

January 17, 2006

Mr. Li Chen
Air Quality Engineer
South Coast AQMD
21865 E. Copley Drive
Diamond Bar, CA 91765-4182

DOCKET 01-AFC-17C
DATE JAN 17 2006
RECD. JAN 18 2006



**sierra
research**

1801 J Street
Sacramento, CA 95814
Tel: (916) 444-6666
Fax: (916) 444-8373

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

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

Dear Mr. Chen:

On behalf of Inland Empire Energy Center LLC, 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). We are requesting that the deadline to sign a Memorandum of Understanding with the U.S. Forest Service be changed from six to twelve months from the permit issuance date (Section H, Condition E193.3). The need to extend this deadline is discussed in the U.S. Forest Service's December 8, 2005 letter to the District. Since the six-month deadline is February 4, 2006, we are requesting an expedited processing of this request by the District. Enclosed is a check in the amount of \$1,901.91 payable to the District to cover the filing fee for the requested minor revision to the permit (per Rule 301). In addition to this change, we are requesting that John Gates be identified as the contact person and the responsible official in the RECLAIM/Title V permit.

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

Sincerely,

(For)

Gary Rubenstein
Senior Partner

Enclosure

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

36204

INVOICE NO.	REFERENCE	AMOUNT	DISCOUNT	NET AMT.
0020060063		1901.91	0.00	1901.91

DATE
01/17/06

CHECK NUMBER
00018947

CHECK AMOUNT
\$ 1901.91



SIERRA RESEARCH
916-444-6666
1801 J STREET
SACRAMENTO, CA 95814

UNION BANK OF CALIFORNIA
Sacramento, CA 95814
11-49/1210

018947

CHECK NO.
00018947

** ONE THOUSAND NINE HUNDRED ONE DOLLARS AND 91 CENTS **

PAY TO THE ORDER OF
South Coast AQMD
P.O. Box 4932
Diamond Bar CA 91765-0932

DATE
01/17/06

AMOUNT
****1,901.91

[Handwritten Signature]
AUTHORIZED SIGNATURE



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
 Individual

- Limited Partnership
 General Partnership

Government Entity

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

NUMBER/STREET

Romoland

CITY OR COMMUNITY

CA, 92585

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: Minor Title V Permit Modification

PREVIOUS PERMIT #(S):

APPLICATION FOR (SEE INSTRUCTIONS):

- NEW CONSTRUCTION MODIFICATION CHANGE OF LOCATION
 EXISTING EQUIPMENT WITHOUT PERMIT CHANGE OF PERMITTEE CHANGE OF PERMIT CONDITION
 EXISTING EQUIPMENT WITH EXPIRED PERMIT

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

- Yes No

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

- | | |
|---|--|
| <input type="checkbox"/> 400-E-1 • PARTICULATE MATTER (PM ₁₀) CONTROL EQUIPMENT | <input type="checkbox"/> 400-E-13 • INTERNAL COMBUSTION EQUIPMENT |
| <input type="checkbox"/> 400-E-2 • VOLATILE ORGANIC COMPOUND (VOC) CONTROL EQUIPMENT | <input type="checkbox"/> 400-E-14 • OPEN PROCESS TANK |
| <input type="checkbox"/> 400-E-3 • SCRUBBER | <input type="checkbox"/> 400-E-14a • OPEN PROCESS TANK; PROCESS LINE |
| <input type="checkbox"/> 400-E-4 • ABRASIVE BLASTING EQUIPMENT | <input type="checkbox"/> 400-E-15 • PRINTING EQUIPMENT |
| <input type="checkbox"/> 400-E-6 • DEGREASER | <input type="checkbox"/> 400-E-16 • SOLID MATERIALS STORAGE EQUIPMENT |
| <input type="checkbox"/> 400-E-7 • DRY CLEANING EQUIPMENT | <input type="checkbox"/> 400-E-17 • SPRAY BOOTH/OPEN SPRAY |
| <input type="checkbox"/> 400-E-8 • ETHYLENE OXIDE STERILIZER | <input type="checkbox"/> 400-E-17a • POWDER SPRAY BOOTH |
| <input type="checkbox"/> 400-E-9 • EXTERNAL COMBUSTION EQUIPMENT | <input type="checkbox"/> 400-E-18 • STORAGE TANK (LIQUID & GASEOUS MAT'L) |
| <input type="checkbox"/> 400-E-10 • FOOD BROILER/FRYER | <input type="checkbox"/> 400-E-19 • WAVE SOLDER MACHINE |
| <input type="checkbox"/> 400-E-11 • FUEL DISPENSING AND STORAGE EQUIPMENT | <input type="checkbox"/> 400-E-20 • ASBESTOS REMOVAL EQUIPMENT |
| <input type="checkbox"/> 400-E-12 • GAS TURBINE | <input type="checkbox"/> 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:

