

4886 East Jensen Avenue  
Fresno, California 93725

Tel: 559-237-5567  
Fax: 559-237-5560

[www.krcdd.org](http://www.krcdd.org)

October 10, 2007

Dave Warner, Chief – Permits Section  
San Joaquin Valley Air Pollution Control District  
1990 E. Gettysburg Avenue  
Fresno, CA 93726

Re: Application for a Determination of Compliance for the Kings River Conservation District Community Power Plant

Dear Mr. Warner:

The Kings River Conservation District (KRCDD) is pleased to submit the enclosed Determination of Compliance (DOC) permit application to the San Joaquin Valley Air Pollution Control District (SJVAPCD) for the Kings River Conservation District Community Power Plant (KRCDD CPP). The proposed KRCDD CPP is a combined cycle natural gas-fired electrical power generation facility that will consist of two General Electric (GE) 7F or Siemens 501F type combustion turbines along with two associated heat recovery steam generators, one or two steam turbine generators and balance of plant support equipment. The KRCDD CPP will have a combined nominal output of approximately 565 megawatts (MW) and be located near the City of Parlier, in Fresno County.

On September 27, 2007, KRCDD filed an Application for Certification (AFC) with the California Energy Commission (CEC) for the KRCDD CPP. This AFC, particularly the Air Quality, Public Health and Hazardous Materials sections, will serve as the primary document for the SJVAPCD evaluation of the KRCDD CPP and its potential impacts.

Enclosed as part of the DOC application are the following:

- One (Authority To Construct - ATC) Permit Application Form, which is being used as the DOC application form;
- Two (Gas Turbine) Supplemental Application Forms – One for each of the KRCDD CPP combustion turbine prime movers;

**BOARD OF DIRECTORS**

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- Two (Emergency/Low-Use IC Engines for Non-Agricultural Operations) Supplemental Application Forms – One for the natural gas-fired emergency generator and one for the diesel driven fire pump;
- One (Boilers, Steam Generators, Dryers, Process Heaters) Supplemental Application Form – For the KRCD CPP natural gas-fired auxiliary boiler;
- Additional Information which accompanies the forms listed above;
- A compact disc copy of the KRACD CPP AFC, and
- A check in the amount of \$300.00 made payable to the SJVAPCD to cover the necessary application filing fees. (It is our understanding that each of the five pieces of equipment, i.e., two combustion turbines, one emergency generator, on diesel fire pump & one auxiliary boiler, and their associated supplemental applications each require a \$60.00 filing fee.)

As you are aware, the CEC requires confirmation that the enclosed application is complete and adequate for you to start your review. The CEC will need your confirmation in order to deem the AFC to be "data adequate", a determination that is critical to KRCD to begin the CEC permit process. KRCD appreciates the attention the District will give to this review and look forward to your determination in the next few weeks that the application is complete. If during your review, you require clarification or additional information, please contact our consultant Thor Hibbeler at (415) 831-4121 or me at (559) 237-5567, as early as possible. We look forward to working with you to complete the DOC process and demonstrating that the project has been designed to comply with all applicable District rules..

Sincerely,  
  
David Orth  
General Manager

DO/as

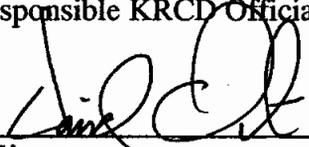
Enclosures: As Stated

Cc: Thor Hibbeler  
Amy Cuellar, Navigant Consulting

**Statement of Compliance of Facilities within California  
Owned or Operated by  
Kings River Conservation District (KRCD)**

All facilities within California, which are subject to air pollution laws and regulations and are either owned or operated by the KRCD, are in compliance with their respective permits as well as the applicable air laws and regulations. The only facility included in this category is the Kings River Conservation District Malaga Peaking Plant, which is located in Malaga near Fresno, CA.

