Roberts, City Manager	Email Address: jroberts@ci.victorville.ca.us	Phone/Fax Nos.: 760-955-5000/760-245-7243	
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment: Natural gas fired combustion turbine-generator #1 with heat recovery steam generator			
Air Pollution Control Equipment, if any (note that most APCE require a separate application): Selective catalytic reduction with oxidation catalyst			
7. Application is for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		For modification or change of owner: *Current Permit Number: _____	
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Utility <input checked="" type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency			
9. General Nature of Business: Electrical generating facility		Principal Product: Electricity	SIC Code (if known): 4 9 1 1
10. Distances (feet and direction to closest): 5 0 0 S Fenceline 6 0 W Residence 7 0 0 0 SE Business 16200 SE School			
11. Facility Annual Throughput by Quarters (percent): 2 5 % Jan-Mar 2 5 % Apr-Jun 2 5 % Jul-Sep 2 5 % Oct-Dec		12. Expected Facility Operating Hours: 2 4 Hrs/Day 7 Days/Wk 5 2 Wks/Yr 8 7 6 0 Total Hrs/Yr	
13. Do you claim Confidentiality of Data (if yes, state nature of data on reverse in Remarks)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
14. Signature of Responsible Official: 		Official Title: City Manager	
Typed or Printed Name of Responsible Official: Jon B. Roberts		Phone Number: 760-955-5000	Date Signed: 4-13-07
- For District Use Only -			
Application Number: 02008971	Invoice Number: 18203	Permit Number:	Company/Facility Number: 46/2948

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT  
GENERAL APPLICATION, continued**

Page 2 of 2: please type or print

**15. Stack Emissions Information:**

<u>Stack No.</u>	<u>Stack Height</u>	<u>Stack Diameter</u>	<u>Exhaust Temp</u>	<u>Exhaust Flow Rate</u>	<u>Exhaust Velocity</u>
1	145 feet	18.5 feet	195.3 °F	1,001,784 acfm	3,727 ft/min
2					
3					

(list additional stacks on a separate sheet)

Stack Height is the distance above ground level to discharge point (feet)

Stack Diameter is the diameter (or equivalent circular diameter) of discharge point (nearest tenth foot)

If using cross-sectional area (A in square feet), equivalent diameter is  $D = (1.273A)^{0.5}$

Exhaust Temp in degrees F, actual or estimated to nearest 50 deg F

Exhaust Flow Rate at discharge point in actual cubic feet per minute (ACFM)

Exhaust Velocity in feet per second, design or measured

**16. Remarks (basis for confidentiality of data, process description, modification description, etc.):**

Exhaust temp, flow rate, and exhaust velocity are representative of normal operating case: 100% load with no duct burner in use, with the local average ambient temperature of 77 °F and a relative humidity of 40%

If you wish to specify process information as proprietary or confidential, space is provided for this purpose. The kinds and rates of emissions may not be held confidential; emissions are subject to public disclosure.

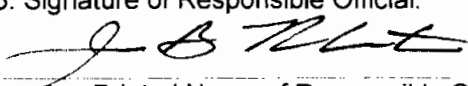
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 14306 Park Avenue, Victorville, CA 92392-2310  
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 Eldon Heaston  
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**APPLICATION FOR EXTERNAL COMBUSTION ENGINE (BOILER, ETC.) ONLY**

Page 1 of 2: please type or print

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5. Contact Name/Title: Jon B. Roberts, City Manager	Email Address: jroberts@ci.victorville.ca.us	Phone/Fax Nos.: 760-955-5000/760-245-7243	
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment: Duct burner #1, 424.28 MMBTU/hr heat capacity			
7. Application is for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		For modification or change of owner: *Current Permit Number: _____	
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Utility <input checked="" type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency			
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10. General Nature of Business: Electrical generating facility		11. Principal Product: Electricity	
12. Facility Annual Throughput by Quarters (percent): <u>2 5</u> % <u>2 5</u> % <u>2 5</u> % <u>2 5</u> % Jan-Mar Apr-Jun Jul-Sep Oct-Dec		13. Facility Operating Hours: <u>6</u> <u>7</u> <u>5 2</u> <u>2 0 0 0</u> Hrs/Day Days/Wk Wks/Yr Total Hrs/Yr	
14. Do you claim Confidentiality of Data (if yes, state nature of data in attachment)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Signature of Responsible Official: 		Official Title: City Manager	
Typed or Printed Name of Responsible Official: Jon B. Roberts		Phone Number: 760-955-5000	Date Signed: 4-13-07
- For District Use Only -			
Application Number: <u>0008968</u>	Invoice Number: <u>18203</u>	Permit Number:	Company/Facility Number: <u>46/2948</u>

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT  
EXTERNAL COMBUSTION APPLICATION, continued**

Page 2 of 2: please type or print

**16. INFORMATION ON EQUIPMENT:**

Boiler  Dryer  Furnace  Heater  Kiln  Oven  Other, specify: Duct burner

Manufacturer: T B D

Model No.: T B D Serial No.: T B D

Maximum heat input rating (use Higher Heating Value): 4 2 4 . 3 **MMBtu/hr or kW**

Burner Manufacturer: T B D Burner Model No.: T B D

Number of burners: T B D Burner max heat input rating: T B D **MMBtu/hr or kW**

Percent excess air (or n/a): T B D Operating temps (C or F): T B D Av. T B D Max

Specify Primary Fuel (\*attach fuel analysis for these fuels specifying HHV and sulfur content):

Natural Gas  LPG (Propane)  CARB Diesel  Coal\*  Petroleum Coke\*

Digester Gas\*  Landfill Gas\*  Refinery Gas\*  Other,\* specify: \_\_\_\_\_

Max hourly primary fuel usage: 4 1 4 4 0 0 Fuel units (ft<sup>3</sup>, gal, etc.): ft<sup>3</sup>

If secondary fuel is proposed, specify: N A Max hourly usage: \_\_\_\_\_

Feedstock type and max process rate (specify units): \_\_\_\_\_

Unit Lat/Long or UTM Coordinates: NAD27 Zone 11 466040.77 E 3832160.30 N

Max annual hours: 2 0 0 0 Exhaust Stack Height (feet): 1 4 5 Inside Diameter (inches): 2 2 2

**17. EMISSION CONTROLS:** Check all that apply:

Low NOx Burner  Oxygen Trim  Flue or Exhaust Gas Recirculation (FGR or EGR)

Oxidation Catalyst  Selective Catalytic Reduction (SCR)  Selective Non-Catalytic Reduction (SNCR)

Afterburner  ESP  Baghouse  Other - Please specify: \_\_\_\_\_

**18. MAX EMISSION RATES (CONTROLLED):**

Pollutant	Concentration ppmvd or gr/dscf	Mass pounds/hour
Oxides of Nitrogen (NOx)	_____	<u>6 . 1</u>
Oxides of Sulfur (SOx)	_____	<u>0 . 4 8</u>
Carbon Monoxide (CO)	_____	<u>1 2 . 6</u>
Total Particulates (TSP or PM30)	_____	_____
Coarse Respirable Particulates (PM10)	_____	<u>1 2</u>
Fine Respirable Particulates (PM2.5)	_____	_____
Total Organics (TOG)	_____	_____
Volatile Organic Compounds (VOC, ROG or NMOG)	_____	<u>4 . 5 6</u>

