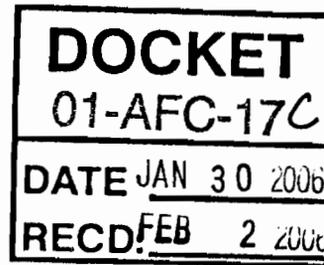


January 30, 2006

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



**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 revised 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. The original request to make this change was in our January 17, 2006 package submitted to the District. The enclosed forms are identical to the earlier submittal with the exception that Brian Ray (Vice President) has signed the forms as the Responsible Official rather than John Gates (Commercial Manager). Since the six-month deadline is February 4, 2006, we are requesting an expedited processing of this request by the District. Our earlier submitted included 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).

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

Sincerely,

A handwritten signature in black ink, appearing to read "Tom Andrews", with a long, sweeping horizontal line extending to the right.

Tom Andrews
Senior Engineer

Enclosure

cc: Connie Bruins, CEC
CEC Dockets Office, Docket #01-AFC-17C
Barbara McBride, Calpine
Dana Petrin, Calpine

Brian Ray, GE
Craig Matis, GE
John Gates, GE
Ken Kohl, GE



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 \$ _____	IS YOUR BUSINESS 51 % OR MORE WOMAN/MINORITY OWNED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NUMBER OF EMPLOYEES 33			
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 _____	

Section II - Facility Information

EQUIPMENT ADDRESS/LOCATION 26226 Antelope Road		FACILITY NAME Inland Empire Energy Center	
NUMBER/STREET Romoland		FACILITY ID NUMBER 129816	
CITY OR COMMUNITY CA, 92585		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: Minor Title V Permit Modification		PREVIOUS PERMIT #(S):	
APPLICATION FOR (SEE INSTRUCTIONS): <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> EXISTING EQUIPMENT WITHOUT PERMIT <input type="checkbox"/> EXISTING EQUIPMENT WITH EXPIRED PERMIT <input checked="" type="checkbox"/> MODIFICATION <input type="checkbox"/> CHANGE OF PERMITTEE <input type="checkbox"/> CHANGE OF LOCATION <input type="checkbox"/> CHANGE OF PERMIT CONDITION		ARE YOU SUBMITTING MULTIPLE APPLICATIONS FOR EQUIPMENT IDENTICAL TO THAT DESCRIBED ABOVE? <input type="checkbox"/> Yes <input checked="" 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>[Signature]</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: 1/30/06
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>[Signature]</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: 1/27/06

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 N	CLASS	ASSIGNMENT	B C D	ENF. SECT.	CHECK/MONEY ORDER	AMOUNT
DATE	DATE	1 2 3 4 5	6 7 8 9 10	11 12 13	14 15 16 17 18 19 20		

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:

<u> X </u> 500-A2	<u> </u> 500-F1
<u> </u> 500-B	<u> </u> 500-F2
<u> </u> 500-C1	<u> </u> 500-F3
<u> </u> 500-C2	<u> </u> 500-F4
<u> </u> 500-D	<u> </u> 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 MINIMUS	START DATE	END DATE	DATE	START DATE	END DATE
	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 1 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

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

- Business Name: Inland Empire Energy Center, LLC Facility ID: 129816
- The requested application is for a(n): Date of Occurrence: January 13, 2006
 - New Construction
 - Change of Location
 - Modification of Equipment/Process
 - Existing Equipment with Expired Permit
 - Existing Equipment Operating without a Permit; Initial Operation Date:
 - Change of Condition(s); Specify the change of condition(s) requested: See cover letter for this form**
 - Change of Operator; List previous name of operator and Facility ID #:
- I hereby request Express Permit Processing for this application.
- I understand that this request will incur additional fees.
- This request is not cancelable once engineering review has been initiated.
- 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:


 TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM:
 BRIAN RAY

RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER
 (518) 385-3195

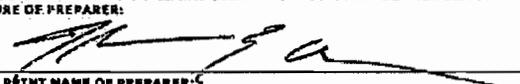
DATE SIGNED:

1/30/06

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

SIGNATURE OF PREPARER:

TITLE OF PREPARER:


 TYPE OR PRINT NAME OF PREPARER:

ENGINEER

TOM ANDREWS (SIERRA RESEARCH)

PREPARER'S TELEPHONE NUMBER

(916) 444-6666

DATE SIGNED:

1/27/2006

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

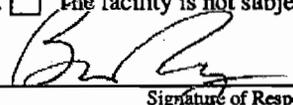
- a. The facility, including equipment that are exempt from written permit per Rule 219, is currently operating and will continue to operate in compliance with all applicable requirement(s) identified in Section II and Section III of Form 500-C1,
 - i. except for those requirements that do not specifically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

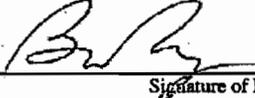


1/31/06

Signature of Responsible Official		Date	
Brian Ray		(518) 385-3195	
Type or Print Name of Responsible Official		Phone	
Vice President		(866) 443-7814	
Title of Responsible Official		Fax	
1 River Road, Bldg. 5, 4 th Floor	Schenectady	NY	12345
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>1/30/06</p>	
Signature of Designated Representative or Alternate		Date	
Brian Ray		(518) 385-3195	
Type or Print Name of Designated Representative or Alternate		Phone	
Vice President		(866) 443-7814	
Title of Designated Representative or Alternate		Fax	
1 River Road, Bldg. 5, 4th Floor	Schenectady	NY	12345
Address of Designated Representative or Alternate	City	State	Zip Code