



01-20-06

Brian Ray
Vice President

Inland Empire Energy Center, LLC
One River Road, Bldg. #5-432
Schenectady, NY 12345
USA

T-518-385-3195
F - 1-866-443-7814
brian.ray@ge.com

April 20, 2006

GE/IEEC-0011

DOCKET
01-AFC-17
DATE APR 20
RECD. APR 24

Mr. Li Chen
Air Quality Engineer
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. Chen:

We are pleased to submit the enclosed District application forms requesting a minor revision to the RECLAIM/Title V permit for the Inland Empire Energy Center (IEEC). The requested permit changes are shown on the attached summary sheet. These changes to the RECLAIM/Title V permit are necessary due to a decrease in the expected PM₁₀ emission rate for the gas turbines from 10 lbs/hr to 7.5 lbs/hr. We are also requesting a new permit condition limiting the combined daily operation of the gas turbines and auxiliary boiler. We are requesting expedited processing of this request by the District. Enclosed is a check in the amount of \$3,153.74 payable to the District to cover the filing fee for the requested minor revision to the Title V permit (per Rules 301.p.7 and 301.o.5, this does not require an engineering evaluation). The enclosed amount also covers the expedited processing fee.

If you have any questions or need further information, please don't hesitate to contact me.

Sincerely,

Brian Ray
Vice President

Enclosures

cc: Connie Bruins, CEC
CEC Dockets Office, Docket #01-AFC-17C
John Gates, GE
Ken Kohl, GE
Craig Matis, GE
Barbara McBride, Calpine
Dana Petrin, Calpine

Summary of Requested Permit Changes

We request the following changes to the RECLAIM/Title V permit for Inland Empire Energy Center. The requested changes are shown in strikethrough/underline format.

Section H, Equipment Description Table, Process 1: Combustion and Power Generation, System 1: Gas Turbine Combustion (Emissions and Requirements):

Device D1: PM10: ~~40~~ 7.5 lbs/hr natural gas (4) ...

Device D2: PM10: ~~40~~ 7.5 lbs/hr natural gas (4) ...

Section H, Condition A63.1:

The operator shall limit emissions from this equipment as follows:

<u>CONTAMINANT</u>	<u>EMISSION LIMIT</u>
CO	Less than 9723 lbs in any one month
PM10	Less than 7440 <u>5580</u> lbs in any one month
VOC	Less than 3769 lbs in any one month
SOX	Less than 1362 lbs in any one month

The operator shall calculate the emission limit(s) by using monthly fuel use data and the following emission factors: PM10 ~~3.91~~ 2.93 lbs/MMscf, SOx 0.71 lbs/MMscf...

Section H, New Condition:

The sum of the operating hours for the two gas turbines and auxiliary boiler shall not exceed 60 hours during any calendar day.

[Devices subject to this condition: D1, D2, D3]



South Coast Air Quality Management District
 P. O. Box 4944
 Diamond Bar, CA 91765
 (909) 396-2000

APPLICATION FOR PERMIT TO CONSTRUCT AND PERMIT TO OPERATE FORM 400 - A

Non-Title V Facilities: This form must be accompanied by one or more 400-E-xx series form(s). Complete this side of form only.

Title V Facilities: Complete both sides of this form. Include additional forms as necessary.

NC/NOV NUMBER:

INSPECTOR

SECTOR

ISSUE DATE

Section I - Company Information

LEGAL NAME OF OPERATOR

Inland Empire Energy Center, LLC

IRS OR S. S. NUMBER

7 7 0 5 7 8 2 9 6

PERMIT TO BE ISSUED TO (SEE INSTRUCTIONS) Same as above

BUSINESS MAILING ADDRESS

26226 Antelope Road, Romoland, CA 92585

PERMIT MAILING ADDRESS, IF DIFFERENT FROM BUSINESS MAILING ADDRESS

Same as above

TYPE OF ORGANIZATION

Corporation

Limited Partnership

Government Entity

Individual

General Partnership

Other (Fill in): **Limited Liability Corporation**

ARE YOU A SMALL BUSINESS?
(SEE INSTRUCTIONS)

Yes

No

AVERAGE ANNUAL GROSS RECEIPTS \$

IS YOUR BUSINESS 51 % OR MORE
WOMAN/MINORITY OWNED?

NUMBER OF EMPLOYEES

33

Yes

No

THIS SECTION IS REQUIRED FOR ALL APPLICATIONS FOR NEW CONSTRUCTION OR MAJOR MODIFICATIONS.

ARE ALL MAJOR SOURCES UNDER SAME OWNERSHIP IN CALIFORNIA IN COMPLIANCE WITH
FEDERAL, STATE, AND LOCAL AIR POLLUTION CONTROL RULES?

Yes

No

ARE YOU THE OWNER OF THE EQUIPMENT UNDER THIS APPLICATION?

Yes

No

IRS OR S. S. NUMBER OF OWNER

IF NO, ENTER THE LEGAL NAME OF OWNER _____

Section II - Facility Information

EQUIPMENT ADDRESS/LOCATION

26226 Antelope Road

NUMBER/STREET

FACILITY NAME

Inland Empire Energy Center

Romoland

CA, 92585

CITY OR COMMUNITY ZIP CODE

FACILITY ID NUMBER

129816

PRINT NAME OF CONTACT PERSON

John Gates

TITLE OF CONTACT PERSON

H Systems Asset Management Commercial Manager

TYPE OF BUSINESS AT THIS FACILITY

Power Plant

PRIMARY SIC CODE FOR THIS FACILITY

4911

NUMBER OF EMPLOYEES AT THIS FACILITY

33

CONTACT PERSON'S TELEPHONE NUMBER

(951) 928-6905

CONTACT PERSON'S FAX NUMBER

(866) 210-6953

CONTACT PERSON'S E-MAIL ADDRESS

John.Gates@ps.ge.com

Section III - Application Type

DESCRIPTION OF EQUIPMENT: Minor Title V Permit Change

PREVIOUS PERMIT #(S):

APPLICATION FOR (SEE INSTRUCTIONS):

NEW CONSTRUCTION

MODIFICATION

CHANGE OF LOCATION

ARE YOU SUBMITTING MULTIPLE APPLICATIONS FOR
EQUIPMENT IDENTICAL TO THAT DESCRIBED ABOVE?