Signature of Responsible KRCD Official:

  
\_\_\_\_\_  
Signature

David C. Smith, General Manager  
\_\_\_\_\_  
Printed Name/Title

10/12/07  
\_\_\_\_\_  
Date

# San Joaquin Valley Air Pollution Control District

www.valleyair.org

## Permit Application For:

- AUTHORITY TO CONSTRUCT (ATC) - New Emission Unit
- AUTHORITY TO CONSTRUCT (ATC) - Modification Of Emission Unit With Valid PTO/Valid ATC
- AUTHORITY TO CONSTRUCT (ATC) - Renewal of Valid Authority to Construct
- PERMIT TO OPERATE (PTO) - Existing Emission Unit Now Requiring a Permit to Operate

1. PERMIT TO BE ISSUED TO: <b>KINGS RIVER CONSERVATION DISTRICT</b>	
2. MAILING ADDRESS: STREET/P.O. BOX: <u>4886 East Jensen Avenue</u> CITY: <u>Fresno</u> STATE: <u>CA</u> ZIP CODE: <u>93725</u>	
3. LOCATION WHERE THE EQUIPMENT WILL BE OPERATED: STREET: <u>9664 South Bethel Avenue</u> CITY: <u>Selma, CA 93662</u> <u>South 1/2 of North 1/2 of Southwest 1/4</u> SECTION <u>27</u> TOWNSHIP <u>15</u> RANGE <u>22</u>	WITHIN 1,000 FT OF A SCHOOL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO S.I.C. CODE(S) OF FACILITY (If known):
4. GENERAL NATURE OF BUSINESS: <b>Power Generation</b>	INSTALL DATE: <b>2011</b>
5. TITLE V PERMIT HOLDERS ONLY: Do you request a COC (EPA Review) prior to receiving your ATC (If yes, please complete and attach a Compliance Certification form (TVFORM-009))? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> <b>Not Applicable</b>	
6. DESCRIPTION OF EQUIPMENT OR MODIFICATION FOR WHICH APPLICATION IS MADE (include Permit #'s if known, and use additional sheets if necessary) <p style="text-align: center;"><b>See Attached Additional Information</b></p>	
7. PERMIT REVIEW PERIOD: Do you request a three- or ten-day period to review the draft Authority to Construct permit? Please note that checking "YES" will delay issuance of your final permit by a corresponding number of working days. See instructions for more information on this review process. <span style="float: right;"><input type="checkbox"/> 3-day review <input checked="" type="checkbox"/> 10-day review <input type="checkbox"/> No review requested</span>	
8. HAVE YOU EVER APPLIED FOR AN ATC OR PTO IN THE PAST? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, ATC/PTO #: <u>C-4305-1-0</u>	<b>Optional Section</b> 11. CHECK WHETHER YOU ARE A PARTICIPANT IN EITHER OF THESE VOLUNTARY PROGRAMS: "SPARE THE AIR" <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Send info "INSPECT" <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Send info  
9. HAVE ALL NECESSARY LAND-USE AUTHORIZATIONS BEEN OBTAINED? (If "No" is checked, please attach explanation) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, NOV/NTC #:	
10. IS THIS APPLICATION SUBMITTED AS THE RESULT OF EITHER A NOTICE OF VIOLATION OR A NOTICE TO COMPLY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, NOV/NTC #:	
12. TYPE OR PRINT NAME OF APPLICANT: <u>David Orth</u>	TITLE OF APPLICANT: <u>General Manager</u>
13. SIGNATURE OF APPLICANT: 	PHONE #: (559) <u>237-556</u> FAX #: ( ) <u>237-5560</u> E-MAIL: <u>dorth@krd.org</u>

**FOR APCD USE ONLY:**

DATE STAMP:	FILING FEE RECEIVED: \$ _____ CHECK #: _____
	DATE PAID: _____
	PROJECT #: _____ FACILITY ID: _____

Form is for Combustion Turbine 1  
**San Joaquin Valley Air Pollution Control District**  
**Supplemental Application Form**

**Gas Turbines**

Please complete one form for each gas turbine.

*This form must be accompanied by a completed Application for Authority to Construct and Permit to Operate form*