**19. DRYERS ONLY** Check one:

Centrifugal  Chip  Fluidized Bed  Rotary  Spray  Other, specify: \_\_\_\_\_

**20. FURNACE ONLY** Check one:

Annealing  Burnoff  Calcining  Crucible  Cupola  Diffusion  Electric  Forge  Pot

Holding  Heat Treating  Melting  Reveratory  Rotary  Sweating  Oxide Growth

**21. OVEN ONLY** Check one:

Bakery  Baking  Curing  Drying  Fluidized Bed  Stripping  Solder Reflow

Roasting, specify type: \_\_\_\_\_ Firing Method:  Direct  Indirect

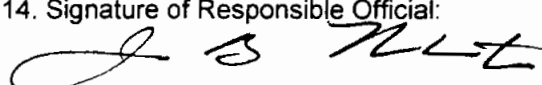
**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**  
 14306 Park Avenue, Victorville, CA 92392-2310  
 (760) 245-1661 Facsimile: (760) 245-2022 8:03

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 Eldon Heaston  
 Executive Director

**APPLICATION FOR AUTHORITY TO CONSTRUCT AND PERMIT TO OPERATE**

Page 1 of 2: please type or print

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5. Contact Name/Title: Jon B. Roberts, City Manager		Email Address: jroberts@ci.victorville.ca.us	Phone/Fax Nos.: 760-955-5000/760-245-7243
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment: Oxidation catalyst system for combustion turbine power train #1  Air Pollution Control Equipment, if any (note that most APCE require a separate application):			
7. Application is for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		For modification or change of owner: *Current Permit Number: _____	
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Utility <input checked="" type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency			
9. General Nature of Business: Electrical generating facility		Principal Product: Electricity	SIC Code (if known): 4 9 1 1
10. Distances (feet and direction to closest): 5 0 0 S Fenceline 6 0 W Residence 7 0 0 0 SE Business 16200 SE School			
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13. Do you claim Confidentiality of Data (if yes, state nature of data on reverse in Remarks)?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14. Signature of Responsible Official: 		Official Title: City Manager	
Typed or Printed Name of Responsible Official: Jon B. Roberts		Phone Number: 760-955-5000	Date Signed: 4-13-07
- For District Use Only -			
Application Number: 0000 8974	Invoice Number: 18203	Permit Number:	Company/Facility Number: 464948

# MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT GENERAL APPLICATION, continued

Page 2 of 2: please type or print

**15. Stack Emissions Information:**

<u>Stack No.</u>	<u>Stack Height</u>	<u>Stack Diameter</u>	<u>Exhaust Temp</u>	<u>Exhaust Flow Rate</u>	<u>Exhaust Velocity</u>
1	145 feet	18.5 feet	195.3 °F	1,001,784 acfm	3,727 ft/min
2					
3					

(list additional stacks on a separate sheet)

Stack Height is the distance above ground level to discharge point (feet)

Stack Diameter is the diameter (or equivalent circular diameter) of discharge point (nearest tenth foot)

If using cross-sectional area (A in square feet), equivalent diameter is  $D = (1.273A)^{0.5}$

Exhaust Temp in degrees F, actual or estimated to nearest 50 deg F

Exhaust Flow Rate at discharge point in actual cubic feet per minute (ACFM)

Exhaust Velocity in feet per second, design or measured

**16. Remarks (basis for confidentiality of data, process description, modification description, etc.):**

Exhaust temp, flow rate, and exhaust velocity are representative of normal operating case: 100% load with no duct burner in use, with the local average ambient temperature of 77 °F and a relative humidity of 40%

If you wish to specify process information as proprietary or confidential, space is provided for this purpose. The kinds and rates of emissions may not be held confidential; emissions are subject to public disclosure.

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**

14306 Park Avenue, Victorville, CA 92392-2310

(760) 245-1661

Facsimile: (760) 245-202207 APR 16 AM 8:03

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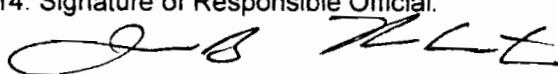
Eldon Heaston

Executive Director

**APPLICATION FOR AUTHORITY TO CONSTRUCT AND PERMIT TO OPERATE**

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5. Contact Name/Title: Jon B. Roberts, City Manager	Email Address: <a href="mailto:jroberts@ci.victorville.ca.us">jroberts@ci.victorville.ca.us</a>	Phone/Fax Nos.: 760-955-5000/760-245-7243	
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment: Selective catalytic reduction and ammonia injection system for combustion turbine power train #1			
Air Pollution Control Equipment, if any (note that most APCE require a separate application):			
7. Application is for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		For modification or change of owner: *Current Permit Number: _____	
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13. Do you claim Confidentiality of Data (if yes, state nature of data on reverse in Remarks)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
14. Signature of Responsible Official: 		Official Title: City Manager	
Typed or Printed Name of Responsible Official: Jon B. Roberts		Phone Number: 760-955-5000	Date Signed: 4-13-07
- For District Use Only -			
Application Number: <u>0000 8976</u>	Invoice Number: <u>18203</u>	Permit Number:	Company/Facility Number: <u>46/2948</u>



**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT  
GENERAL APPLICATION, continued**

Page 2 of 2: please type or print

**15. Stack Emissions Information:**

<u>Stack No.</u>	<u>Stack Height</u>	<u>Stack Diameter</u>	<u>Exhaust Temp</u>	<u>Exhaust Flow Rate</u>	<u>Exhaust Velocity</u>
1	145 feet	18.5 feet	195.3 °F	1,001,784 acfm	3,727 ft/min
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(list additional stacks on a separate sheet)

Stack Height is the distance above ground level to discharge point (feet)

Stack Diameter is the diameter (or equivalent circular diameter) of discharge point (nearest tenth foot)

If using cross-sectional area (A in square feet), equivalent diameter is  $D = (1.273A)^{0.5}$

Exhaust Temp in degrees F, actual or estimated to nearest 50 deg F

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**16. Remarks (basis for confidentiality of data, process description, modification description, etc.):**

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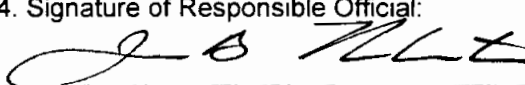
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Typed or Printed Name of Responsible Official: Jon B. Roberts		Phone Number: 760-955-5000	Date Signed: 4-13-07
- For District Use Only -			
Application Number: <u>0000 8973</u>	Invoice Number: <u>18203</u>	Permit Number:	Company/Facility Number: <u>46/2948</u>