EXISTING EQUIPMENT WITHOUT PERMIT

CHANGE OF PERMITTEE

CHANGE OF PERMIT CONDITION

Yes

No

EXISTING EQUIPMENT WITH EXPIRED PERMIT

APPLICATION FOR NON-TITLE V EQUIPMENT PERMIT. CHECK THE SUPPLEMENTAL SERIES 400-E-xx FORM(S) SUBMITTED WITH THIS 400-A FORM:

- 400-E-1 • PARTICULATE MATTER (PM₁₀) CONTROL EQUIPMENT
- 400-E-2 • VOLATILE ORGANIC COMPOUND (VOC) CONTROL EQUIPMENT
- 400-E-3 • SCRUBBER
- 400-E-4 • ABRASIVE BLASTING EQUIPMENT
- 400-E-6 • DEGREASER
- 400-E-7 • DRY CLEANING EQUIPMENT
- 400-E-8 • ETHYLENE OXIDE STERILIZER
- 400-E-9 • EXTERNAL COMBUSTION EQUIPMENT
- 400-E-10 • FOOD BROILER/FRYER
- 400-E-11 • FUEL DISPENSING AND STORAGE EQUIPMENT
- 400-E-12 • GAS TURBINE

- 400-E-13 • INTERNAL COMBUSTION EQUIPMENT
- 400-E-14 • OPEN PROCESS TANK
- 400-E-14a • OPEN PROCESS TANK; PROCESS LINE
- 400-E-15 • PRINTING EQUIPMENT
- 400-E-16 • SOLID MATERIALS STORAGE EQUIPMENT
- 400-E-17 • SPRAY BOOTH/OPEN SPRAY
- 400-E-17a • POWDER SPRAY BOOTH
- 400-E-18 • STORAGE TANK (LIQUID & GASEOUS MAT'L)
- 400-E-19 • WAVE SOLDER MACHINE
- 400-E-20 • ASBESTOS REMOVAL EQUIPMENT
- NONE • ADDITIONAL INFORMATION SUBMITTED AS REQUESTED ON FORM 400-E-GI

APPLICATION FOR TITLE V FACILITY PERMIT. PROVIDE INFORMATION REQUESTED ON REVERSE SIDE OF THIS FORM.

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM:

Brian Ray

TITLE OF RESPONSIBLE OFFICIAL OF FIRM:

VICE PRESIDENT

TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM:

BRIAN RAY

RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER

(518) 385-3195

DATE SIGNED:

4/20/06

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE OF PREPARER, IF PREPARED BY PERSON OTHER THAN RESPONSIBLE OFFICIAL OF FIRM:

Tom Andrews

TITLE OF PREPARER:

SENIOR ENGINEER

TYPE OR PRINT NAME OF PREPARER, IF PREPARED BY PERSON OTHER THAN RESPONSIBLE OFFICIAL OF FIRM:

TOM ANDREWS

PREPARER'S TELEPHONE NUMBER

(916) 444-6666

DATE SIGNED:

4/17/06

TITLE V FACILITIES ONLY: COMPLETE OTHER SIDE

AQMD USE ONLY		APPLICATION/TRACKING #	PROJECT #	TYPE	EQUIPMENT CATEGORY CODE:	FEE SCHEDULE:	VALIDATION
ENG. A R	ENG. A R	CLASS	ASSIGNMENT	B C D	ENF.	CHECK/MONEY ORDER	AMOUNT
DATE	DATE	1 2 3 4	UNIT	ENGINEER	SECT.	\$	\$

TITLE V APPLICATION CERTIFICATION

- TO BE COMPLETED BY TITLE V FACILITIES ONLY -

Section IV - Title V Application

1. This is an application for a(n) (Check all applicable boxes and provide the requested information as appropriate):
- a. Initial Title V Permit
 - b. Permit Renewal: Provide current permit expiration date: _____
 - c. Administrative Permit Revision (Check all that apply)
 - Change of Ownership. (Complete and attach equipment-specific Form 400-E-xx series forms)
 - Change of Facility Information
 - Other, Please specify: _____
 - d. Other (Complete and attach equipment specific Form 400-E-XX series form(s) to this form if your application involves permit action for new construction, change of location, non-administrative permit revision, alternative operating scenario (AOS), permit shield, streamlined permit conditions, or temporary source permit.)
2. Is this facility required to prepare a Risk Management Plan (RMP) for another agency? Yes No

Section V - Title V Submittal Checklist

1. Enter the quantity of each type form submitted in the space provided:
- | | | | |
|---------|--------|-------|------------------------|
| _____ X | 500-A2 | _____ | 500-F1 |
| _____ | 500-B | _____ | 500-F2 |
| _____ | 500-C1 | _____ | 500-F3 |
| _____ | 500-C2 | _____ | 500-F4 |
| _____ | 500-D | _____ | Other (specify): _____ |
2. Additional information referenced in this application submitted (Check **ALL** that apply):
- a. Existing Facility Permit
 - b. Preliminary Facility Permit
 - c. EFB Report for Year _____
 - d. None
 - e. Other (Specify): _____
3. Supplemental information included with this application submittal (Check **ALL** that apply):
- a. Facility Plot Plan
 - b. MSDS Sheet(s)
 - c. None
 - d. Other (Specify): _____

