

ROUTING SLIP

|         | FROM | TO  |             |
|---------|------|-----|-------------|
| 4/12/06 | WYC  | P/S | P/O (RACER) |
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ICE

ID# 29110

455673



## PERMIT TO CONSTRUCT/OPERATE

*This initial permit must be renewed ANNUALLY unless the equipment is moved, or changes ownership. If the billing for annual renewal fee (Rule 301.f) is not received by the expiration date, contact the District.*

**Legal Owner  
or Operator:**

ORANGE COUNTY SANITATION DISTRICT  
P O BOX 8127  
FOUNTAIN VALLEY, CA 92728-8127

ID29110

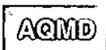
**Equipment Location:** 22212 BROOKHURST ST , HUNTINGTON BEACH, CA 92646-8457

**Equipment Description:**

INTERNAL COMBUSTION ENGINE, DETROIT DIESEL, 16 CYLINDER, "TURBOCHARGED, AFTERCOOLED", MODEL T1637M36 (2936 BHP), SERIAL NO. 527200-2106, 2936 BHP, DIESEL FUEL FUELED, DRIVING AN EMERGENCY ELECTRICAL GENERATOR.

**Conditions:**

- 1) OPERATION OF THIS EQUIPMENT SHALL BE CONDUCTED IN ACCORDANCE WITH ALL DATA AND SPECIFICATIONS SUBMITTED WITH THIS APPLICATION UNDER WHICH A PERMIT IS ISSUED UNLESS OTHERWISE NOTED BELOW.
- 2) THIS EQUIPMENT SHALL BE PROPERLY MAINTAINED AND KEPT IN GOOD OPERATING CONDITION AT ALL TIMES.
- 3) A NON-RESETTABLE TOTALIZING TIMER SHALL BE INSTALLED AND MAINTAINED TO INDICATED THE ENGINE ELAPSED OPERATING TIME.
- 4) AN ENGINE OPERATING LOG SHALL BE KEPT AND MAINTAINED ON FILE TO RECORD WHEN THIS ENGINE IS STARTED MANUALLY. THE LOG SHALL LIST THE DATE OF OPERATION, THE TIMER READING IN HOURS AT THE BEGINNING AND END OF OPERATION, AND THE REASON FOR OPERATION FOR A MINIMUM OF THREE YEARS FROM THE DATE OF ENTRY AND MADE AVAILABLE TO DISTRICT PERSONNEL UPON REQUEST. THE TOTAL HOURS OF OPERATION (INCLUDING HOURS FOR MANUAL AND AUTOMATIC OPERATION) SHALL BE RECORDED SOMETIME DURING THE FIRST 15 DAYS OF JANUARY OF EACH YEAR.
- 5) THIS ENGINE SHALL NOT OPERATE MORE THAN 200 HOURS IN ANY ONE YEAR, WHICH INCLUDES NO MORE THAN 50 HOURS IN ANY ONE YEAR FOR MAINTENANCE AND TESTING PURPOSES.
- 6) THE OPERATOR SHALL NOT PURCHASE ANY DIESEL FUEL UNLESS THE FUEL IS LOW SULFUR DIESEL FOR WHICH THE SULFUR CONTENT DOES NOT EXCEED 15 PPM BY WEIGHT. AS OF JANUARY 1, 2006, THE OPERATOR SHALL ONLY USE DIESEL FUEL WITH SULFUR CONTENT THAT DOES NOT EXCEED 15 PPM BY WEIGHT, UNLESS THE OPERATOR DEMONSTRATES IN WRITING TO THE EXECUTIVE OFFICER THAT SPECIFIC ADDITIONAL TIME IS NECESSARY. (THIS CONDITION DOES NOT APPLY TO NATURAL GAS OR LPG FUELED ENGINES).



**PERMIT TO CONSTRUCT/OPERATE**

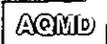
*CONTINUATION OF PERMIT TO CONSTRUCT/OPERATE*

- 7) OPERATION BEYOND THE 50 HOURS PER YEAR ALLOTTED FOR ENGINE MAINTENANCE AND TESTING SHALL BE ALLOWED ONLY IN THE EVENT OF A LOSS OF GRID POWER OR UP TO 30 MINUTES PRIOR TO A ROTATING OUTAGE, PROVIDED THAT: (A) THE UTILITY DISTRIBUTION COMPANY HAS ORDERED ROTATING OUTAGES IN THE CONTROL AREA WHERE THE ENGINE IS LOCATED OR HAS INDICATED THAT IT EXPECTS TO ISSUE SUCH AN ORDER AT A CERTAIN TIME; AND (B) THE ENGINE IS LOCATED IN A UTILITY SERVICE BLOCK THAT IS SUBJECT TO THE ROTATING OUTAGE. ENGINE OPERATION SHALL BE TERMINATED IMMEDIATELY AFTER THE UTILITY DISTRIBUTION COMPANY ADVISES THAT A ROTATING OUTAGE IS NO LONGER IMMINENT OR IN EFFECT.
  