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT  
GENERAL APPLICATION, continued**

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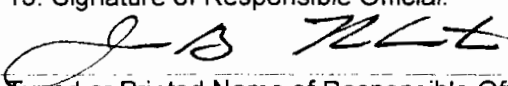
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3. Facility or Business License Name (for equipment location): Victorville 2 Hybrid Power Project		
4. Facility Address - Location of Equipment (if same as for company, enter "Same"): Helendale Road, Victorville, CA 92393 [Note: Street to be renamed Perimeter Road]		Facility UTM or Lat/Long: NAD27 11 466122 E 3832139 N
5. Contact Name/Title: Jon B. Roberts, City Manager	Email Address: jroberts@ci.victorville.ca.us	Phone/Fax Nos.: 760-955-5000/760-245-7243
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment: Duct burner #2, 424.28 MMBTU/hr heat capacity		
7. Application is for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		For modification or change of owner: *Current Permit Number: _____
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Utility <input checked="" type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency		
9. Distances (feet and direction to closest): <u>5 5 0</u> SE Fenceline <u>6 1</u> W Residence <u>6 9 0 0</u> SE Business <u>1 6 1 0 0</u> SE School		
10. General Nature of Business: Electrical generating facility		11. Principal Product: Electricity
12. Facility Annual Throughput by Quarters (percent): <u>2 5</u> % <u>2 5</u> % <u>2 5</u> % <u>2 5</u> % Jan-Mar    Apr-Jun    Jul-Sep    Oct-Dec		13. Facility Operating Hours: <u>6</u> <u>7</u> <u>5 2</u> <u>2 0 0 0</u> Hrs/Day    Days/Wk    Wks/Yr    Total Hrs/Yr
14. Do you claim Confidentiality of Data (if yes, state nature of data in attachment)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Signature of Responsible Official:  Typed or Printed Name of Responsible Official: Jon B. Roberts		Official Title: City Manager Phone Number: 760-955-5000 Date Signed: 4-13-07
- For District Use Only -		
Application Number: <u>0008969</u>	Invoice Number: <u>18203</u>	Permit Number: <u>46</u>   <u>2948</u>

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT  
EXTERNAL COMBUSTION APPLICATION, continued**

Page 2 of 2: please type or print

**16. INFORMATION ON EQUIPMENT:**

Boiler  Dryer  Furnace  Heater  Kiln  Oven  Other, specify: Duct burner

Manufacturer: T B D

Model No.: T B D Serial No.: T B D

Maximum heat input rating (use Higher Heating Value): 4 2 4 . 3 **MMBtu/hr or kW**

Burner Manufacturer: T B D Burner Model No.: T B D

Number of burners: T B D Burner max heat input rating: T B D **MMBtu/hr or kW**

Percent excess air (or n/a): T B D Operating temps (C or F): T B D Av. T B D Max

Specify Primary Fuel (\*attach fuel analysis for these fuels specifying HHV and sulfur content):

Natural Gas  LPG (Propane)  CARB Diesel  Coal\*  Petroleum Coke\*

Digester Gas\*  Landfill Gas\*  Refinery Gas\*  Other,\* specify: \_\_\_\_\_

Max hourly primary fuel usage: 4 1 4 4 0 0 Fuel units (ft<sup>3</sup>, gal, etc.): ft<sup>3</sup>

If secondary fuel is proposed, specify: N A Max hourly usage: \_\_\_\_\_

Feedstock type and max process rate (specify units): \_\_\_\_\_

Unit Lat/Long or UTM Coordinates: NAD27 Zone 11 466080.94 E 3832159.92 N

Max annual hours: 2 0 0 0 Exhaust Stack Height (feet): 1 4 5 Inside Diameter (inches): 2 2 2

---

**17. EMISSION CONTROLS:** Check all that apply:

Low NOx Burner  Oxygen Trim  Flue or Exhaust Gas Recirculation (FGR or EGR)

Oxidation Catalyst  Selective Catalytic Reduction (SCR)  Selective Non-Catalytic Reduction (SNCR)

Afterburner  ESP  Baghouse  Other - Please specify: \_\_\_\_\_

---

**18. MAX EMISSION RATES (CONTROLLED):**

Pollutant	Concentration ppmvd or gr/dscf	Mass pounds/hour
Oxides of Nitrogen (NOx)	_____	<u>6 1</u>
Oxides of Sulfur (SOx)	_____	<u>0 4 8</u>
Carbon Monoxide (CO)	_____	<u>1 2 . 6</u>
Total Particulates (TSP or PM30)	_____	_____
Coarse Respirable Particulates (PM10)	_____	<u>1 2</u>
Fine Respirable Particulates (PM2.5)	_____	_____
Total Organics (TOG)	_____	_____
Volatile Organic Compounds (VOC, ROG or NMOG)	_____	<u>4 . 5 6</u>

---

**19. DRYERS ONLY** Check one:

Centrifugal  Chip  Fluidized Bed  Rotary  Spray  Other, specify: \_\_\_\_\_

---

**20. FURNACE ONLY** Check one:

Annealing  Burnoff  Calcining  Crucible  Cupola  Diffusion  Electric  Forge  Pot

Holding  Heat Treating  Melting  Reveratory  Rotary  Sweating  Oxide Growth

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**21. OVEN ONLY** Check one:

Bakery  Baking  Curing  Drying  Fluidized Bed  Stripping  Solder Reflow

Roasting, specify type: \_\_\_\_\_ Firing Method:  Direct  Indirect

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**

14306 Park Avenue, Victorville, CA 92392-2310

(760) 245-1661

Facsimile: (760) 245-2022

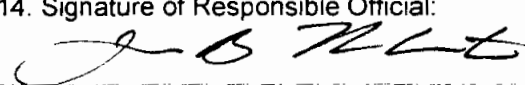
www.mdaqmd.ca.gov

Eldon Heaston  
Executive Director

**APPLICATION FOR AUTHORITY TO CONSTRUCT AND PERMIT TO OPERATE**

Page 1 of 2: please type or print

REMIT \$212.00 WITH THIS DOCUMENT (\$121.00 FOR CHANGE OF OWNER)