	APPLICATION TYPE	30 DAY PUBLIC NOTICE		PUBLIC HEARING	45-DAY EPA REVIEW	
		START DATE	END DATE	DATE	START DATE	END DATE
AQMD USE ONLY	INITIAL, RENEWAL & SIGNIFICANT					
	MINOR & DEMINIMUS					
	ESTABLISH GENERAL PERMIT					
USE THE SECTIONS BELOW FOR TITLE V INITIAL AND RENEWAL APPLICATIONS ONLY:						
	APPLICATION/TRACKING #	PROJECT #	TYPE B C D	EQUIPMENT CATEGORY CODE: _____/____	FEE SCHEDULE: \$	VALIDATION
ENG. A R DATE	ENG. A R DATE	CLASS I III IV	ASSIGNMENT UNIT ENGINEER	ENF. SECT.	CHECK/MONEY ORDER #	AMOUNT \$



South Coast Air Quality Management District
 P. O. Box 4944
 Diamond Bar, CA 91765
 (909) 396-2000

APPLICATION FOR PERMIT TO CONSTRUCT AND PERMIT TO OPERATE FORM 400 - A

Non-Title V Facilities: This form must be accompanied by one or more 400-E-xx series form(s). Complete this side of form only.
Title V Facilities: Complete both sides of this form. Include additional forms as necessary.

NC/NOV NUMBER:	
INSPECTOR	SECTOR
ISSUE DATE	

Section I - Company Information

LEGAL NAME OF OPERATOR Inland Empire Energy Center, LLC	<input checked="" type="checkbox"/> IRS OR <input type="checkbox"/> S. S. NUMBER 7 7 0 5 7 8 2 9 6
PERMIT TO BE ISSUED TO (SEE INSTRUCTIONS) Same as above	
BUSINESS MAILING ADDRESS 26226 Antelope Road, Romoland, CA 92585	
PERMIT MAILING ADDRESS, IF DIFFERENT FROM BUSINESS MAILING ADDRESS Same as above	
TYPE OF ORGANIZATION <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Government Entity <input type="checkbox"/> Individual <input type="checkbox"/> General Partnership <input checked="" type="checkbox"/> Other (Fill in): Limited Liability Corporation	
ARE YOU A SMALL BUSINESS? (SEE INSTRUCTIONS) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	AVERAGE ANNUAL GROSS RECEIPTS \$ _____ NUMBER OF EMPLOYEES <u>33</u> IS YOUR BUSINESS 51% OR MORE WOMAN/MINORITY OWNED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
THIS SECTION IS REQUIRED FOR ALL APPLICATIONS FOR NEW CONSTRUCTION OR MAJOR MODIFICATIONS.	
ARE ALL MAJOR SOURCES UNDER SAME OWNERSHIP IN CALIFORNIA IN COMPLIANCE WITH FEDERAL, STATE, AND LOCAL AIR POLLUTION CONTROL RULES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU THE OWNER OF THE EQUIPMENT UNDER THIS APPLICATION? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> IRS OR <input type="checkbox"/> S. S. NUMBER OF OWNER	
IF NO, ENTER THE LEGAL NAME OF OWNER _____	

Section II - Facility Information

EQUIPMENT ADDRESS/LOCATION 26226 Antelope Road NUMBER/STREET Romoland CA, 92585 CITY OR COMMUNITY ZIP CODE	FACILITY NAME Inland Empire Energy Center FACILITY ID NUMBER 129816
PRINT NAME OF CONTACT PERSON John Gates	TITLE OF CONTACT PERSON H Systems Asset Management Commercial Manager
TYPE OF BUSINESS AT THIS FACILITY Power Plant	PRIMARY SIC CODE FOR THIS FACILITY 4911 NUMBER OF EMPLOYEES AT THIS FACILITY 33
CONTACT PERSON'S TELEPHONE NUMBER (951) 928-6905	CONTACT PERSON'S FAX NUMBER (866) 210-6953 CONTACT PERSON'S E-MAIL ADDRESS John.Gates@ps.ge.com