- 8) THIS EQUIPMENT SHALL BE A US-EPA NON-ROAD CERTIFIED COMPRESSION IGNITION ENGINE AS EVIDENCED BY THE MANUFACTURER'S ENGINE TAG OR LABEL.



SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT  
21865 Copley Drive, Diamond Bar, CA 91765

Permit No.  
**F81556**  
A/N 455673  
Page 3



## PERMIT TO CONSTRUCT/OPERATE

### *CONTINUATION OF PERMIT TO CONSTRUCT/OPERATE*

#### NOTICE

IN ACCORDANCE WITH RULE 206, THIS PERMIT TO OPERATE OR COPY SHALL BE POSTED ON OR WITHIN 8 METERS OF THE EQUIPMENT.

THIS PERMIT DOES NOT AUTHORIZE THE EMISSION OF AIR CONTAMINANTS IN EXCESS OF THOSE ALLOWED BY DIVISION 26 OF THE HEALTH AND SAFETY CODE OF THE STATE OF CALIFORNIA OR THE RULES OF THE AIR QUALITY MANAGEMENT DISTRICT. THIS PERMIT CANNOT BE CONSIDERED AS PERMISSION TO VIOLATE EXISTING LAWS, ORDINANCES, REGULATIONS OR STATUTES OF OTHER GOVERNMENT AGENCIES.