**PERMIT TO BE ISSUED TO: KINGS RIVER CONSERVATION DISTRICT**

**EQUIPMENT DESCRIPTION**

Equipment Details	<input checked="" type="checkbox"/> Industrial Frame <input type="checkbox"/> Aero Derivative <input type="checkbox"/> Other: _____		
	Manufacturer: To Be Determined	Model: To Be Determined	Serial Number: To Be Determined
	<input type="checkbox"/> Simple Cycle <input checked="" type="checkbox"/> Combined Cycle <input type="checkbox"/> Co-generation <input type="checkbox"/> Other: _____		
	Total Rated Shaft Output Power: _____ To Be Determined _____ MW		
Peaking Unit and Emergency Standby Operation Details	Is the unit equipped with an auxiliary/duct burner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Note: If yes, please complete a <i>Boiler, Steam Generator, Dryer, and Process Heater Supplemental Application</i> form for the unit.)		
	<input type="checkbox"/> Peaking Unit - limited to no more than 877 hrs/yr of operation		
	<input type="checkbox"/> Emergency Standby - limited to less than 200 hrs/yr of operation		
	<input checked="" type="checkbox"/> Full Time - must have either a Continuous Emission Monitoring System (CEMS) or an alternate emissions monitoring plan (must be approved by the APCO) <input checked="" type="checkbox"/> CEMS, please specify all pollutants monitored: <input checked="" type="checkbox"/> NO <sub>x</sub> <input checked="" type="checkbox"/> CO <input checked="" type="checkbox"/> O <sub>2</sub> <input type="checkbox"/> Other: _____ <input type="checkbox"/> Alternate Emissions Monitoring Plan (please provide details in additional documentation)		
Fuel Meter Details	<input checked="" type="checkbox"/> Gaseous Fuel Meter <input type="checkbox"/> Liquid Fuel Meter <input type="checkbox"/> None		
Electric Utility Rate Reduction Program	Will this unit be used in an electric utility rate reduction program? <input type="checkbox"/> Yes <input type="checkbox"/> No    TBD		
Combustor Details	Manufacturer: To Be Determined	Model: To Be Determined	Number of Combustors: TBD
	Maximum Heat Input Rating (for all combustors @ ISO standard conditions): _____ TBD Btu/hr		
	Water Injection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Dry Low NO <sub>x</sub> Technology: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Steam Injection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other NO <sub>x</sub> Control Technology:    SCR	

**EMISSIONS DATA**

Fuel and Efficiency Details	Fuel Type: <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> LPG/Propane <input type="checkbox"/> Diesel <input type="checkbox"/> Other: _____					
	Higher Heating Value: _____ Btu/gal or _____ 1,032 Btu/scf			Sulfur Content: _____ % by weight or _____ 3/100 gr/scf		
	Maximum Fuel Use @ HHV: _____ TBD scf/hr or _____ gal/hr			Rated Efficiency (EFF <sub>M<sub>0</sub></sub> ): _____ TBD %		
Emission Data Table	Steady State (ppmv)    (lb/MMBtu)		Start-up (ppmv)    (lb/hr)		Shutdown (ppmv)    (lb/hr)	
	See	Attached				
	_____ hr/day		_____ hr/yr		_____ hr/day	
% O <sub>2</sub> dry basis, if corrected to other than 15%: _____ %						

information

### EMISSIONS DATA (continued)

<b>Secondary Fuel</b>	When will the secondary fuel be used? <input type="checkbox"/> Primary fuel curtailment <input type="checkbox"/> Simultaneously with primary fuel <input checked="" type="checkbox"/> Other: <u>N/A No secondary fuel</u>					
	Fuel Type: <input type="checkbox"/> Natural Gas <input type="checkbox"/> LPG/Propane <input type="checkbox"/> Diesel <input type="checkbox"/> Other: _____					
	Higher Heating Value: _____ Btu/gal or _____ Btu/scf		Sulfur Content: _____ % by weight or _____ gr/scf			
	Maximum Fuel Use @ HHV: _____ scf/hr or _____ gal/hr		Rated Efficiency (EFF <sub>MFB</sub> ): _____ %			
<b>Secondary Fuel Emissions Data</b>	Steady State		Start-up		Shutdown	
	(ppmv)	(lb/MMBtu)	(ppmv)	(lb/hr)	(ppmv)	(lb/hr)
			_____ hr/day	_____ hr/yr	_____ hr/day	_____ hr/yr
% O <sub>2</sub> , dry basis, if corrected to other than 15%: _____ %						
<b>Source of Data</b>	<input type="checkbox"/> Manufacturer's Specifications <input type="checkbox"/> Emission Source Test <input type="checkbox"/> Other _____ (please provide copies)					