Section III - Application Type

DESCRIPTION OF EQUIPMENT: Gas Turbine - Device D1	PREVIOUS PERMIT #(S):
APPLICATION FOR (SEE INSTRUCTIONS): <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> MODIFICATION <input type="checkbox"/> CHANGE OF LOCATION <input type="checkbox"/> EXISTING EQUIPMENT WITHOUT PERMIT <input type="checkbox"/> CHANGE OF PERMITTEE <input checked="" type="checkbox"/> CHANGE OF PERMIT CONDITION <input type="checkbox"/> EXISTING EQUIPMENT WITH EXPIRED PERMIT	ARE YOU SUBMITTING MULTIPLE APPLICATIONS FOR EQUIPMENT IDENTICAL TO THAT DESCRIBED ABOVE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> APPLICATION FOR TITLE V FACILITY PERMIT. PROVIDE INFORMATION REQUESTED ON REVERSE SIDE OF THIS FORM.	
<input type="checkbox"/> APPLICATION FOR NON-TITLE V EQUIPMENT PERMIT. CHECK THE SUPPLEMENTAL SERIES 400-E-xx FORM(S) SUBMITTED WITH THIS 400-A FORM: 400-E-1 • PARTICULATE MATTER (PM ₁₀) CONTROL EQUIPMENT 400-E-2 • VOLATILE ORGANIC COMPOUND (VOC) CONTROL EQUIPMENT 400-E-3 • SCRUBBER 400-E-4 • ABRASIVE BLASTING EQUIPMENT 400-E-6 • DEGREASER 400-E-7 • DRY CLEANING EQUIPMENT 400-E-8 • ETHYLENE OXIDE STERILIZER 400-E-9 • EXTERNAL COMBUSTION EQUIPMENT 400-E-10 • FOOD BROILER/FRYER 400-E-11 • FUEL DISPENSING AND STORAGE EQUIPMENT 400-E-12 • GAS TURBINE 400-E-13 • INTERNAL COMBUSTION EQUIPMENT 400-E-14 • OPEN PROCESS TANK 400-E-14a • OPEN PROCESS TANK; PROCESS LINE 400-E-15 • PRINTING EQUIPMENT 400-E-16 • SOLID MATERIALS STORAGE EQUIPMENT 400-E-17 • SPRAY BOOTH/OPEN SPRAY 400-E-17a • POWDER SPRAY BOOTH 400-E-18 • STORAGE TANK (LIQUID & GASEOUS MAT'L) 400-E-19 • WAVE SOLDER MACHINE 400-E-20 • ASBESTOS REMOVAL EQUIPMENT NONE • ADDITIONAL INFORMATION SUBMITTED AS REQUESTED ON FORM 400-E-GI	
I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.	
SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM: <i>Brian Ray</i>	TITLE OF RESPONSIBLE OFFICIAL OF FIRM: VICE PRESIDENT
TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM: BRIAN RAY	RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER (518) 385-3195 DATE SIGNED: 4/20/06
I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.	
SIGNATURE OF PREPARER, IF PREPARED BY PERSON OTHER THAN RESPONSIBLE OFFICIAL OF FIRM: <i>Tom Andrews</i>	TITLE OF PREPARER: SENIOR ENGINEER
TYPE OR PRINT NAME OF PREPARER, IF PREPARED BY PERSON OTHER THAN RESPONSIBLE OFFICIAL OF FIRM: TOM ANDREWS	PREPARER'S TELEPHONE NUMBER (916) 444-6666 DATE SIGNED: 4/17/06

AQMD USE ONLY							
APPLICATION/TRACKING #	PROJECT #	TYPE	EQUIPMENT CATEGORY CODE:	FEE SCHEDULE:	VALIDATION		
ENG. A R	ENG. A R	CLASS	ASSIGNMENT	ENF.	CHECK/MONEY ORDER	AMOUNT	
DATE	DATE	UNIT	ENGINEER	SECT.	\$	\$	\$

TITLE V APPLICATION CERTIFICATION

- TO BE COMPLETED BY TITLE V FACILITIES ONLY -

Section IV - Title V Application

1. This is an application for a(n) (Check all applicable boxes and provide the requested information as appropriate):
- a. Initial Title V Permit
 - b. Permit Renewal: Provide current permit expiration date: _____
 - c. Administrative Permit Revision (Check all that apply)
 - Change of Ownership. (Complete and attach equipment-specific Form 400-E-xx series forms)
 - Change of Facility Information
 - Other, Please specify: _____
 - d. Other (Complete and attach equipment specific Form 400-E-XX series form(s) to this form if your application involves permit action for new construction, change of location, non-administrative permit revision, alternative operating scenario (AOS), permit shield, streamlined permit conditions, or temporary source permit.)
2. Is this facility required to prepare a Risk Management Plan (RMP) for another agency? Yes No

Section V - Title V Submittal Checklist

1. Enter the quantity of each type form submitted in the space provided:
- | | | | |
|---|--------|--|------------------------|
| X | 500-A2 | | 500-F1 |
| | 500-B | | 500-F2 |
| | 500-C1 | | 500-F3 |
| | 500-C2 | | 500-F4 |
| | 500-D | | Other (specify): _____ |
2. Additional information referenced in this application submitted (Check **ALL** that apply):
- a. Existing Facility Permit
 - b. Preliminary Facility Permit
 - c. EFB Report for Year _____
 - d. None
 - e. Other (Specify): _____
3. Supplemental information included with this application submittal (Check **ALL** that apply):
- a. Facility Plot Plan
 - b. MSDS Sheet(s)
 - c. None
 - d. Other (Specify): _____

AQMD USE ONLY	APPLICATION TYPE		30 DAY PUBLIC NOTICE		PUBLIC HEARING	45-DAY EPA REVIEW	
	START DATE	END DATE	DATE	START DATE	END DATE		
	INITIAL, RENEWAL & SIGNIFICANT						
MINOR & DEMINIMUS							
ESTABLISH GENERAL PERMIT							
USE THE SECTIONS BELOW FOR TITLE V INITIAL AND RENEWAL APPLICATIONS ONLY:							
APPLICATION/TRACKING #		PROJECT #		TYPE	EQUIPMENT CATEGORY CODE:		FEE SCHEDULE:
				B C D	_____/____		\$
ENG. A R DATE	ENG. A R DATE	CLASS I III IV	ASSIGNMENT UNIT ENGINEER		ENF. SECT.	CHECK/MONEY ORDER AMOUNT # \$	



South Coast Air Quality Management District
 P. O. Box 4944
 Diamond Bar, CA 91765
 (909) 396-2000

APPLICATION FOR PERMIT TO CONSTRUCT AND PERMIT TO OPERATE FORM 400 - A

Non-Title V Facilities: This form must be accompanied by one or more 400-E-xx series form(s). Complete this side of form only.
Title V Facilities: Complete both sides of this form. Include additional forms as necessary.