EXECUTIVE OFFICER

by Doris M. Bailey/WC01

04/12/2006

**FILE COPY**



South Coast Air Quality Management District

**Form 400-A**

**Application For Permit To Construct and Permit To Operate**

Mail Application To:  
P.O. Box 4944  
Diamond Bar, CA 91765

Tel: (909) 396-3385  
www.aqmd.gov

|  |   |                   |  |   |  |   |  |   |  |  |  |  |  |
|--|---|-------------------|--|---|--|---|--|---|--|--|--|--|--|
| <b>Section A: Operator Information</b>   |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| 1. Business Name of Operator To Appear On The Permit:<br>Orange County Sanitation District   |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| 2. Valid AQMD Facility ID (Available on Permit or Invoice Issued by AQMD):<br>29110  | 3. Owner's Business Name (only if different from Business Name of Operator):  |                   |  |   |  |   |  |   |  |  |  |  |  |
| <b>Section B: Equipment Location</b>   |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| 4. Equipment Location Address:<br>For equipment operated at various locations in AQMD's jurisdiction, provide address of initial site  |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| 22212 Brookhurst Street<br>Street Address  |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| Huntington Beach   | CA, 92646   |                   |  |   |  |   |  |   |  |  |  |  |  |
| City   | State Zip Code  |                   |  |   |  |   |  |   |  |  |  |  |  |
| County: <input type="radio"/> Los Angeles <input checked="" type="radio"/> Orange <input type="radio"/> San Bernardino <input type="radio"/> Riverside   |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| Contact Name: Terry Ahn  |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| Contact Title: Regulatory Specialist Phone: (714) 593-7082   |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| Fax: (714) 962-8379 E-Mail: tahn@ocsd.com  |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| <b>Section C: Permit Mailing Address</b>   |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| 5. Permit and Correspondence Information:<br><input type="checkbox"/> Check here if same as equipment location address   |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| 10844 Ellis Avenue<br>Street Address   |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| Fountain Valley  | CA 92708  |                   |  |   |  |   |  |   |  |  |  |  |  |
| City   | State Zip Code  |                   |  |   |  |   |  |   |  |  |  |  |  |
| County: <input type="radio"/> Los Angeles <input checked="" type="radio"/> Orange <input type="radio"/> San Bernardino <input type="radio"/> Riverside   |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| Contact Name: Terry Ahn  |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| Contact Title: Reg. Specialist Phone: (714) 593-7082   |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| Fax: (714) 962-8379 E-Mail: tahn@ocsd.com  |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| <b>Section D: Application Type</b>   |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| The facility is in <input type="radio"/> RECLAIM <input type="radio"/> Title V <input type="radio"/> RECLAIM & Title V Program (please check if applicable)  |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| 6. Reason for Submitting Application (Select only ONE):  |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| <input type="radio"/> New Construction (Permit to Construct)   | <input type="radio"/> Permitted Equipment Altered/ Modified Without Permit Approval*  |                   |  |   |  |   |  |   |  |  |  |  |  |
| <input type="radio"/> Equipment Operating Without A Permit or Expired Permit*  | <input type="radio"/> Proposed Alteration/Modification to Permitted Equipment   |                   |  |   |  |   |  |   |  |  |  |  |  |
| <input type="radio"/> Administrative Change  | <input type="radio"/> Change of Condition For Permit To Operate   |                   |  |   |  |   |  |   |  |  |  |  |  |
| <input type="radio"/> Equipment On-Site But Not Constructed or Operational   | <input type="radio"/> Change of Condition For Permit To Construct   |                   |  |   |  |   |  |   |  |  |  |  |  |
| <input type="radio"/> Title V Application (Initial, Revisions, etc.) (Also complete Form 500-TV)   | <input type="radio"/> Change of Location—Moving to New Site   |                   |  |   |  |   |  |   |  |  |  |  |  |
| <input type="radio"/> Compliance Plan  | Existing Or Previous Permit/Application Number:<br>(If you checked any of the items in this column, you MUST provide a existing Permit/ Application Number) |                   |  |   |  |   |  |   |  |  |  |  |  |
| <input type="radio"/> Facility Permit Amendment  |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| <input checked="" type="radio"/> Registration/Certification  |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| <input type="radio"/> Streamlined Standard Permit  |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| * A Higher Permit Processing Fee applies to those items with an asterisk (Rule 301 (c) (1) (D))  |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| 7. Estimated Start Date of Operation/Construction (MM/DD/YYYY):<br>05/01/2006  |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| 8. Description of Equipment:<br>INTERNAL COMBUSTION ENGINE, DETROIT DIESEL, 16 CYLINDER, TURBOCHARGED, AFTERCOOLED, MODEL NO. T1637M36, 2936 BHP, DIESEL-FUELED, DRIVING AN EMERGENCY ELECTRICAL GENERATOR; SERIAL NO. 527200-2106   |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| 9. Is this equipment portable AND will it be operated at different locations within AQMD's jurisdiction? <input checked="" type="radio"/> No <input type="radio"/> Yes   |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| 10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each) <u>2</u>   |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| 11. Are you a Small Business as per AQMD's Rule 102 definition? (10 employees or less and total gross receipts are \$500,000 or less, or a not-for-profit training center?) <input checked="" type="radio"/> No <input type="radio"/> Yes  |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| 12. Has a Notice of Violation (NOV) or a Notice To Comply (NC) been issued for this equipment?<br><input checked="" type="radio"/> No <input type="radio"/> Yes If yes, provide NOV/NC #: _____  |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| <b>Section E: Facility Business Information</b>  |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| 13. What type of business is being conducted at this equipment location?<br>Municipal Wastewater Treatment   | 14. What is your business primary NAICS Code (North American Industrial Classification System)?<br>4952   |                   |  |   |  |   |  |   |  |  |  |  |  |
| 15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? <input type="radio"/> No <input checked="" type="radio"/> Yes   | 16. Are there any schools (K-12) within a 1000-ft. radius of the equipment physical location? <input checked="" type="radio"/> No <input type="radio"/> Yes |                   |  |   |  |   |  |   |  |  |  |  |  |
| <b>Section F: Authorization/Signature</b> I hereby certify that all information contained herein and information submitted with this application is true and correct.  |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| 17. Signature of Responsible Official:<br>   | 18. Title:<br>Manager, ECS  |                   |  |   |  |   |  |   |  |  |  |  |  |
| 19. Print Name:<br>Edward M. Torres  | 20. Date:<br>3-28-06  |                   |  |   |  |   |  |   |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>Check List</b></td> </tr> <tr> <td><input checked="" type="checkbox"/> Form(s) signed and dated by authorized official</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Supplemental Equipment Form (400-E-XX or 400-E-GEN)</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> CEQA Form (400-CEQA) attached</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Payment for permit processing fee attached</td> <td></td> </tr> <tr> <td colspan="2">Your application will be rejected if any of the above items are missing.</td> </tr> </table> |   | <b>Check List</b> |  | <input checked="" type="checkbox"/> Form(s) signed and dated by authorized official |  | <input checked="" type="checkbox"/> Supplemental Equipment Form (400-E-XX or 400-E-GEN) |  | <input checked="" type="checkbox"/> CEQA Form (400-CEQA) attached |  | <input checked="" type="checkbox"/> Payment for permit processing fee attached |  | Your application will be rejected if any of the above items are missing. |  |
| <b>Check List</b>  |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| <input checked="" type="checkbox"/> Form(s) signed and dated by authorized official  |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| <input checked="" type="checkbox"/> Supplemental Equipment Form (400-E-XX or 400-E-GEN)  |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| <input checked="" type="checkbox"/> CEQA Form (400-CEQA) attached  |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| <input checked="" type="checkbox"/> Payment for permit processing fee attached   |   |                   |  |   |  |   |  |   |  |  |  |  |  |
| Your application will be rejected if any of the above items are missing.   |   |                   |  |   |  |   |  |   |  |  |  |  |  |

|                      |                                  |               |                                    |                     |                       |
|----------------------|----------------------------------|---------------|------------------------------------|---------------------|-----------------------|
| <b>AQMD USE ONLY</b> | APPLICATION/TRACKING #<br>455673 | TYPE<br>E C D | EQUIPMENT CATEGORY CODE:<br>043902 | FEE SCHEDULE:<br>\$ | VALIDATION<br>4/12/06 |
| ENG. A R             | ENG. A R                         | CLASS         | ASSIGNMENT                         | CHECK/MONEY ORDER   | AMOUNT                |
| DATE                 | DATE                             | I III IV      | Unit L Engineer                    | # 1000080257        | Tracking # 1450.65    |



SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT  
P.O. BOX 4944 DIAMOND BAR, CA 91765-0944

**EMERGENCY INTERNAL COMBUSTION ENGINE  
(EMERGENCY ELECTRICAL GENERATOR)  
INFORMATION FOR END USER  
REGISTRATION PERMIT TO CONSTRUCT/OPERATE  
TO ACCOMPANY PERMIT APPLICATION FORM 400-A**

1. BUSINESS LICENSE NAME: ORANGE COUNTY SANITATION DISTRICT

2. ENGINE DESCRIPTION: THIS INFORMATION MUST BE CONSISTENT WITH THE CERTIFIED EQUIPMENT PERMIT (CEP) ISSUED TO THE MANUFACTURER OR DISTRIBUTOR.

ENGINE MANUFACTURER: DETROIT DIESEL ENGINE MODEL NUMBER: T1637M36

ENGINE SERIAL NUMBER: 527200-2106

ENGINE MAXIMUM RATING (STAND-BY): 2936 BHP (2000 kW) @ 1800 RPM

CERTIFIED EQUIPMENT PERMIT NUMBER (Application No.): 416969

**\*PLEASE PROVIDE A COPY OF THE CERTIFIED EQUIPMENT PERMIT ISSUED TO THE MANUFACTURER/DISTRIBUTOR**

3. Is the equipment located within 1,000 feet from the outer boundary of a school?  Yes  No  
(If yes, complete for all public or private schools, grade K - 12, within a ¼ mile radius of the facility property)

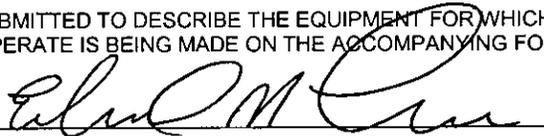
a. School Name:

b. School Address:

I, THE UNDERSIGNED, HAVE READ AND AGREE TO THE END USER CONDITIONS LISTED ON THE CERTIFIED EQUIPMENT PERMIT. I FURTHER UNDERSTAND THAT I WILL BE SUBJECT TO AN ANNUAL OPERATING PERMIT RENEWAL FEE, IN ADDITION TO THE PERMIT PROCESSING FEE, PURSUANT TO DISTRICT RULE 301(d).

THE ABOVE INFORMATION IS SUBMITTED TO DESCRIBE THE EQUIPMENT FOR WHICH APPLICATION FOR PERMIT TO CONSTRUCT/OPERATE IS BEING MADE ON THE ACCOMPANYING FORM 400-A

SIGNATURE OF RESPONSIBLE MEMBER OF FIRM:



DATE 3-28-06

TYPE OR PRINT NAME AND OFFICIAL TITLE OF PERSON SIGNING THIS FORM

NAME: EDWARD M. TORRES

TITLE: MANAGER, ENVIRONMENTAL COMPLIANCE SERVICES



South Coast Air Quality Management District

**Form 400-CEQA**

**California Environmental Quality Act (CEQA) Applicability**

Mail Application To:  
P.O. Box 4944  
Diamond Bar, CA 91765

Tel: (909) 396-3385

[www.aqmd.gov](http://www.aqmd.gov)

The SCAQMD is required by state law, the California Environmental Quality Act (CEQA), to review discretionary permit project applications for potential air quality and other environmental impacts. This form is a screening tool to assist the SCAQMD in clarifying whether or not the project<sup>1</sup> has the potential to generate significant adverse environmental impacts that might require preparation of a CEQA document [CEQA Guidelines §15060(a)].<sup>2</sup> Refer to the attached instructions for guidance in completing this form.<sup>3</sup> For each Form 400-A application, also complete and submit one Form 400-CEQA. If submitting multiple Form 400-A applications for the same project at the same time, only one 400-CEQA form is necessary for the entire project. If you need assistance completing this form, contact Lori Inga at (909) 396-3109.

| FACILITY INFORMATION  |                                  |
|---|----------------------------------|
| Business Name of Operator to Appear on the Permit:<br>Orange County Sanitation District | Facility ID (6-Digit):<br>029110 |
| Project Description:<br>OCSD Job No. J-77: Installation of Stand-by Power Generators    |                                  |