### EMISSIONS CONTROL = See attached additional

<b>Emission Control Equipment Characteristics</b>	<input type="checkbox"/> Inlet Air Filter/Cooler		<input type="checkbox"/> Lube Oil Vent Coalescer information			
	<input checked="" type="checkbox"/> Selective Catalytic Reduction - Manufacturer: <u>To Be Determined</u> Model: <u>To Be Determined</u> <input checked="" type="checkbox"/> Ammonia (NH <sub>3</sub> ) <input type="checkbox"/> Urea <input type="checkbox"/> Other: _____					
	<input checked="" type="checkbox"/> Oxidation Catalyst - Manufacturer: <u>To Be Determined</u> Model: <u>To Be Determined</u>					
	Control Efficiencies: NO <sub>x</sub> _____ %, SO <sub>x</sub> _____ %, PM <sub>10</sub> _____ %, CO _____ %, VOC _____ %					
	<input type="checkbox"/> Other (please specify): SEE ATTACHED INFORMATION					
	For units equipped with exhaust gas NO <sub>x</sub> control equipment and rated < 10 MW, or rated ≥ 10 MW but operated < 4,000 hr/yr, one may choose at least one of the following alternate emission monitoring schemes in lieu of a CEMS (each option below must be approved by APCO on a case-by-case basis. Please include a detailed proposal for each option chosen): <input type="checkbox"/> Periodic NO <sub>x</sub> emission concentration <input type="checkbox"/> Turbine exhaust O <sub>2</sub> concentration <input type="checkbox"/> Air-to-Fuel ratio <input type="checkbox"/> Flow rate of reducing agents added to turbine exhaust <input type="checkbox"/> Catalyst inlet and outlet temperature <input type="checkbox"/> Catalyst inlet and exhaust O <sub>2</sub> conc. <input type="checkbox"/> Other operational characteristics as approved by the APCO (specify on attached sheet)					

### HEALTH RISK ASSESSMENT DATA - See attached additional

<b>Operating Hours</b>	Maximum Operating Schedule: _____ hours per day, and _____ hours per year information				
<b>Receptor Data</b>	Distance to nearest receptor	_____ feet	Distance is measured from the proposed stack location to the nearest boundary of the nearest apartment, house, dormitory, etc.		
	Direction to nearest receptor	_____	Direction from the stack to the receptor, i.e. Northeast or South.		
	Distance to nearest office building, factory, store, etc.	_____ feet	Distance is measured from the proposed stack location to the nearest boundary of the nearest office building, factory, store, etc.		
	Direction to nearest office building, factory, store, etc.	_____	Direction from the stack to the receptor, i.e. North or Southwest.		
<b>Stack Data</b>	Stack height	_____ feet above grade			
	Stack diameter	_____ inches at point of release			
	Stack type	<input type="checkbox"/> Flapper-type <input type="checkbox"/> Fixed-type <input type="checkbox"/> None <input type="checkbox"/> Other: _____			
<b>Exhaust Data</b>	Flowrate	_____ acfm	Temperature: _____ °F		
	Exhaust location	<input type="checkbox"/> Vertically Upward <input type="checkbox"/> Horizontal <input type="checkbox"/> Other: _____ ° from vert. or _____ ° from horiz.			
<input type="checkbox"/> Urban (area of dense population) <input type="checkbox"/> Rural (area of sparse population)					

### FOR DISTRICT USE ONLY

Date:	FID:	Project:	Public Notice: [ ] Yes [ ] No
Comments:			

Form is for Combustion Turbine 2  
**San Joaquin Valley Air Pollution Control District**  
**Supplemental Application Form**

**Gas Turbines**

Please complete one form for each gas turbine.

*This form must be accompanied by a completed Application for Authority to Construct and Permit to Operate form*