NC/NOV NUMBER:	
INSPECTOR	SECTOR
ISSUE DATE	

Section I - Company Information

LEGAL NAME OF OPERATOR Inland Empire Energy Center, LLC	<input checked="" type="checkbox"/> IRS OR <input type="checkbox"/> S. S. NUMBER 7 7 0 5 7 8 2 9 6
PERMIT TO BE ISSUED TO (SEE INSTRUCTIONS) Same as above	
BUSINESS MAILING ADDRESS 26226 Antelope Road, Romoland, CA 92585	
PERMIT MAILING ADDRESS, IF DIFFERENT FROM BUSINESS MAILING ADDRESS Same as above	
TYPE OF ORGANIZATION <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Government Entity <input type="checkbox"/> Individual <input type="checkbox"/> General Partnership <input checked="" type="checkbox"/> Other (Fill in): Limited Liability Corporation	
ARE YOU A SMALL BUSINESS? (SEE INSTRUCTIONS) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	AVERAGE ANNUAL GROSS RECEIPTS \$ _____ NUMBER OF EMPLOYEES 33
IS YOUR BUSINESS 51% OR MORE WOMAN/MINORITY OWNED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
THIS SECTION IS REQUIRED FOR ALL APPLICATIONS FOR NEW CONSTRUCTION OR MAJOR MODIFICATIONS.	
ARE ALL MAJOR SOURCES UNDER SAME OWNERSHIP IN CALIFORNIA IN COMPLIANCE WITH FEDERAL, STATE, AND LOCAL AIR POLLUTION CONTROL RULES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU THE OWNER OF THE EQUIPMENT UNDER THIS APPLICATION? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
IF NO, ENTER THE LEGAL NAME OF OWNER _____ <input type="checkbox"/> IRS OR <input type="checkbox"/> S. S. NUMBER OF OWNER	

Section II - Facility Information

EQUIPMENT ADDRESS/LOCATION 26226 Antelope Road ROMOLAND CA, 92585	FACILITY NAME Inland Empire Energy Center
NUMBER/STREET ROMOLAND CA, 92585 CITY OR COMMUNITY ZIP CODE	FACILITY ID NUMBER 129816
PRINT NAME OF CONTACT PERSON John Gates	TITLE OF CONTACT PERSON H Systems Asset Management Commercial Manager
TYPE OF BUSINESS AT THIS FACILITY Power Plant	PRIMARY SIC CODE FOR THIS FACILITY 4911
CONTACT PERSON'S TELEPHONE NUMBER (951) 928-6905	CONTACT PERSON'S FAX NUMBER (866) 210-6953
CONTACT PERSON'S E-MAIL ADDRESS John.Gates@ps.ge.com	NUMBER OF EMPLOYEES AT THIS FACILITY 33

Section III - Application Type

DESCRIPTION OF EQUIPMENT: Gas Turbine - Device D2	PREVIOUS PERMIT #(S):
APPLICATION FOR (SEE INSTRUCTIONS): <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> MODIFICATION <input type="checkbox"/> CHANGE OF LOCATION <input type="checkbox"/> EXISTING EQUIPMENT WITHOUT PERMIT <input type="checkbox"/> CHANGE OF PERMITTEE <input checked="" type="checkbox"/> CHANGE OF PERMIT CONDITION <input type="checkbox"/> EXISTING EQUIPMENT WITH EXPIRED PERMIT	ARE YOU SUBMITTING MULTIPLE APPLICATIONS FOR EQUIPMENT IDENTICAL TO THAT DESCRIBED ABOVE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> APPLICATION FOR NON-TITLE V EQUIPMENT PERMIT. CHECK THE SUPPLEMENTAL SERIES 400-E-xx FORM(S) SUBMITTED WITH THIS 400-A FORM: 400-E-1 • PARTICULATE MATTER (PM ₁₀) CONTROL EQUIPMENT 400-E-2 • VOLATILE ORGANIC COMPOUND (VOC) CONTROL EQUIPMENT 400-E-3 • SCRUBBER 400-E-4 • ABRASIVE BLASTING EQUIPMENT 400-E-6 • DEGREASER 400-E-7 • DRY CLEANING EQUIPMENT 400-E-8 • ETHYLENE OXIDE STERILIZER 400-E-9 • EXTERNAL COMBUSTION EQUIPMENT 400-E-10 • FOOD BROILER/FRYER 400-E-11 • FUEL DISPENSING AND STORAGE EQUIPMENT 400-E-12 • GAS TURBINE 400-E-13 • INTERNAL COMBUSTION EQUIPMENT 400-E-14 • OPEN PROCESS TANK 400-E-14a • OPEN PROCESS TANK; PROCESS LINE 400-E-15 • PRINTING EQUIPMENT 400-E-16 • SOLID MATERIALS STORAGE EQUIPMENT 400-E-17 • SPRAY BOOTH/OPEN SPRAY 400-E-17a • POWDER SPRAY BOOTH 400-E-18 • STORAGE TANK (LIQUID & GASEOUS MAT'L) 400-E-19 • WAVE SOLDER MACHINE 400-E-20 • ASBESTOS REMOVAL EQUIPMENT NONE • ADDITIONAL INFORMATION SUBMITTED AS REQUESTED ON FORM 400-E-GI	
<input checked="" type="checkbox"/> APPLICATION FOR TITLE V FACILITY PERMIT. PROVIDE INFORMATION REQUESTED ON REVERSE SIDE OF THIS FORM.	
I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.	
SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM: <i>Brian Ray</i>	TITLE OF RESPONSIBLE OFFICIAL OF FIRM: VICE PRESIDENT
TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM: BRIAN RAY	RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER (518) 385-3195
	DATE SIGNED: 4/20/06
I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.	
SIGNATURE OF PREPARER, IF PREPARED BY PERSON OTHER THAN RESPONSIBLE OFFICIAL OF FIRM: <i>Tom Andrews</i>	TITLE OF PREPARER: SENIOR ENGINEER
TYPE OR PRINT NAME OF PREPARER, IF PREPARED BY PERSON OTHER THAN RESPONSIBLE OFFICIAL OF FIRM: TOM ANDREWS	PREPARER'S TELEPHONE NUMBER (916) 444-6666
	DATE SIGNED: 4/17/06