| REVIEW FOR EXEMPTION FROM FURTHER CEQA ACTION   |                                  |                                  |  |
|---|----------------------------------|----------------------------------|--|
| Check "Yes" or "No" as applicable   |                                  |                                  |  |
|   | Yes                              | No                               | Is this application for:   |
| A.  | <input type="radio"/>            | <input checked="" type="radio"/> | A CEQA and/or NEPA document previously or currently prepared that specifically evaluates this project? If yes, a permit cannot be issued until a Final CEQA document and Notice of Determination is submitted. |
| B.  | <input type="radio"/>            | <input checked="" type="radio"/> | A request for a change of permittee only (without equipment modifications)?  |
| C.  | <input checked="" type="radio"/> | <input type="radio"/>            | Equipment certification or equipment registration (qualifies for Rule 222)?  |
| D.  | <input type="radio"/>            | <input checked="" type="radio"/> | A functionally identical permit unit replacement with no increase in rating or emissions?  |
| E.  | <input type="radio"/>            | <input checked="" type="radio"/> | A change of daily VOC permit limit to a monthly VOC permit limit?  |
| F.  | <input type="radio"/>            | <input checked="" type="radio"/> | Equipment damaged as a result of a disaster during state of emergency?   |
| G.  | <input type="radio"/>            | <input checked="" type="radio"/> | A Title V (i.e., Regulation XXX) permit renewal (without equipment modifications)?   |
| H.  | <input type="radio"/>            | <input checked="" type="radio"/> | A Title V administrative permit revision?  |
| I.  | <input type="radio"/>            | <input checked="" type="radio"/> | The conversion of an existing permit into an initial Title V permit?   |
| If "Yes" is checked for any question above, your application does not require additional evaluation for CEQA applicability. Skip to page 2, "SIGNATURES" and sign and date this form. |                                  |                                  |  |

| REVIEW OF IMPACTS WHICH MAY TRIGGER CEQA   |                       |                       |  |
|--|-----------------------|-----------------------|--|
| Complete Sections I-VI by checking "Yes" or "No" as applicable. To avoid delays in processing your application(s), explain all "Yes" responses on a separate sheet and attach it to this form. |                       |                       |  |
|  | Yes                   | No                    | Section I - General  |
| 1.   | <input type="radio"/> | <input type="radio"/> | Has this project generated any known public controversy regarding potential adverse impacts that may be generated by the project?<br>Controversy may be construed as concerns raised by local groups at public meetings; adverse media attention such as negative articles in newspapers or other periodical publications, local news programs, environmental justice issues, etc. |
| 2.   | <input type="radio"/> | <input type="radio"/> | Is this project part of a larger project?  |
| Section II - Air Quality   |                       |                       |  |
| 3.   | <input type="radio"/> | <input type="radio"/> | Will there be any demolition, excavating, and/or grading construction activities that encompass an area exceeding 20,000 square feet?  |
| 4.   | <input type="radio"/> | <input type="radio"/> | Does this project include the open outdoor storage of dry bulk solid materials that could generate dust? If Yes, include a plot plan with the application package.   |

<sup>1</sup> A "project" means the whole of an action which has a potential for resulting in physical change to the environment, including construction activities, clearing or grading of land, improvements to existing structures, and activities or equipment involving the issuance of a permit. For example, a project might include installation of a new, or modification of an existing internal combustion engine, dry-cleaning facility, boiler, gas turbine, spray coating booth, solvent cleaning tank, etc.

<sup>2</sup> To download the CEQA guidelines, visit [http://ceres.ca.gov/env\\_law/state.html](http://ceres.ca.gov/env_law/state.html).

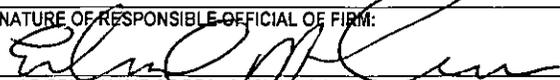
<sup>3</sup> To download this form and the instructions, visit <http://www.aqmd.gov/ceqa> or <http://www.aqmd.gov/permit>