1. Permit To Be Issued To (company name to receive permit): City of Victorville		1a. Federal Tax ID No.: 9 5 2 2 3 5 9 1 8	
2. Mailing/Billing Address (for above company name): 14343 Civic Drive, P. O. Box 5001, Victorville, CA 92393-5001			
3. Facility or Business License Name (for equipment location): Victorville 2 Hybrid Power Project			
4. Facility Address - Location of Equipment (if same as for company, enter "Same"): Helendale Road, Victorville, CA 92393 [Note: Street to be renamed Perimeter Road]		Location UTM or Lat/Long: NAD27 11 466122 E 3832139 N	
5. Contact Name/Title: Jon B. Roberts, City Manager		Email Address: jroberts@ci.victorville.ca.us	Phone/Fax Nos.: 760-955-5000/760-245-7243
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment: Oxidation catalyst system for combustion turbine power train #2  Air Pollution Control Equipment, if any (note that most APCE require a separate application):			
7. Application is for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		For modification or change of owner: *Current Permit Number: _____	
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Utility <input checked="" type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency			
9. General Nature of Business: Electrical generating facility		Principal Product: Electricity	SIC Code (if known): 4 9 1 1
10. Distances (feet and direction to closest): <u>5 5 0</u> SE Fenceline <u>6 1 0 0</u> W Residence <u>6 9 0 0</u> SE Business <u>1 6 1 0 0</u> SE School			
11. Facility Annual Throughput by Quarters (percent): <u>2 5</u> % <u>2 5</u> % <u>2 5</u> % <u>2 5</u> % Jan-Mar    Apr-Jun    Jul-Sep    Oct-Dec		12. Expected Facility Operating Hours: <u>2 4</u> <u>7</u> <u>5 2</u> <u>8 7 6 0</u> Hrs/Day    Days/Wk    Wks/Yr    Total Hrs/Yr	
13. Do you claim Confidentiality of Data (if yes, state nature of data on reverse in Remarks)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
14. Signature of Responsible Official: 		Official Title: City Manager	
Typed or Printed Name of Responsible Official: Jon B. Roberts		Phone Number: 760-955-5000	Date Signed: 4-13-07
- For District Use Only -			
Application Number: <u>0000 8975</u>	Invoice Number: <u>18203</u>	Permit Number:	Company/Facility Number: <u>46 / 2948</u>

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT  
GENERAL APPLICATION, continued**

Page 2 of 2: please type or print

**15. Stack Emissions Information:**

<u>Stack No.</u>	<u>Stack Height</u>	<u>Stack Diameter</u>	<u>Exhaust Temp</u>	<u>Exhaust Flow Rate</u>	<u>Exhaust Velocity</u>
1	145 feet	18.5 feet	195.3 °F	1,001,784 acfm	3,727 ft/min
2					
3					

(list additional stacks on a separate sheet)

Stack Height is the distance above ground level to discharge point (feet)

Stack Diameter is the diameter (or equivalent circular diameter) of discharge point (nearest tenth foot)

If using cross-sectional area (A in square feet), equivalent diameter is  $D = (1.273A)^{0.5}$

Exhaust Temp in degrees F, actual or estimated to nearest 50 deg F

Exhaust Flow Rate at discharge point in actual cubic feet per minute (ACFM)

Exhaust Velocity in feet per second, design or measured

**16. Remarks (basis for confidentiality of data, process description, modification description, etc.):**

Exhaust temp, flow rate, and exhaust velocity are representative of normal operating case: 100% load with no duct burner in use, with the local average ambient temperature of 77 °F and a relative humidity of 40%

If you wish to specify process information as proprietary or confidential, space is provided for this purpose. The kinds and rates of emissions may not be held confidential; emissions are subject to public disclosure.

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**

14306 Park Avenue, Victorville, CA 92392-2310  
 (760) 245-1661 Facsimile: (760) 245-2022

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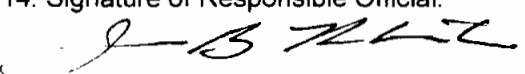
Eldon Heaston  
 Executive Director

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**APPLICATION FOR AUTHORITY TO CONSTRUCT AND PERMIT TO OPERATE**

Page 1 of 2: please type or print

REMIT \$212.00 WITH THIS DOCUMENT (\$121.00 FOR CHANGE OF OWNER)

1. Permit To Be Issued To (company name to receive permit): City of Victorville		1a. Federal Tax ID No.: 9 5 2 2 3 5 9 1 8	
2. Mailing/Billing Address (for above company name): 14343 Civic Drive, P. O. Box 5001, Victorville, CA 92393-5001			
3. Facility or Business License Name (for equipment location): Victorville 2 Hybrid Power Project			
4. Facility Address - Location of Equipment (if same as for company, enter "Same"): Helendale Road, Victorville, CA 92393 [Note: Street to be renamed Perimeter Road]		Location UTM or Lat/Long: NAD27 11 466122 E 3832139 N	
5. Contact Name/Title: Jon B. Roberts, City Manager	Email Address: <a href="mailto:jroberts@ci.victorville.ca.us">jroberts@ci.victorville.ca.us</a>	Phone/Fax Nos.: 760-955-5000/760-245-7243	
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment: Selective catalytic reduction and ammonia injection system for combustion turbine power train #2			
Air Pollution Control Equipment, if any (note that most APCE require a separate application):			
7. Application is for:		For modification or change of owner:	
<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		*Current Permit Number: _____	
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Utility <input checked="" type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency			
9. General Nature of Business: Electrical generating facility	Principal Product: Electricity	SIC Code (if known): 4 9 1 1	
10. Distances (feet and direction to closest): <u>5 5 0</u> SE Fenceline <u>6 1 0 0</u> W Residence <u>6 9 0 0</u> SE Business <u>1 6 1 0 0</u> SE School			
11. Facility Annual Throughput by Quarters (percent): <u>2 5</u> % Jan-Mar <u>2 5</u> % Apr-Jun <u>2 5</u> % Jul-Sep <u>2 5</u> % Oct-Dec		12. Expected Facility Operating Hours: <u>2 4</u> Hrs/Day <u>7</u> Days/Wk <u>5 2</u> Wks/Yr <u>8 7 6 0</u> Total Hrs/Yr	
13. Do you claim Confidentiality of Data (if yes, state nature of data on reverse in Remarks)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
14. Signature of Responsible Official: 		Official Title: City Manager	
Typed or Printed Name of Responsible Official: Jon B. Roberts		Phone Number: 760-955-5000	Date Signed: 4-13-07
- For District Use Only -			
Application Number: <u>0000 8911</u>	Invoice Number:	Permit Number:	Company/Facility Number: <u>46 / 2948</u>



# MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT GENERAL APPLICATION, continued

Page 2 of 2: please type or print

15. Stack Emissions Information:

<u>Stack No.</u>	<u>Stack Height</u>	<u>Stack Diameter</u>	<u>Exhaust Temp</u>	<u>Exhaust Flow Rate</u>	<u>Exhaust Velocity</u>
1	145 feet	18.5 feet	195.3 °F	1,001,784 acfm	3,727 ft/min
2					
3					

(list additional stacks on a separate sheet)

Stack Height is the distance above ground level to discharge point (feet)  
 Stack Diameter is the diameter (or equivalent circular diameter) of discharge point (nearest tenth foot)  
 If using cross-sectional area (A in square feet), equivalent diameter is  $D = (1.273A)^{0.5}$   
 Exhaust Temp in degrees F, actual or estimated to nearest 50 deg F  
 Exhaust Flow Rate at discharge point in actual cubic feet per minute (ACFM)  
 Exhaust Velocity in feet per second, design or measured

16. Remarks (basis for confidentiality of data, process description, modification description, etc.):  
 Exhaust temp, flow rate, and exhaust velocity are representative of normal operating case: 100% load with no duct burner in use, with the local average ambient temperature of 77 °F and a relative humidity of 40%

If you wish to specify process information as proprietary or confidential, space is provided for this purpose.  
 The kinds and rates of emissions may not be held confidential; emissions are subject to public disclosure.