AQMD USE ONLY		APPLICATION/TRACKING #	PROJECT #	TYPE B C D	EQUIPMENT CATEGORY CODE:	FEE SCHEDULE:	VALIDATION
ENG. A R	ENG. A R	CLASS	ASSIGNMENT	ENF.	CHECK/MONEY ORDER	AMOUNT	
DATE	DATE	I III IV	UNIT	ENGINEER	SECT.	\$	\$

TITLE V APPLICATION CERTIFICATION

- TO BE COMPLETED BY TITLE V FACILITIES ONLY -

Section IV - Title V Application

1. This is an application for a(n) (Check all applicable boxes and provide the requested information as appropriate):
- a. Initial Title V Permit
 - b. Permit Renewal: Provide current permit expiration date: _____
 - c. Administrative Permit Revision (Check all that apply)
 - Change of Ownership. (Complete and attach equipment-specific Form 400-E-xx series forms)
 - Change of Facility Information
 - Other, Please specify: _____
 - d. Other (Complete and attach equipment specific Form 400-E-XX series form(s) to this form if your application involves permit action for new construction, change of location, non-administrative permit revision, alternative operating scenario (AOS), permit shield, streamlined permit conditions, or temporary source permit.)
2. Is this facility required to prepare a Risk Management Plan (RMP) for another agency? Yes No

Section V - Title V Submittal Checklist

1. Enter the quantity of each type form submitted in the space provided:
- | | | | |
|---------|--------|-------|------------------------|
| _____ X | 500-A2 | _____ | 500-F1 |
| _____ | 500-B | _____ | 500-F2 |
| _____ | 500-C1 | _____ | 500-F3 |
| _____ | 500-C2 | _____ | 500-F4 |
| _____ | 500-D | _____ | Other (specify): _____ |
2. Additional information referenced in this application submitted (Check **ALL** that apply):
- a. Existing Facility Permit
 - b. Preliminary Facility Permit
 - c. EFB Report for Year _____
 - d. None
 - e. Other (Specify): _____
3. Supplemental information included with this application submittal (Check **ALL** that apply):
- a. Facility Plot Plan
 - b. MSDS Sheet(s)
 - c. None
 - d. Other (Specify): _____

	APPLICATION TYPE		30 DAY PUBLIC NOTICE		PUBLIC HEARING	45-DAY EPA REVIEW		
	AQMD	USE ONLY	START DATE	END DATE	DATE	START DATE	END DATE	
	INITIAL, RENEWAL & SIGNIFICANT							
	MINOR & DEMINIMUS							
	ESTABLISH GENERAL PERMIT							
USE THE SECTIONS BELOW FOR TITLE V INITIAL AND RENEWAL APPLICATIONS ONLY:								
	APPLICATION/TRACKING # _____		PROJECT # _____		TYPE B C D	EQUIPMENT CATEGORY CODE: _____ / _____	FEE SCHEDULE: \$ _____	VALIDATION
ENG. A R DATE	ENG. A R DATE	CLASS I III IV	ASSIGNMENT UNIT ENGINEER		ENF. SECT.	CHECK/MONEY ORDER #	AMOUNT \$	



South Coast Air Quality Management District
 P. O. Box 4944
 Diamond Bar, CA 91765
 (909) 396-2000

APPLICATION FOR PERMIT TO CONSTRUCT AND PERMIT TO OPERATE FORM 400 - A

Non-Title V Facilities: This form must be accompanied by one or more 400-E-xx series form(s). Complete this side of form only.

Title V Facilities: Complete both sides of this form. Include additional forms as necessary.

NC/NOV NUMBER:

INSPECTOR

SECTOR

ISSUE DATE

Section I - Company Information

LEGAL NAME OF OPERATOR

Inland Empire Energy Center, LLC

IRS OR S. S. NUMBER

7 7 0 5 7 8 2 9 6

PERMIT TO BE ISSUED TO (SEE INSTRUCTIONS) Same as above

BUSINESS MAILING ADDRESS

26226 Antelope Road, Romoland, CA 92585

PERMIT MAILING ADDRESS, IF DIFFERENT FROM BUSINESS MAILING ADDRESS

Same as above

TYPE OF ORGANIZATION

Corporation

Limited Partnership

Government Entity

Individual

General Partnership

Other (Fill in): **Limited Liability Corporation**

ARE YOU A SMALL BUSINESS?
 (SEE INSTRUCTIONS)

Yes

No

AVERAGE ANNUAL GROSS RECEIPTS \$

NUMBER OF EMPLOYEES

33

IS YOUR BUSINESS 51% OR MORE
 WOMAN/MINORITY OWNED?

Yes

No

THIS SECTION IS REQUIRED FOR ALL APPLICATIONS FOR NEW CONSTRUCTION OR MAJOR MODIFICATIONS.

ARE ALL MAJOR SOURCES UNDER SAME OWNERSHIP IN CALIFORNIA IN COMPLIANCE WITH
 FEDERAL, STATE, AND LOCAL AIR POLLUTION CONTROL RULES?

Yes

No

ARE YOU THE OWNER OF THE EQUIPMENT UNDER THIS APPLICATION?