**PERMIT TO BE ISSUED TO: KINGS RIVER CONSERVATION DISTRICT**

**EQUIPMENT DESCRIPTION**

<b>Equipment Details</b>	<input checked="" type="checkbox"/> Industrial Frame <input type="checkbox"/> Aero Derivative <input type="checkbox"/> Other: _____		
	Manufacturer: To Be Determined	Model: To Be Determined	Serial Number: To Be Determined
	<input type="checkbox"/> Simple Cycle <input checked="" type="checkbox"/> Combined Cycle <input type="checkbox"/> Co-generation <input type="checkbox"/> Other: _____		
	Total Rated Shaft Output Power: _____ To Be Determined MW		
<b>Rule 4703, Basis of Use and Emissions Monitoring Provisions</b>	Is the unit equipped with an auxiliary/duct burner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Note: If yes, please complete a <i>Boiler, Steam Generator, Dryer, and Process Heater Supplemental Application form</i> for the unit.)		
	<input type="checkbox"/> Peaking Unit - limited to no more than 877 hrs/yr of operation		
	<input type="checkbox"/> Emergency Standby - limited to less than 200 hrs/yr of operation		
	<input checked="" type="checkbox"/> Full Time - must have either a Continuous Emission Monitoring System (CEMS) or an alternate emissions monitoring plan (must be approved by the APCO) <input checked="" type="checkbox"/> CEMS, please specify all pollutants monitored: <input checked="" type="checkbox"/> NO <sub>x</sub> <input checked="" type="checkbox"/> CO <input checked="" type="checkbox"/> O <sub>2</sub> <input type="checkbox"/> Other: _____ <input type="checkbox"/> Alternate Emissions Monitoring Plan (please provide details in additional documentation)		
<b>Fuel Gas Meter</b>	<input checked="" type="checkbox"/> Gaseous Fuel Meter <input type="checkbox"/> Liquid Fuel Meter <input type="checkbox"/> None		
<b>Process Data</b>	Will this unit be used in an electric utility rate reduction program? <input type="checkbox"/> Yes <input type="checkbox"/> No   TBD		
<b>Combustors</b>	Manufacturer: To Be Determined	Model: To Be Determined	Number of Combustors: TBD
	Maximum Heat Input Rating (for all combustors @ ISO standard conditions): _____ TBD Btu/hr		
	Water Injection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Dry Low NO <sub>x</sub> Technology: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Steam Injection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other NO <sub>x</sub> Control Technology:   SCR	

**EMISSIONS DATA**

<p>Notes: CEMS: See Rule 4703 Supplemental Application for Authority to Construct and Permit to Operate form for details.          Fuel: See Rule 4703 Supplemental Application for Authority to Construct and Permit to Operate form for details.</p>							
<b>Primary Fuel</b>	Fuel Type: <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> LPG/Propane <input type="checkbox"/> Diesel <input type="checkbox"/> Other: _____						
	Higher Heating Value: _____ Btu/gal or 1,032 Btu/scf			Sulfur Content: _____ % by weight or 3/100 gr/scf			
	Maximum Fuel Use @ HHV: TBD scf/hr or _____ gal/hr			Rated Efficiency (EFF <sub>Mf</sub> ): TBD %			
<b>Primary Pollutants</b>	Steady State (ppmv)		Start-up (ppmv)		Shutdown (ppmv)		
	(lb/MMBtu)		(lb/hr)		(lb/hr)		
	See	Attached					
			_____ hr/day	_____ hr/yr	_____ hr/day	_____ hr/yr	
% O <sub>2</sub> , dry basis, if corrected to other than 15%: _____ %							

### EMISSIONS DATA (continued)

<b>Secondary Fuel</b>	When will the secondary fuel be used? <input type="checkbox"/> Primary fuel curtailment <input type="checkbox"/> Simultaneously with primary fuel <input checked="" type="checkbox"/> Other: <u>N/A No secondary fuel</u>							
	Fuel Type: <input type="checkbox"/> Natural Gas <input type="checkbox"/> LPG/Propane <input type="checkbox"/> Diesel <input type="checkbox"/> Other: _____							
	Higher Heating Value: _____ Btu/gal or _____ Btu/scf			Sulfur Content: _____ % by weight or _____ gr/scf				
	Maximum Fuel Use @ HHV: _____ scf/hr or _____ gal/hr			Rated Efficiency (EFF <sub>M(R)</sub> ): _____ %				
<b>Secondary Fuel Emissions Data</b>			Steady State (ppmv)    (lb/MMBtu)		Start-up (ppmv)    (lb/hr)		Shutdown (ppmv)    (lb/hr)	
	Nitrogen Dioxide							
	Carbon Monoxide							
	Volatile Organic Compounds							
	Butadiene (gas) and 1,3-butadiene				_____ hr/day	_____ hr/yr	_____ hr/day	_____ hr/yr
% O <sub>2</sub> dry basis, if corrected to other than 15%: _____ %								
<b>Source of Data</b>	<input type="checkbox"/> Manufacturer's Specifications <input type="checkbox"/> Emission Source Test <input type="checkbox"/> Other _____ (please provide copies)							