|  | Yes                   | No                    |   |
|--|-----------------------|-----------------------|---|
| 5.   | <input type="radio"/> | <input type="radio"/> | <p>Would this project result in noticeable off-site odors from activities that may not be subject to SCAQMD permit requirements?</p> <p>For example, compost materials or other types of greenwaste (i.e., lawn clippings, tree trimmings, etc.) have the potential to generate odor complaints subject to Rule 402 – Nuisance.</p>   |
| 6.   | <input type="radio"/> | <input type="radio"/> | Does this project cause an increase of emissions from marine vessels, trains and/or airplanes?  |
| 7.   | <input type="radio"/> | <input type="radio"/> | Will the proposed project increase the QUANTITY of hazardous materials stored aboveground onsite or transported by mobile vehicle to or from the site by greater than or equal to the amounts associated with each compound on the attached Table 1?*   |
| <b>Section III – Water Resources</b>           |                       |                       |   |
| 8.   | <input type="radio"/> | <input type="radio"/> | <p>Will the project increase demand for water at the facility by more than 5,000,000 gallons per day?</p> <p>The following examples identify some, but not all, types of projects that may result in a "yes" answer to this question: 1) projects that generate steam; 2) projects that use water as part of the air pollution control equipment; 3) projects that require water as part of the production process; 4) projects that require new or expansion of existing sewage treatment facilities; 5) projects where water demand exceeds the capacity of the local water purveyor to supply sufficient water for the project; and 6) projects that require new or expansion of existing water supply facilities.</p> |
| 9.   | <input type="radio"/> | <input type="radio"/> | <p>Will the project require construction of new water conveyance infrastructure?</p> <p>Examples of such projects are when water demands exceed the capacity of the local water purveyor to supply sufficient water for the project, or require new or modified sewage treatment facilities such that the project requires new water lines, sewage lines, sewage hook-ups, etc.</p>   |
| <b>Section IV – Transportation/Circulation</b> |                       |                       |   |
| 10.  |                       |                       | Will the project result in (Check all that apply):  |
|  | <input type="radio"/> | <input type="radio"/> | a. the need for more than 350 new employees?  |
|  | <input type="radio"/> | <input type="radio"/> | b. an increase in heavy-duty transport truck traffic to and/or from the facility by more than 350 truck round-trips per day?  |
|  | <input type="radio"/> | <input type="radio"/> | c. increase customer traffic by more than 700 visits per day?   |
| <b>Section V – Noise</b>                       |                       |                       |   |
| 11.  | <input type="radio"/> | <input type="radio"/> | Will the project include equipment that will generate noise GREATER THAN 90 decibels (dB) at the property line?   |
| <b>Section VI – Public Services</b>            |                       |                       |   |
| 12.  |                       |                       | Will the project create a permanent need for new or additional public services in any of the following areas (Check all that apply):  |
|  | <input type="radio"/> | <input type="radio"/> | a. Solid waste disposal? Check "No" if the projected potential amount of wastes generated by the project is less than five tons per day.  |
|  | <input type="radio"/> | <input type="radio"/> | b. Hazardous waste disposal? Check "No" if the projected potential amount of hazardous wastes generated by the project is less than 42 cubic yards per day (or equivalent in pounds).   |

\*\*REMINDER: For each "Yes" checked in the sections above, attach all pertinent information including but not limited to estimated quantities, volumes, weights, etc.\*\*

**SIGNATURES**

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS FORM IS A SCREENING TOOL AND THAT THE SCAQMD RESERVES THE RIGHT TO CONSIDER OTHER PERTINENT INFORMATION IN DETERMINING CEQA APPLICABILITY.

|  |  |  |  |
|--|--|--|--|
| SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM:<br>  |  | TITLE OF RESPONSIBLE OFFICIAL OF FIRM:<br>Manager, ECS |  |
| TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM:<br>Edward M. Torres  | RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER:<br>(714) 5937-080 | DATE Signed:<br>3-28-06                                |  |
| SIGNATURE OF PREPARER, IF PREPARED BY PERSON OTHER THAN RESPONSIBLE OFFICIAL OF FIRM:<br> |  | TITLE OF PREPARER:<br>Regulatory Specialist            |  |
| TYPE OR PRINT NAME OF PREPARER:<br>Terry Ahn   | PREPARER'S TELEPHONE NUMBER:<br>(714) 5937-082             | DATE Signed:<br>3/28/06                                |  |

THIS CONCLUDES FORM 400-CEQA. INCLUDE THIS FORM AND THE ATTACHMENTS WITH FORM 400-A.

\* Table 1 – Regulated Substances List and Threshold Quantities for Accidental Release Prevention can be found in the Instructions for Form 400-CEQA.



SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT  
21865 East Copley Drive, Diamond Bar, CA 91765

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**CERTIFIED EQUIPMENT PERMIT**  
(NOT A PERMIT TO CONSTRUCT OR OPERATE)

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Granted as of August 1, 2003

Legal Owner  
or Operator:

DETROIT DIESEL CORPORATION  
13400 W. OUTER DRIVE  
DETROIT, MI 48239-4001  
ATTN: JOHN W. DUERR

ID 101173

Equipment Location: SAME AS ABOVE

The equipment described below and as shown on the approved plans and specifications are subject to the special condition or conditions listed.

**Equipment Description**

INTERNAL COMBUSTION ENGINE, DETROIT DIESEL, 16 CYLINDER, TURBOCHARGED, AFTERCOOLED, MODEL T1637M36, 2936 BHP, DIESEL-FUELED, DRIVING AN EMERGENCY ELECTRICAL GENERATOR.

**Manufacturer Condition**

1. THIS CERTIFIED EQUIPMENT PERMIT SHALL NOT RELIEVE THE PERSON CONSTRUCTING, INSTALLING OR OPERATING THE EQUIPMENT AT EACH SPECIFIC SITE FROM THE REQUIREMENT TO OBTAIN ALL NECESSARY PERMITS TO CONSTRUCT AND OPERATE OR, FROM COMPLIANCE WITH ANY OTHER DISTRICT RULES INCLUDING THE REQUIREMENTS OF REGULATION XIII.