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**

14306 Park Avenue, Victorville, CA 92392-2310

(760) 245-1661

Facsimile: (760) 245-2022 8:03

www.mdaqmd.ca.gov

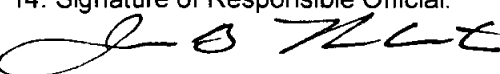
Eldon Heaston

Executive Director

**APPLICATION FOR AUTHORITY TO CONSTRUCT AND PERMIT TO OPERATE**

Page 1 of 2: please type or print

REMIT \$212.00 WITH THIS DOCUMENT (\$121.00 FOR CHANGE OF OWNER)

1. Permit To Be Issued To (company name to receive permit): City of Victorville		1a. Federal Tax ID No.: 9 5 2 2 3 5 9 1 8	
2. Mailing/Billing Address (for above company name): 14343 Civic Drive, P. O. Box 5001, Victorville, CA 92393-5001			
3. Facility or Business License Name (for equipment location): Victorville 2 Hybrid Power Project			
4. Facility Address - Location of Equipment (if same as for company, enter "Same"): Helendale Road, Victorville, CA 92393 [Note: Street to be renamed Perimeter Road]		Location UTM or Lat/Long: NAD27 11 466122 E 3832139 N	
5. Contact Name/Title: Jon B. Roberts, City Manager	Email Address: jroberts@ci.victorville.ca.us	Phone/Fax Nos.: 760-955-5000/760-245-7243	
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment: Cooling tower  Air Pollution Control Equipment, if any (note that most APCE require a separate application):			
7. Application is for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		For modification or change of owner: *Current Permit Number: _____	
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Utility <input checked="" type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency			
9. General Nature of Business: Electrical generating facility		Principal Product: Electricity	SIC Code (if known): 4 9 1 1
10. Distances (feet and direction to closest): <u>1 5 0 E</u> Fenceline <u>6 4 0 0 W</u> Residence <u>6 6 0 0 SE</u> Business <u>1 5 7 0 0 SE</u> School			
11. Facility Annual Throughput by Quarters (percent): <u>2 5 %</u> Jan-Mar <u>2 5 %</u> Apr-Jun <u>2 5 %</u> Jul-Sep <u>2 5 %</u> Oct-Dec		12. Expected Facility Operating Hours: <u>2 4</u> Hrs/Day <u>7</u> Days/Wk <u>5 2</u> Wks/Yr <u>8 7 6 0</u> Total Hrs/Yr	
13. Do you claim Confidentiality of Data (if yes, state nature of data on reverse in Remarks)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
14. Signature of Responsible Official: 		Official Title: City Manager	
Typed or Printed Name of Responsible Official: Jon B. Roberts		Phone Number: 760-955-5000	Date Signed: 4-13-07
- For District Use Only -			
Application Number: <u>0000 8972</u>	Invoice Number: <u>18203</u>	Permit Number:	Company/Facility Number: <u>46/2948</u>

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT  
GENERAL APPLICATION, continued**

Page 2 of 2: please type or print

**15. Stack Emissions Information:**

<u>Stack No.</u>	<u>Stack Height</u>	<u>Stack Diameter</u>	<u>Exhaust Temp</u>	<u>Exhaust Flow Rate</u>	<u>Exhaust Velocity</u>
1	62.34 ft	28 ft / cell	98 °F	1,528,000 cfm / fan	41.37 ft/sec
2					
3					

(list additional stacks on a separate sheet)

Stack Height is the distance above ground level to discharge point (feet)

Stack Diameter is the diameter (or equivalent circular diameter) of discharge point (nearest tenth foot)

If using cross-sectional area (A in square feet), equivalent diameter is  $D = (1.273A)^{0.5}$

Exhaust Temp in degrees F, actual or estimated to nearest 50 deg F

Exhaust Flow Rate at discharge point in actual cubic feet per minute (ACFM)

Exhaust Velocity in feet per second, design or measured

**16. Remarks (basis for confidentiality of data, process description, modification description, etc.):**

All measured distances to sensitive receptors are taken from the closest cooling tower cell to that receptor.

If you wish to specify process information as proprietary or confidential, space is provided for this purpose.  
The kinds and rates of emissions may not be held confidential; emissions are subject to public disclosure.

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**


14306 Park Avenue, Victorville, CA 92392-2310  
 (760) 245-1661 Facsimile: (760) 245-2022 8:02

www.mdaqmd.ca.gov  
 Eldon Heaston  
 Executive Director

**APPLICATION FOR EXTERNAL COMBUSTION ENGINE (BOILER, ETC.) ONLY**

Page 1 of 2: please type or print

REMIT \$212.00 WITH THIS DOCUMENT (\$121.00 FOR CHANGE OF OWNER)

1. Permit To Be Issued To (company name to receive permit): City of Victorville		1a. Federal Tax ID No.: 9 5 2 2 3 5 9 1 8	
2. Mailing/Billing Address (for above company name): 14343 Civic Drive, P. O. Box 5001, Victorville, CA 92393-5001			
3. Facility or Business License Name (for equipment location): Victorville 2 Hybrid Power Project			
4. Facility Address - Location of Equipment (if same as for company, enter "Same"): Helendale Road, Victorville, CA 92393 [Note: Street to be renamed Perimeter Road]		Facility UTM or Lat/Long: NAD27 11 466122 E 3832139 N	
5. Contact Name/Title: Jon B. Roberts, City Manager	Email Address: jroberts@ci.victorville.ca.us	Phone/Fax Nos.: 760-955-5000/760-245-7243	
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment: Auxiliary boiler, 35 MMBTU/hr heat capacity			
7. Application is for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		For modification or change of owner: *Current Permit Number: _____	
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Utility <input checked="" type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency			
9. Distances (feet and direction to closest): <u>3 0 0</u> E Fenceline <u>6 3 0 0</u> W Residence <u>6 6 0 0</u> S E Business <u>1 5 8 0 0</u> S E School			
10. General Nature of Business: Electrical generating facility		11. Principal Product: Electricity	
12. Facility Annual Throughput by Quarters (percent): <u>2 5</u> % Jan-Mar <u>2 5</u> % Apr-Jun <u>2 5</u> % Jul-Sep <u>2 5</u> % Oct-Dec		13. Facility Operating Hours: <u>2</u> Hrs/Day <u>7</u> Days/Wk <u>5 2</u> Wks/Yr <u>5 0 0</u> Total Hrs/Yr	
14. Do you claim Confidentiality of Data (if yes, state nature of data in attachment)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Signature of Responsible Official: 		Official Title: City Manager	
Typed or Printed Name of Responsible Official: Jon B. Roberts		Phone Number: 760-955-5000	Date Signed: 4-13-07
- For District Use Only -			
Application Number: <u>000 8966</u>	Invoice Number: <u>18203</u>	Permit Number:	Company/Facility Number: <u>46 / 2948</u>