### EMISSIONS CONTROL - See attached additional

<b>Emissions Control Equipment (Check All that apply)</b>	<input type="checkbox"/> Inlet Air Filter/Cooler		<input type="checkbox"/> Lube Oil Vent Coalescer information	
	<input checked="" type="checkbox"/> Selective Catalytic Reduction - Manufacturer: <u>To Be Determined</u> Model: <u>To Be Determined</u> <input checked="" type="checkbox"/> Ammonia (NH <sub>3</sub> ) <input type="checkbox"/> Urea <input type="checkbox"/> Other: _____			
	<input checked="" type="checkbox"/> Oxidation Catalyst - Manufacturer: <u>To Be Determined</u> Model: <u>To Be Determined</u>			
	Control Efficiencies: NO <sub>x</sub> _____ %, SO <sub>x</sub> _____ %, PM <sub>10</sub> _____ %, CO _____ %, VOC _____ %			
	<input type="checkbox"/> Other (please specify): SEE ATTACHED INFORMATION			
	For units equipped with exhaust gas NO <sub>2</sub> control equipment and rated < 10 MW, or rated ≥ 10 MW but operated < 4,000 hr/yr, one may choose at least one of the following alternate emission monitoring schemes in lieu of a CEMS (each option below must be approved by APCO on a case-by-case basis. Please include a detailed proposal for each option chosen): <input type="checkbox"/> Periodic NO <sub>x</sub> emission concentration <input type="checkbox"/> Turbine exhaust O <sub>2</sub> concentration <input type="checkbox"/> Air-to-Fuel ratio <input type="checkbox"/> Flow rate of reducing agents added to turbine exhaust <input type="checkbox"/> Catalyst inlet and outlet temperature <input type="checkbox"/> Catalyst inlet and exhaust O <sub>2</sub> conc. <input type="checkbox"/> Other operational characteristics as approved by the APCO (specify on attached sheet)			

### HEALTH RISK ASSESSMENT DATA -See attached additional

<b>Operating Hours</b>	Maximum Operating Schedule: _____ hours per day, and _____ hours per year    information		
<b>Receptor Data</b>	Distance to Receptor	_____ feet	Distance is measured from the proposed stack location to the nearest boundary of the nearest apartment, house, dormitory, etc.
	Direction to Receptor	_____	Direction from the stack to the receptor, i.e. Northeast or South.
	Distance to Office Building	_____ feet	Distance is measured from the proposed stack location to the nearest boundary of the nearest office building, factory, store, etc.
	Direction to Office Building	_____	Direction from the stack to the receptor, i.e. North or Southwest.
<b>Stack Data</b>	Stack Height	_____ feet above grade	
	Stack Diameter	_____ inches at point of release	
	Stack Type	<input type="checkbox"/> Flapper-type <input type="checkbox"/> Fixed-type <input type="checkbox"/> None <input type="checkbox"/> Other: _____ <input type="checkbox"/> Vertically Upward <input type="checkbox"/> Horizontal <input type="checkbox"/> Other: _____° from vert. or _____° from horiz.	
<b>Exhaust Data</b>	Flowrate: _____ acfm	Temperature: _____ °F	
<b>Receptor Location</b>	<input type="checkbox"/> Urban (area of dense population) <input type="checkbox"/> Rural (area of sparse population)		

### FOR DISTRICT USE ONLY

Date:	FID:	Project:	Public Notice: [ ] Yes [ ] No
Comments:			

Form is for KRCD CPP Natural Gas-Fired Emergency Generator

**San Joaquin Valley Air Pollution Control District  
Supplemental Application Form**

**Emergency/Low-Use IC Engines for Non-Agricultural Operations**

Please complete one form for each engine.

*This form must be accompanied by a completed Application for Authority to Construct and Permit to Operate form*