**End User Conditions**

1. OPERATION OF THIS EQUIPMENT SHALL BE CONDUCTED IN ACCORDANCE WITH ALL DATA AND SPECIFICATIONS SUBMITTED WITH THIS APPLICATION UNDER WHICH A PERMIT IS ISSUED UNLESS OTHERWISE NOTED BELOW.
2. THIS EQUIPMENT SHALL BE PROPERLY MAINTAINED AND KEPT IN GOOD OPERATING CONDITION AT ALL TIMES.
3. A TIMER SHALL BE MAINTAINED TO INDICATE THE ENGINE ELAPSED OPERATING TIME.
4. AN ENGINE OPERATING LOG LISTING THE DATE OF OPERATION, THE ELAPSED TIME, IN HOURS, AND THE REASON FOR OPERATION SHALL BE KEPT AND MAINTAINED ON FILE FOR A MINIMUM OF TWO YEARS AND MADE AVAILABLE TO DISTRICT PERSONNEL UPON REQUEST.
5. THE OPERATING TIME OF THIS ENGINE SHALL NOT EXCEED 199 HOURS IN ANY ONE YEAR.

**ORIGINAL**



SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT  
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**CERTIFIED EQUIPMENT PERMIT**  
(NOT A PERMIT TO CONSTRUCT OR OPERATE)

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6. SULFUR CONTENT OF FUEL SUPPLIED TO THE ENGINE SHALL NOT EXCEED 0.05% BY WEIGHT.
7. THIS EQUIPMENT SHALL BE A US-EPA, NON-ROAD CERTIFIED COMPRESSION IGNITION ENGINE AS EVIDENCED BY THE MANUFACTURER'S ENGINE TAG.

Please notify Raman Patel at 909/396-2466 when SCAQMD information packets are needed or if you have any questions concerning the Certification/Registration Program.

This Certified Equipment Permit is based on the plans, specifications, and data submitted as it pertains to the release of air contaminants and control measures to reduce air contaminants. No approval or opinion concerning safety and other factors in design, construction or operation of the equipment is expressed or implied.

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This Certified Equipment Permit will become invalid if this application is canceled. THIS PERMIT SHALL EXPIRE ONE YEAR FROM THE DATE OF ISSUANCE unless an extension is granted by the Executive Officer.

By   
RAMAN C. PATEL, P.E.  
Senior Air Quality Engineer

ORIGINAL

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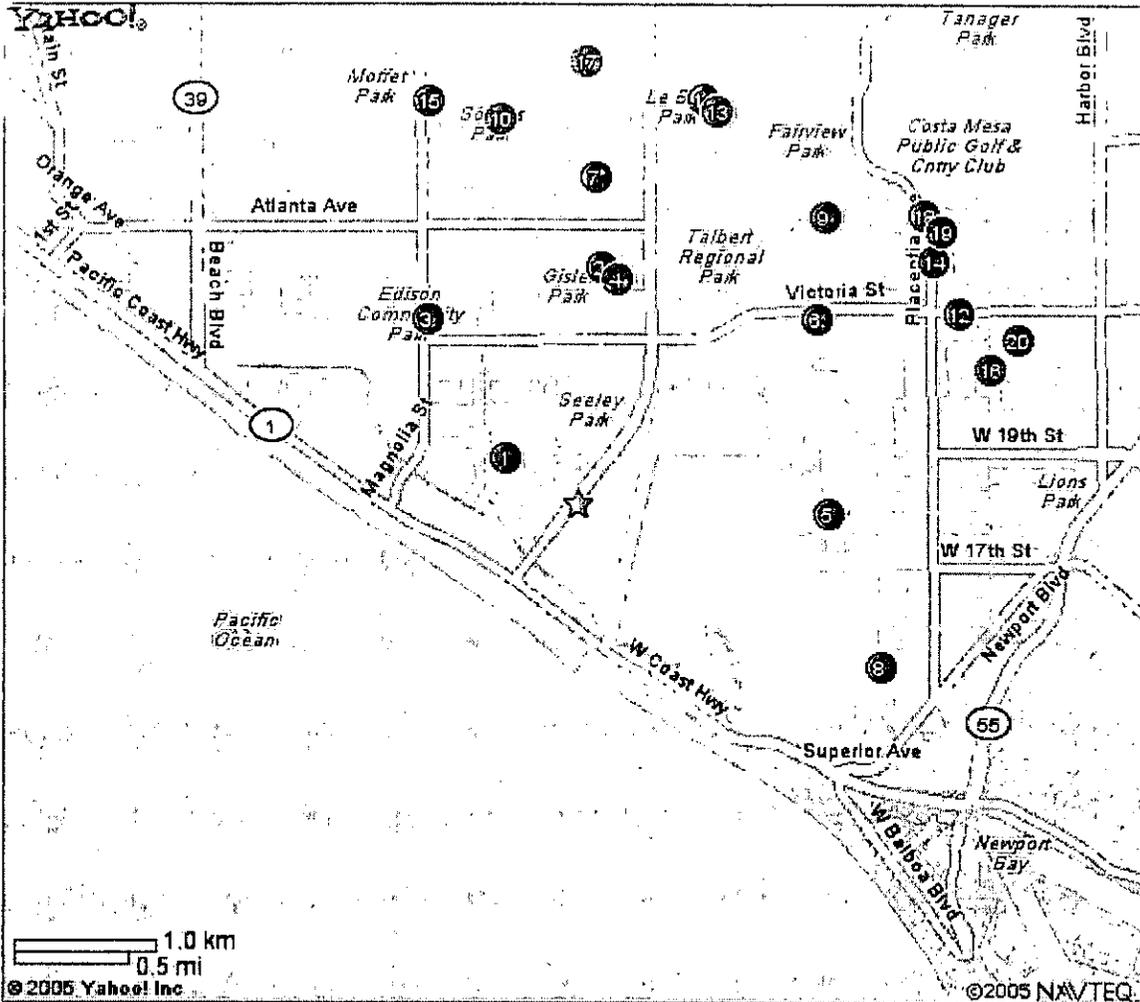
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| Map# | Business/Landmark Info  | Distance         |
|------|---|------------------|
| 1    | <b>John H Eader Elementary School</b><br>9291 Banning Ave<br>Huntington Beach, CA<br><b>Phone:</b> (714) 962-2451   | <b>0.3 miles</b> |
| 2    | <b>Brethren Christian Jr-Sr High</b><br>21141 Strathmoor Ln<br>Huntington Beach, CA<br><b>Phone:</b> (714) 962-6617 | <b>1.0 miles</b> |
| 3    | <b>Edison High School</b><br>21400 Magnolia St<br>Huntington Beach, CA<br><b>Phone:</b> (714) 962-1356              | <b>1.0 miles</b> |
| 4    | <b>Greater Long Beach Christian</b><br>21141 Strathmoor Ln  | <b>1.0 miles</b> |