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT  
EXTERNAL COMBUSTION APPLICATION, continued**

Page 2 of 2: please type or print

**16. INFORMATION ON EQUIPMENT:**

Boiler  Dryer  Furnace  Heater  Kiln  Oven  Other, specify: \_\_\_\_\_

Manufacturer: T B D

Model No.: T B D Serial No.: T B D

Maximum heat input rating (use Higher Heating Value): 3 5 MMBtu/hr or kW

Burner Manufacturer: T B D Burner Model No.: T B D

Number of burners: T B D Burner max heat input rating: T B D MMBtu/hr or kW

Percent excess air (or n/a): T B D Operating temps (C or F): T B D Av. T B D Max \_\_\_\_\_

Specify Primary Fuel (\*attach fuel analysis for these fuels specifying HHV and sulfur content):

Natural Gas  LPG (Propane)  CARB Diesel  Coal\*  Petroleum Coke\*  
 Digester Gas\*  Landfill Gas\*  Refinery Gas\*  Other,\* specify: \_\_\_\_\_

Max hourly primary fuel usage: 5 0 0 hrs/yr Fuel units (ft<sup>3</sup>, gal, etc.): f t <sup>3</sup>

If secondary fuel is proposed, specify: N A Max hourly usage: \_\_\_\_\_

Feedstock type and max process rate (specify units): \_\_\_\_\_

Unit Lat/Long or UTM Coordinates: NAD27 Zone 11, 466142.21 E 3832087.48 N

Max annual hours: 5 0 0 Exhaust Stack Height (feet): 3 0 Inside Diameter (inches): 2 1

**17. EMISSION CONTROLS:** Check all that apply:

Low NOx Burner  Oxygen Trim  Flue or Exhaust Gas Recirculation (FGR or EGR)  
 Oxidation Catalyst  Selective Catalytic Reduction (SCR)  Selective Non-Catalytic Reduction (SNCR)  
 Afterburner  ESP  Baghouse  Other - Please specify: \_\_\_\_\_

**18. MAX EMISSION RATES (CONTROLLED):**

Pollutant	Concentration ppmvd or gr/dscf	Mass pounds/hour
Oxides of Nitrogen (NOx)	9	0 . 3 8 5
Oxides of Sulfur (SOx)	0 . 6	0 . 0 2 1
Carbon Monoxide (CO)	1 0 0	2 . 5 9
Total Particulates (TSP or PM30)		
Coarse Respirable Particulates (PM10)	7 . 6	0 . 2 6 0
Fine Respirable Particulates (PM2.5)		
Total Organics (TOG)		
Volatile Organic Compounds (VOC, ROG or NMOG)	5 . 5	0 . 1 8 8

**19. DRYERS ONLY** Check one:

Centrifugal  Chip  Fluidized Bed  Rotary  Spray  Other, specify: \_\_\_\_\_

**20. FURNACE ONLY** Check one:

Annealing  Burnoff  Calcining  Crucible  Cupola  Diffusion  Electric  Forge  Pot  
 Holding  Heat Treating  Melting  Reverbatory  Rotary  Sweating  Oxide Growth

**21. OVEN ONLY** Check one:

Bakery  Baking  Curing  Drying  Fluidized Bed  Stripping  Solder Reflow  
 Roasting, specify type: \_\_\_\_\_ Firing Method:  Direct  Indirect

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**

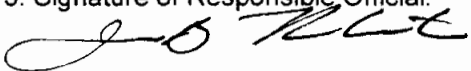
14306 Park Avenue, Victorville, CA 92392-2310  
 (760) 245-1661 Facsimile: (760) 245-2022

www.mdaqmd.ca.gov  
 Eldon Heaston  
 Executive Director

**APPLICATION FOR EXTERNAL COMBUSTION ENGINE (BOILER, ETC.) ONLY**

Page 1 of 2: please type or print

REMIT \$212.00 WITH THIS DOCUMENT (\$121.00 FOR CHANGE OF OWNER)

1. Permit To Be Issued To (company name to receive permit): City of Victorville		1a. Federal Tax ID No.: 9 5 2 2 3 5 9 1 8	
2. Mailing/Billing Address (for above company name): 14343 Civic Drive, P. O. Box 5001, Victorville, CA 92393-5001			
3. Facility or Business License Name (for equipment location): Victorville 2 Hybrid Power Project			
4. Facility Address - Location of Equipment (if same as for company, enter "Same"): Helendale Road, Victorville, CA 92393 [Note: Street to be renamed Perimeter Road]		Facility UTM or Lat/Long: NAD27 11 466122 E 3832139 N	
5. Contact Name/Title: Jon B. Roberts, City Manager		Email Address: jroberts@ci.victorville.ca.us	Phone/Fax Nos.: 760-955-5000/760-245-7243
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment: Heat transfer fluid heater, 40 MMBTU/hr heat capacity			
7. Application is for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		For modification or change of owner: *Current Permit Number: _____	
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Utility <input checked="" type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency			
9. Distances (feet and direction to closest): <u>4 8 0</u> SE Fenceline <u>6 3</u> W Residence <u>7 0 0 0</u> SE Business <u>1 6 1 0 0</u> SE School			
10. General Nature of Business: Electrical generating facility		11. Principal Product: Electricity	
12. Facility Annual Throughput by Quarters (percent): <u>3 0</u> % Jan-Mar <u>2 0</u> % Apr-Jun <u>2 0</u> % Jul-Sep <u>3 0</u> % Oct-Dec		13. Facility Operating Hours: <u>4</u> Hrs/Day <u>7</u> Days/Wk <u>5 2</u> Wks/Yr <u>1 0 0 0</u> Total Hrs/Yr	
14. Do you claim Confidentiality of Data (if yes, state nature of data in attachment)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Signature of Responsible Official: 		Official Title: City Manager	
Typed or Printed Name of Responsible Official: Jon B. Roberts		Phone Number: 760-955-5000	Date Signed: 4-13-07
- For District Use Only -			
Application Number: <u>0000 8967</u>	Invoice Number:	Permit Number:	Company/Facility Number: <u>46 / 2948</u>

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT  
EXTERNAL COMBUSTION APPLICATION, continued**

Page 2 of 2: please type or print

16. INFORMATION ON EQUIPMENT:

Boiler  Dryer  Furnace  Heater  Kiln  Oven  Other, specify: \_\_\_\_\_

Manufacturer: T B D

Model No.: T B D Serial No.: T B D

Maximum heat input rating (use Higher Heating Value): 4 0 MMBtu/hr or kW

Burner Manufacturer: T B D Burner Model No.: T B D

Number of burners: T B D Burner max heat input rating: T B D MMBtu/hr or kW

Percent excess air (or n/a): T B D Operating temps (C or F): T B D Av. T B D Max

Specify Primary Fuel (\*attach fuel analysis for these fuels specifying HHV and sulfur content):