John Gates

H SYSTEMS ASSET MANAGEMENT COMMERCIAL MANAGER

TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM:

JOHN GATES

RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER

(951) 928-6905

DATE SIGNED:

7/Jan/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:

Tom Andrews

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:

1/13/06

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	ENT. SECT.	CHECK/MONEY ORDER	AMOUNT
DATE	DATE	1 11 11	Unit	4001111		\$	\$

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	
	INITIAL, RENEWAL & SIGNIFICANT MINOR & DE MINIMIS	ESTABLISH GENERAL PERMIT	START DATE	END DATE	DATE	START DATE	END DATE
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 NATE ENGINEER		ENF. SECT.	CHECK/MONEY ORDER AMOUNT # \$	



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: January 13, 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:
		H SYSTEMS ASSEST MANAGEMENT COMMERCIAL MANAGER
TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM:	RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER	DATE SIGNED:
JOHN GATES	(951) 928-6905	17 Jan 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:
		ENGINEER
TYPE OR PRINT NAME OF PREPARER:	PREPARER'S TELEPHONE NUMBER	DATE SIGNED:
TOM ANDREWS (SIERRA RESEARCH)	(916) 444-6666	1/13/2006

AQMD USE ONLY	APPLICATION/TRACKING #	PROJECT #	TYPE N C D	EQUIPMENT CATEGORY CODE:	FEE SCHEDULE: \$	VALIDATION
ENG. A R DATE	ENG. A R DATE	CLASS I III IV	ASSIGNMENT UR11 ENGINEER	ENF. SECT.	CHECK/MONEY ORDER #	AMOUNT \$

**Title V
Form 500-A2**

**SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
Application Certification**

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:

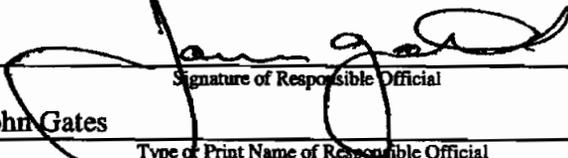
- a. The facility, including equipment that are exempt from written permit per Rule 219, is currently operating and will continue to operate in compliance with all applicable requirement(s) identified in Section II and Section III of Form 500-C1,
 - i. except for those requirements that do not specifically 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.

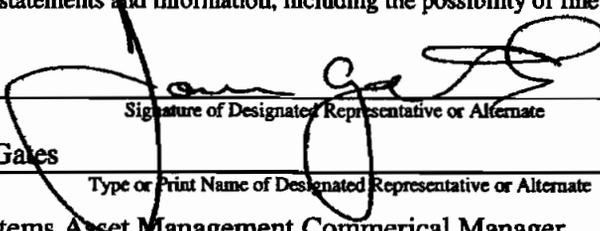
3. For MACT Hammer Certifications:

- 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>17 Jan 06.</u>	
Signature of Responsible Official		Date	
John Gates		(951) 928-6905	
Type or Print Name of Responsible Official		Phone	
H Systems Asset Management Commerical Manager		(866) 210-6953	
Title of Responsible Official		Fax	
26226 Antelope Road	Romoland	CA	92585
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>17 Jan 06</p>	
Signature of Designated Representative or Alternate		Date	
John Gates		(951) 928-6905	
Type or Print Name of Designated Representative or Alternate		Phone	
H Systems Asset Management Commerical Manager		(866) 210-6953	
Title of Designated Representative or Alternate		Fax	
26226 Antelope Road		Romoland	CA 92585
Address of Designated Representative or Alternate		City	State Zip Code