|    |   |           |
|----|---|-----------|
|    | Huntington Beach, CA<br>Phone: (714) 962-6617   |           |
| 5  | <b>Whittier Elementary School</b><br>1800 Whittier Ave<br>Costa Mesa, CA<br>Phone: (949) 515-6990             | 1.0 miles |
| 6  | <b>Victoria Elementary School</b><br>1025 Victoria St<br>Costa Mesa, CA<br>Phone: (949) 515-6985              | 1.3 miles |
| 7  | <b>Huntington Christian School</b><br>3700 Levee Dr<br>Huntington Beach, CA<br>Phone: (714) 378-9932          | 1.4 miles |
| 8  | <b>Carden Hall School</b><br>1541 Monrovia Ave<br>Newport Beach, CA<br>Phone: (949) 645-1773                  | 1.5 miles |
| 9  | <b>Waldorf School-Orange County</b><br>2350 Canyon Dr<br>Costa Mesa, CA<br>Phone: (949) 574-7775              | 1.6 miles |
| 10 | <b>Isaac L Sowers Middle School</b><br>9300 Indianapolis Ave<br>Huntington Beach, CA<br>Phone: (714) 962-7738 | 1.7 miles |
| 11 | <b>Huntington Beach City Schl</b><br>20451 Cramer Ln<br>Huntington Beach, CA<br>Phone: (714) 964-8888         | 1.8 miles |
| 12 | <b>Christ Lutheran School</b><br>760 Victoria St<br>Costa Mesa, CA<br>Phone: (949) 548-6866                   | 1.8 miles |
| 13 | <b>William E Kettler Elem School</b><br>20451 Cramer Ln<br>Huntington Beach, CA<br>Phone: (714) 536-7567      | 1.8 miles |
| 14 | <b>Wilson Elementary School</b><br>801 W Wilson St<br>Costa Mesa, CA<br>Phone: (949) 515-6995                 | 1.8 miles |
| 15 | <b>St Simon &amp; St Jude School</b><br>20400 Magnolia St<br>Huntington Beach, CA<br>Phone: (714) 962-4451    | 1.8 miles |
| 16 | <b>Pomona Elementary School</b><br>2051 Pomona Ave<br>Costa Mesa, CA<br>Phone: (949) 515-6980                 | 1.9 miles |
| 17 | <b>Ralph E Hawes Elementary Schl</b><br>9682 Yellowstone Dr<br>Huntington Beach, CA<br>Phone: (714) 963-8302  | 1.9 miles |
| 18 | <b>Esancia High School PE Dept</b><br>2323 Placentia Ave<br>Costa Mesa, CA<br>Phone: (949) 515-6527           | 1.9 miles |
|    | <b>Estancia High School</b>   | 1.9 miles |

|   |  |                  |
|---|--|------------------|
|  | 2323 Placentia Ave<br>Costa Mesa, CA<br><b>Phone:</b> (949) 515-6500                                   |                  |
|  | <b>Port Mesa Christian School</b><br>650 Hamilton St<br>Costa Mesa, CA<br><b>Phone:</b> (949) 642-9181 | <b>2.0 miles</b> |

When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists. Watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.

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