PERMIT TO BE ISSUED TO: **KINGS RIVER CONSERVATION DISTRICT**

LOCATION WHERE THE EQUIPMENT WILL BE OPERATED: **SEE ATTACHED PROJECT INFORMATION**

**EQUIPMENT DESCRIPTION**

Engine Manufacturer: TO BE DETERMINED (TBD)	Number of Cylinders: TBD
Engine Model: TBD	Engine Year of Manufacture: TBD
Engine Serial Number: TBD	Engine Tier Rating: TBD
Engine Certification Family Number: TBD	
Engine's Type of Combustion: <input type="checkbox"/> Rich-Burn <input checked="" type="checkbox"/> Lean-Burn <input checked="" type="checkbox"/> 4-Stroke <input type="checkbox"/> 2-Stroke	
Engine Manufacturer's Maximum Rated Power Output (per the data plate): <u>TBD</u> bhp	
Engine's Rated Power Output for the Process the Engine Serves: <u>TBD</u> bhp	
Process the Engine Serves: <b>EMERGENCY POWER</b>	
Generator Manufacturer: TBD	Model: TBD
Power Output: <u>1800</u> bhp <u>    </u> kW	
Will this equipment be used in an electric utility rate reduction program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Fuel Type: <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> LPG/Propane <input type="checkbox"/> Gasoline <input type="checkbox"/> Other: _____	
For "Other" fuels only: Higher Heating Value: _____ Btu/scf, or _____ Btu/gal, For "Other" fuels only: An Ultimate Fuel Analysis or the combustion F-Factor _____ dscf/MMBtu	
Sulfur Content: <u>.3/100</u> gr/100 scf (gaseous fuel) or _____ % by weight (liquid fuel)	
Fuel Consumption at Maximum Rated Output: _____ gal/hr, or <u>TBD</u> scf/hr	
<input checked="" type="checkbox"/> <b>Emergency Standby</b> - Limited exclusively to power primary mechanical or an electrical generator during periods of unscheduled power outages beyond the control of the operator, and limited from 20 to 100 hrs/yr (depending on the engine's PM <sub>10</sub> emission factor) for maintenance and testing purposes only. <input type="checkbox"/> This engine is specifically used to power a pump for a municipal water supply. <input type="checkbox"/> I request the higher opacity limit of 40% with the corresponding operational limits of 30 minutes per week and 2 hours per month for maintenance and testing. (CH&SC 41701.6) <input type="checkbox"/> I request the lower opacity limit of 20%. <input type="checkbox"/> This engine is specifically used to provide power at a health care facility. (CH&SC 1250) <input type="checkbox"/> This engine is subject to Office of Statewide Health Planning and Development (OSHPD) requirements.	
<input type="checkbox"/> <b>Special Case Emergency</b> - Limited exclusively to preserve or protect property, human life, or public health during a disaster or a state emergency (e.g. fire or flood) and limited to 20 to 100 hrs/yr (depending on the engine's PM <sub>10</sub> emission factor) for maintenance and testing purposes only. <input type="checkbox"/> This engine is specifically used to power a direct-drive firewater pump. <input type="checkbox"/> This firewater pump engine is subject to National Fire Protection Association (NFPA) requirements.	
<input type="checkbox"/> <b>Low Use</b> - Limited to ≤ 200 hrs/yr of operation for <u>ALL</u> purposes combined, including maintenance and testing.	
Note: All engines are required to have either a nonresettable elapsed time meter or an alternate device, method, or technique, approved by the APCO, for determining elapsed operating time. <input type="checkbox"/> Equipped with a Nonresettable Elapsed Operating Time Meter <input type="checkbox"/> Alternate Method (please provide details): <u>TBD</u>	

**EMISSIONS CONTROL - See attached additional information**

Emissions Control	<input type="checkbox"/> Positive Crankcase Ventilation System	<input type="checkbox"/> 90% Efficient crankcase emission control device
	<input type="checkbox"/> Turbocharger	<input type="checkbox"/> Intercooler/Aftercooler
	<input type="checkbox"/> Automatic Air/Fuel Ratio or O <sub>2</sub> Controller - Manufacturer: _____	
	<input type="checkbox"/> Non-Selective Catalytic Reduction: Manufacturer: _____ Model: _____	
	Control Efficiencies: NO <sub>x</sub> _____ %, SO <sub>x</sub> _____ %, PM <sub>10</sub> _____ %, CO _____ %, VOC _____ %	
	<input type="checkbox"/> Particulate Filter - Manufacturer: _____ Model: _____ Control Efficiency: _____ %	
<input type="checkbox"/> Other (please specify): _____		

**EMISSIONS DATA - See attached additional information**

Note: See attached information for details of applicable test procedures and engine operating conditions.				
Emissions Data	Pollutant	(g/bhp-hr)	(g/kW-hr)	(ppmvd)
	CO			
	CO <sub>2</sub>			
	NO <sub>x</sub>			
	PM <sub>10</sub>			
% O <sub>2</sub> , dry basis, if corrected to other than 15%: _____ %				
Source of Data	<input type="checkbox"/> Manufacturer's Specifications <input type="checkbox"/> Emissions Source Test <input type="checkbox"/> CARB/EPA Certification <input type="checkbox"/> Other _____ <b>Note: please provide copies of all sources of emissions data.</b>			