Natural Gas  LPG (Propane)  CARB Diesel  Coal\*  Petroleum Coke\*

Digester Gas\*  Landfill Gas\*  Refinery Gas\*  Other,\* specify: \_\_\_\_\_

Max hourly primary fuel usage: T B D Fuel units (ft<sup>3</sup>, gal, etc.): f t<sup>3</sup>

If secondary fuel is proposed, specify: NA Max hourly usage: \_\_\_\_\_

Feedstock type and max process rate (specify units): \_\_\_\_\_

Unit Lat/Long or UTM Coordinates: NAD27 Zone 11 466134.72 E 3832196.84 N

Max annual hours: 1 0 0 0 Exhaust Stack Height (feet): 3 0 Inside Diameter (inches): 2 1

17. EMISSION CONTROLS: Check all that apply:

Low NOx Burner  Oxygen Trim  Flue or Exhaust Gas Recirculation (FGR or EGR)

Oxidation Catalyst  Selective Catalytic Reduction (SCR)  Selective Non-Catalytic Reduction (SNCR)

Afterburner  ESP  Baghouse  Other - Please specify: \_\_\_\_\_

18. MAX EMISSION RATES (CONTROLLED):

Pollutant	Concentration ppmvd or gr/dscf	Mass pounds/hour
Oxides of Nitrogen (NOx)	9	0 . 4 4 0
Oxides of Sulfur (SOx)	0 . 6	0 . 0 2 3
Carbon Monoxide (CO)	1 0 0	2 . 9 6
Total Particulates (TSP or PM30)		
Coarse Respirable Particulates (PM10)	7 . 6	0 . 2 9 7
Fine Respirable Particulates (PM2.5)		
Total Organics (TOG)		
Volatile Organic Compounds (VOC, ROG or NMOG)	5 . 5	0 . 2 1 5

19. DRYERS ONLY Check one:

Centrifugal  Chip  Fluidized Bed  Rotary  Spray  Other, specify: \_\_\_\_\_

20. FURNACE ONLY Check one:

Annealing  Burnoff  Calcining  Crucible  Cupola  Diffusion  Electric  Forge  Pot

Holding  Heat Treating  Melting  Reverberatory  Rotary  Sweating  Oxide Growth

21. OVEN ONLY Check one:

Bakery  Baking  Curing  Drying  Fluidized Bed  Stripping  Solder Reflow

Roasting, specify type: \_\_\_\_\_ Firing Method:  Direct  Indirect

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**

14306 Park Avenue, Victorville, CA 92392-2310  
 (760) 245-1661 Facsimile: (760) 245-2022

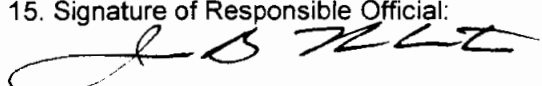
www.mdaqmd.ca.gov

Eldon Heaston  
 Executive Director

**APPLICATION FOR INTERNAL COMBUSTION ENGINE (I.C.E.) ONLY**

Page 1 of 2: please type or print

REMIT \$212.00 WITH THIS DOCUMENT (\$121.00 FOR CHANGE OF OWNER)

1. Permit To Be Issued To (company name to receive permit): City of Victorville		1a. Federal Tax ID No.: 9 5 2 2 3 5 9 1 8
2. Mailing/Billing Address (for above company name): 14343 Civic Drive, P. O. Box 5001, Victorville, CA 92393-5001		
3. Facility or Business License Name (for equipment location): Victorville 2 Hybrid Power Project		
4. Facility Address - Location of Equipment (if same as for company, enter "Same"): Helendale Road, Victorville, CA 92393 [Note: Street to be renamed Perimeter Road]		Facility UTM or Lat/Long: NAD27 11 466122 E 3832139 N
5. Contact Name/Title: Jon B. Roberts, City Manager	Email Address: jroberts@ci.victorville.ca.us	Phone/Fax Nos.: 760-955-5000/760-245-7243
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment: Emergency Generator with Diesel Fuel-Fired Internal Combustion Engine		
7. Application is for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		For modification or change of owner: *Current Permit Number: _____
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Utility <input checked="" type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency		
9. Distances (feet and direction to closest): <u>2 9 0</u> W Fenceline <u>6 1 0 0</u> W Residence <u>6 6 0 0</u> SE Business <u>1 5 8 0 0</u> SE School		
10. General Nature of Business: Electrical generating facility		11. Principal Product: Electricity
12. Facility Annual Throughput by Quarters (percent): <u>2 5</u> % <u>2 5</u> % <u>2 5</u> % <u>2 5</u> % Jan-Mar    Apr-Jun    Jul-Sep    Oct-Dec		13. Expected Operating Hours of IC Engine: <u>1</u> <u>1</u> <u>5 2</u> <u>5 0</u> Hrs/Day    Days/Wk    Wks/Yr    Total Hrs/Yr
14. Do you claim Confidentiality of Data (if yes, state nature of data in attachment)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Signature of Responsible Official: 		Official Title: City Manager
Typed or Printed Name of Responsible Official: Jon B. Roberts		Phone Number: 760-955-5000
		Date Signed: 4-13-07
- For District Use Only -		
Application Number: <u>0000 8970</u>	Invoice Number: <u>18203</u>	Permit Number: _____ Company/Facility Number: <u>46/2948</u>



**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT  
I.C.E. APPLICATION, continued**

Page 2 of 2: please type or print

**16. INFORMATION ON I.C.E.:**

Manufacturer: TBD

Model No.: TBD Serial No.: TBD

Number of Cylinders: TBD Year of Manufacture: TBD

Rating: 2682 BHP Speed: TBD RPM

I.C.E. is?  New  Existing Date Installed (MM/YYYY): TBD

Prime  Standby  Emergency  Portable (Yes or No)?: No

CARB engine certification: Family: TBD Certification EO#: TBD

Is this engine included in a Demand Response plan?: Yes  No

Type of Fuel(s): Natural Gas  Digester Gas  Ethanol  Landfill Gas   
Propane  CARB Diesel  Methanol  Other: \_\_\_\_\_

Max fuel usage per hour: TBD Fuel units (ft<sup>3</sup>, gal, etc.): gal

Engine Lat/Long or UTM Coordinates: NAD27 Zone 11 466078.50 E 3832041.01 N

Exhaust Stack Height (feet): 30 Inside Diameter (inches): 21 Y/N: Vertical? Y Capped? N

Is this I.C.E. (select all that apply):