Yes

No

IRS OR S. S. NUMBER OF OWNER

IF NO, ENTER THE LEGAL NAME OF OWNER

Section II - Facility Information

EQUIPMENT ADDRESS/LOCATION

26226 Antelope Road

FACILITY NAME

Inland Empire Energy Center

NUMBER/STREET

Romoland

CA, 92585

FACILITY ID NUMBER

129816

CITY OR COMMUNITY

ZIP CODE

PRINT NAME OF CONTACT PERSON

John Gates

TITLE OF CONTACT PERSON

H Systems Asset Management Commercial Manager

TYPE OF BUSINESS AT THIS FACILITY

Power Plant

PRIMARY SIC CODE FOR THIS FACILITY

4911

NUMBER OF EMPLOYEES AT THIS FACILITY

33

CONTACT PERSON'S TELEPHONE NUMBER

(951) 928-6905

CONTACT PERSON'S FAX NUMBER

(866) 210-6953

CONTACT PERSON'S E-MAIL ADDRESS

John.Gates@ps.ge.com

Section III - Application Type

DESCRIPTION OF EQUIPMENT: Auxiliary Boiler - Device D3

PREVIOUS PERMIT #(S):

APPLICATION FOR (SEE INSTRUCTIONS):

NEW CONSTRUCTION

MODIFICATION

CHANGE OF LOCATION

ARE YOU SUBMITTING MULTIPLE APPLICATIONS FOR
 EQUIPMENT IDENTICAL TO THAT DESCRIBED ABOVE?

EXISTING EQUIPMENT WITHOUT PERMIT

CHANGE OF PERMITTEE

CHANGE OF PERMIT CONDITION

Yes

No

EXISTING EQUIPMENT WITH EXPIRED PERMIT

APPLICATION FOR NON-TITLE V EQUIPMENT PERMIT. CHECK THE SUPPLEMENTAL SERIES 400-E-xx FORM(S) SUBMITTED WITH THIS 400-A FORM:

- 400-E-1 • PARTICULATE MATTER (PM₁₀) CONTROL EQUIPMENT
- 400-E-2 • VOLATILE ORGANIC COMPOUND (VOC) CONTROL EQUIPMENT
- 400-E-3 • SCRUBBER
- 400-E-4 • ABRASIVE BLASTING EQUIPMENT
- 400-E-6 • DEGREASER
- 400-E-7 • DRY CLEANING EQUIPMENT
- 400-E-8 • ETHYLENE OXIDE STERILIZER
- 400-E-9 • EXTERNAL COMBUSTION EQUIPMENT
- 400-E-10 • FOOD BROILER/FRYER
- 400-E-11 • FUEL DISPENSING AND STORAGE EQUIPMENT
- 400-E-12 • GAS TURBINE

- 400-E-13 • INTERNAL COMBUSTION EQUIPMENT
- 400-E-14 • OPEN PROCESS TANK
- 400-E-14a • OPEN PROCESS TANK; PROCESS LINE
- 400-E-15 • PRINTING EQUIPMENT
- 400-E-16 • SOLID MATERIALS STORAGE EQUIPMENT
- 400-E-17 • SPRAY BOOTH/OPEN SPRAY
- 400-E-17a • POWDER SPRAY BOOTH
- 400-E-18 • STORAGE TANK (LIQUID & GASEOUS MAT'L)
- 400-E-19 • WAVE SOLDER MACHINE
- 400-E-20 • ASBESTOS REMOVAL EQUIPMENT
- NONE • ADDITIONAL INFORMATION SUBMITTED AS REQUESTED ON FORM 400-E-G1

APPLICATION FOR TITLE V FACILITY PERMIT. PROVIDE INFORMATION REQUESTED ON REVERSE SIDE OF THIS FORM.

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM:

TITLE OF RESPONSIBLE OFFICIAL OF FIRM:

VICE PRESIDENT

TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM:

BRIAN RAY

RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER

(518) 385-3195

DATE SIGNED:

4/20/06

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE OF PREPARER, IF PREPARED BY PERSON OTHER THAN RESPONSIBLE OFFICIAL OF FIRM:

TITLE OF PREPARER:

SENIOR ENGINEER

TYPE OR PRINT NAME OF PREPARER, IF PREPARED BY PERSON OTHER THAN RESPONSIBLE OFFICIAL OF FIRM:

TOM ANDREWS

PREPARER'S TELEPHONE NUMBER

(916) 444-6666

DATE SIGNED:

4/17/06

TITLE V FACILITIES ONLY: COMPLETE OTHER SIDE

AQMD USE ONLY		APPLICATION/TRACKING #	PROJECT #	TYPE B C D	EQUIPMENT CATEGORY CODE:	FEE SCHEDULE:	VALIDATION
ENG. A R	ENG. A R	CLASS	ASSIGNMENT	ENF.	CHECK/MONEY ORDER	AMOUNT	
DATE	DATE	1 112 114	UNIT	ENGINEER	SECT.	*	*

TITLE V APPLICATION CERTIFICATION

- TO BE COMPLETED BY TITLE V FACILITIES ONLY -

Section IV - Title V Application

1. This is an application for a(n) (Check all applicable boxes and provide the requested information as appropriate):
- a. Initial Title V Permit
 - b. Permit Renewal: Provide current permit expiration date: _____
 - c. Administrative Permit Revision (Check all that apply)
 - Change of Ownership. (Complete and attach equipment-specific Form 400-E-xx series forms)
 - Change of Facility Information
 - Other, Please specify: _____
 - d. Other (Complete and attach equipment specific Form 400-E-XX series form(s) to this form if your application involves permit action for new construction, change of location, non-administrative permit revision, alternative operating scenario (AOS), permit shield, streamlined permit conditions, or temporary source permit.)
2. Is this facility required to prepare a Risk Management Plan (RMP) for another agency? Yes No

Section V - Title V Submittal Checklist

1. Enter the quantity of each type form submitted in the space provided:
- | | |
|----------------|------------------------------|
| _____ X 500-A2 | _____ 500-F1 |
| _____ 500-B | _____ 500-F2 |
| _____ 500-C1 | _____ 500-F3 |
| _____ 500-C2 | _____ 500-F4 |
| _____ 500-D | _____ Other (specify): _____ |
2. Additional information referenced in this application submitted (Check **ALL** that apply):
- a. Existing Facility Permit
 - b. Preliminary Facility Permit
 - c. EFB Report for Year _____
 - d. None
 - e. Other (Specify): _____
3. Supplemental information included with this application submittal (Check **ALL** that apply):
- a. Facility Plot Plan
 - b. MSDS Sheet(s)
 - c. None
 - d. Other (Specify): _____

	APPLICATION TYPE	30 DAY PUBLIC NOTICE		PUBLIC HEARING	45-DAY EPA REVIEW	
		START DATE	END DATE	DATE	START DATE	END DATE
AQMD	INITIAL, RENEWAL & SIGNIFICANT					
	MINOR & DEMINIMUS					
USE	ESTABLISH GENERAL PERMIT					
USE THE SECTIONS BELOW FOR TITLE V INITIAL AND RENEWAL APPLICATIONS ONLY:						
ONLY	APPLICATION/TRACKING #	PROJECT #	TYPE	EQUIPMENT CATEGORY CODE:	FEE SCHEDULE:	VALIDATION
	_____	_____	B C D	_____ / _____	\$	
ENG. A R DATE	ENG. A R DATE	CLASS I III IV	ASSIGNMENT UNIT ENGINEER	ENF. SECT.	CHECK/MONEY ORDER #	AMOUNT \$

Section I - Facility Information	
1. Facility Name: <u>INLAND EMPIRE ENERGY CENTER</u>	Facility ID (6-Digit): <u>129816</u>
2. This Certification is submitted with a (Check one):	a. <input checked="" type="checkbox"/> Title V Application (Initial, Revision, Renewal) b. <input type="checkbox"/> Supplement/Correction to a Title V Application c. <input type="checkbox"/> MACT Part 2 Application
3. Is Form 500-C2 included with this Certification?	a. <input type="checkbox"/> Yes b. <input checked="" type="checkbox"/> No

Section II - Responsible Official Certification Statement

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 statements and information in this document and in all attached application forms and other materials are true, accurate, and complete. You must select item 3A or 3B.

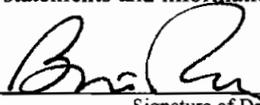
Read each statement carefully and check each that applies.

- 1. For Initial, Permit Renewal, or Administrative Change 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." (If Part 1 Notification has not been submitted, complete 500-MACT and submit with this form.)
 - b. The facility is not subject to Section 112(j) of the Clean Air Act (Subpart B of 40 CFR part 63).

	<u>4/20/06</u>
Signature of Responsible Official	Date
<u>Brian Ray</u>	<u>(518) 385-3195</u>
Type or Print Name of Responsible Official	Phone
<u>Vice President</u>	<u>(866) 443-7814</u>
Title of Responsible Official	Fax
<u>1 River Road, Bldg. 5, 4th Floor</u>	<u>Schenectady NY 12345</u>
Address of Responsible Official	City State Zip Code

Acid Rain Facilities Only: Turn page over & complete Section III

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 III - Designated Representative Certification Statement			
<p>1. <i>For Acid Rain Facilities Only:</i> 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>			
		<p>4/20/06</p>	
<p>Signature of Designated Representative or Alternate</p>		<p>Date</p>	
<p>Brian Ray</p>		<p>(518) 385-3195</p>	
<p>Type or Print Name of Designated Representative or Alternate</p>		<p>Phone</p>	
<p>Vice President</p>		<p>(866) 443-7814</p>	
<p>Title of Designated Representative or Alternate</p>		<p>Fax</p>	
<p>1 River Road, Bldg. 5, 4th Floor</p>		<p>Schenectady NY 12345</p>	
<p>Address of Designated Representative or Alternate</p>		<p>City State Zip Code</p>	



South Coast Air Quality Management District
 P. O. Box 4944
 Diamond Bar, CA 91765
 (909) 396-2000

Form 400-A and one or more 400-E-xx form(s)
 must accompany all submittals.

EXPRESS PERMIT PROCESSING REQUEST FORM FORM 400 - XPP

Section I - Facility/Application Information

1. Business Name: **Inland Empire Energy Center, LLC** Facility ID: 129816
2. The requested application is for a(n): Date of Occurrence: April 17, 2006
 - a. New Construction
 - b. Change of Location
 - c. Modification of Equipment/Process
 - d. Existing Equipment with Expired Permit
 - e. Existing Equipment Operating without a Permit; Initial Operation Date:
 - f. Change of Condition(s); Specify the change of condition(s) requested: See cover letter for this form
 - g. Change of Operator; List previous name of operator and Facility ID #:
3. I hereby request Express Permit Processing for this application.
4. I understand that this request will incur additional fees.
5. This request is not cancelable once engineering review has been initiated.
6. Express Permit Processing neither guarantees action by any specific date nor does I guarantee permit approval.

Section II - Equipment Information

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM:

TITLE OF RESPONSIBLE OFFICIAL OF FIRM:

VICE PRESIDENT

TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM:

BRIAN RAY

RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER

(518) 385-3195

DATE SIGNED:

4/29/06

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE OF PREPARER:

TITLE OF PREPARER:

SENIOR ENGINEER

TYPE OR PRINT NAME OF PREPARER:

TOM ANDREWS (SIERRA RESEARCH)

PREPARER'S TELEPHONE NUMBER

(916) 444-6666

DATE SIGNED:

4/17/06

AQMD USE ONLY		APPLICATION/TRACKING #	PROJECT #	TYPE B C D	EQUIPMENT CATEGORY CODE: _____ / _____	FEE SCHEDULE: \$	VALIDATION
ENG. A R DATE	ENG. A R DATE	CLASS I III IV	ASSIGNMENT UNIT	ENGINEER	ENF. SECT.	CHECK/MONEY ORDER #	AMOUNT \$