Direct Injected?  TBD After Cooled?  TBD

Turbo Charged?  TBD Inter Cooled?  TBD

Timing Retarded?  TBD Other - Please specify: TBD

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**17. EMISSION RATES:**

Pollutant	at Max.Load	Units	Origin of Emission Rate data:	
			Manufacturer	or Source Test
Oxides of Nitrogen (NOx)	<u>4.53</u>	<u>g/hp-hr</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Oxides of Sulfur (SOx)	<u>0.005</u>	<u>g/hp-hr</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide (CO)	<u>2.61</u>	<u>g/hp-hr</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Particulates (PM10)	<u>0.15</u>	<u>g/hp-hr</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Total Hydrocarbons (VOC)	<u>0.24</u>	<u>g/hp-hr</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

---

**18. EMISSION CONTROL EQUIPMENT:** Add on emission control equipment?  Yes  No

If yes: Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_

Serial No.: \_\_\_\_\_ \*CARB EO#: \_\_\_\_\_

Type: SCR:  Particulate Trap\*:  Ammonia Injection:  Water Injection:   
Non-S CR:  Exhaust Gas Recirc\*:  Oxidation Catalyst\*:

Other - Please specify: \_\_\_\_\_

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**19. INFORMATION OF ITEM BEING POWERED:** This I.C.E. is used to power:

Electrical Generator  Compressor  Pump   
Paint Spray Gun  Conveyor or Drive  Fire Pump

Other - Please specify: \_\_\_\_\_

Manufacturer: TBD

Model No.: TBD Serial No.: TBD

Type, Size or Rating: TBD

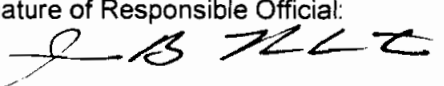
**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**  
 14306 Park Avenue, Victorville, CA 92392-2310  
 (760) 245-1661 Facsimile: (760) 245-2022

www.mdaqmd.ca.gov  
 Eldon Heaston  
 Executive Director

**APPLICATION FOR INTERNAL COMBUSTION ENGINE (I.C.E.) ONLY**

Page 1 of 2: please type or print

REMIT \$212.00 WITH THIS DOCUMENT (\$121.00 FOR CHANGE OF OWNER)

1. Permit To Be Issued To (company name to receive permit): City of Victorville		1a. Federal Tax ID No.: 9 5 2 2 3 5 9 1 8	
2. Mailing/Billing Address (for above company name): 14343 Civic Drive, P. O. Box 5001, Victorville, CA 92393-5001			
3. Facility or Business License Name (for equipment location): Victorville 2 Hybrid Power Project			
4. Facility Address - Location of Equipment (if same as for company, enter "Same"): Helendale Road, Victorville, CA [Note: Street to be renamed Perimeter Road]		Facility UTM or Lat/Long: NAD27 11 466122 E 3832139 N	
5. Contact Name/Title: Jon B. Roberts, City Manager	Email Address: jroberts@ci.victorville.ca.us	Phone/Fax Nos.: 760-955-5000/760-245-7243	
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment: Diesel Fuel-Fired Internal Combustion Engine Operating Fire Pump			
7. Application is for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		For modification or change of owner: *Current Permit Number: _____	
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Utility <input checked="" type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency			
9. Distances (feet and direction to closest): <u>4 7 0</u> SE Fenceline <u>6 2</u> W Residence <u>6 9 0 0</u> SE Business <u>1 6 1 0 0</u> SE School			
10. General Nature of Business: Electrical generating facility		11. Principal Product: Electricity	
12. Facility Annual Throughput by Quarters (percent): <u>2 5</u> % <u>2 5</u> % <u>2 5</u> % <u>2 5</u> % Jan-Mar Apr-Jun Jul-Sep Oct-Dec		13. Expected Operating Hours of IC Engine: <u>1</u> <u>1</u> <u>5 2</u> <u>5 0</u> Hrs/Day Days/Wk Wks/Yr Total Hrs/Yr	
14. Do you claim Confidentiality of Data (if yes, state nature of data in attachment)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Signature of Responsible Official: 		Official Title: City Manager	
Typed or Printed Name of Responsible Official: Jon B. Roberts		Phone Number: 760-955-5000	Date Signed: 4-13-07
- For District Use Only -			
Application Number: <u>0000 8965</u>	Invoice Number: <u>18203</u>	Permit Number:	Company/Facility Number: <u>46 / 2948</u>

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT  
I.C.E. APPLICATION, continued**

Page 2 of 2: please type or print

**16. INFORMATION ON I.C.E.:**

Manufacturer: TBD

Model No.: TBD Serial No.: TBD

Number of Cylinders: TBD Year of Manufacture: TBD

Rating: 2682 BHP Speed: TBD RPM

I.C.E. is?  New  Existing Date Installed (MM/YYYY): TBD

Prime  Standby  Emergency  Portable (Yes or No)? No

CARB engine certification: Family: TBD Certification EO#: TBD

Is this engine included in a Demand Response plan? Yes  No

Type of Fuel(s): Natural Gas  Digester Gas  Ethanol  Landfill Gas   
 Propane  CARB Diesel  Methanol  Other: \_\_\_\_\_

Max fuel usage per hour: TBD Fuel units (ft<sup>3</sup>, gal, etc.): gal

Engine Lat/Long or UTM Coordinates: NAD27 Zone 11 466112.98 E 3832164.05 N

Exhaust Stack Height (feet): 30 Inside Diameter (inches): 6 Y/N: Vertical? Y Capped? N

Is this I.C.E. (select all that apply):

Direct Injected?  TBD After Cooled?  TBD

Turbo Charged?  TBD Inter Cooled?  TBD

Timing Retarded?  TBD Other - Please specify: TBD

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**17. EMISSION RATES:**

Pollutant	at Max.Load	Units	Origin of Emission Rate data: Manufacturer or Source Test
Oxides of Nitrogen (NOx)	<u>2.83</u>	<u>g/hp-hr</u>	<u>X</u>
Oxides of Sulfur (SOx)	<u>0.005</u>	<u>g/hp-hr</u>	<u>X</u>
Carbon Monoxide (CO)	<u>2.61</u>	<u>g/hp-hr</u>	<u>X</u>
Particulates (PM10)	<u>0.15</u>	<u>g/hp-hr</u>	<u>X</u>
Total Hydrocarbons (VOC)	<u>0.15</u>	<u>g/hp-hr</u>	<u>X</u>

---

**18. EMISSION CONTROL EQUIPMENT:** Add on emission control equipment?  Yes  No

If yes: Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_

Serial No.: \_\_\_\_\_ \*CARB EO#: \_\_\_\_\_

Type: SCR:  Particulate Trap\*:  Ammonia Injection:  Water Injection:   
 Non-S CR:  Exhaust Gas Recirc\*:  Oxidation Catalyst\*:

Other - Please specify: \_\_\_\_\_

---

**19. INFORMATION OF ITEM BEING POWERED:** This I.C.E. is used to power:

Electrical Generator  Compressor  Pump   
 Paint Spray Gun  Conveyor or Drive  Fire Pump

Other - Please specify: \_\_\_\_\_

Manufacturer: TBD

Model No.: TBD Serial No.: TBD

Type, Size or Rating: TBD

466112.980 3832164.050