**HEALTH RISK ASSESSMENT DATA - See attached additional information**

Operating Hours	Maximum Operating Schedule: _____ hours per day, and _____ hours per year		
	Receptor	_____ feet	Distance is measured from the proposed stack location to the nearest boundary of the nearest apartment, house, dormitory, etc.
Receptor	Receptor	_____	Direction from the stack to the receptor, i.e. Northeast or South.
	Receptor	_____ feet	Distance is measured from the proposed stack location to the nearest boundary of the nearest office building, factory, store, etc.
Receptor	Receptor	_____	Direction from the stack to the receptor, i.e. North or Southwest.
	_____ feet above grade		
Receptor	_____ inches at point of release		
	<input type="checkbox"/> Flapper-type <input type="checkbox"/> Fixed-type <input type="checkbox"/> None <input type="checkbox"/> Other: _____ <input type="checkbox"/> Vertically Upward <input type="checkbox"/> Horizontal <input type="checkbox"/> Other: _____ ° from vert. or _____ ° from horiz.		
Flowrate	Flowrate: _____ acfm		Temperature: _____ °F
	Is this engine transportable? <input type="checkbox"/> Yes <input type="checkbox"/> No    Note: This is used for health risk assessment purposes only.		
Community	<input type="checkbox"/> Urban (area of dense population) <input type="checkbox"/> Rural (area of sparse population)		

**San Joaquin Valley Air Pollution Control District  
Supplemental Application Form**

**Emergency/Low-Use IC Engines for Non-Agricultural Operations**

Please complete one form for each engine.

*This form must be accompanied by a completed Application for Authority to Construct and Permit to Operate form*

**PERMIT TO BE ISSUED TO: KINGS RIVER CONSERVATION DISTRICT**  
**LOCATION WHERE THE EQUIPMENT WILL BE OPERATED: SEE ATTACHED PROJECT INFORMATION**

**EQUIPMENT DESCRIPTION**

<b>Engine Details</b>	Engine Manufacturer: TO BE DETERMINED (TBD)		Number of Cylinders: TBD
	Engine Model: TBD		Engine Year of Manufacture: TBD
	Engine Serial Number: TBD		Engine Tier Rating: TBD
	Engine Certification Family Number: TBD		
	Engine's Type of Combustion: <input type="checkbox"/> Rich-Burn <input type="checkbox"/> Lean-Burn <input type="checkbox"/> 4-Stroke <input type="checkbox"/> 2-Stroke		
	Engine Manufacturer's Maximum Rated Power Output (per the data plate): _____ TBD _____ bhp		
	Engine's Rated Power Output for the Process the Engine Serves: TBD _____ bhp		
<b>Process Data</b>	Process the Engine Serves: FIRE PROTECTION		
	Electrical Power Generation Only	Generator Manufacturer:	Model:
		Power Output: _____ kW	
Will this equipment be used in an electric utility rate reduction program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Fuel Data</b>	Fuel Type: <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Natural Gas <input type="checkbox"/> LPG/Propane <input type="checkbox"/> Gasoline <input type="checkbox"/> Other:		
	For "Other" fuels only: Higher Heating Value: _____ Btu/scf, or _____ Btu/gal,		
	For "Other" fuels only: An Ultimate Fuel Analysis or the combustion F-Factor _____ dscf/MMBtu		
	Sulfur Content: _____ gr/100 scf (gaseous fuel) or 0.05 _____ % by weight (liquid fuel)		
Fuel Consumption at Maximum Rated Output: 17-18 _____ gal/hr, or _____ scf/hr			
<b>Rule 4702 Type of Use</b>	<input type="checkbox"/> Emergency Standby - Limited exclusively to power primary mechanical or an electrical generator during periods of unscheduled power outages beyond the control of the operator, and limited from 20 to 100 hrs/yr (depending on the engine's PM <sub>10</sub> emission factor) for maintenance and testing purposes only.		
	<input type="checkbox"/> This engine is specifically used to power a pump for a municipal water supply. <ul style="list-style-type: none"> <li><input type="checkbox"/> I request the higher opacity limit of 40% with the corresponding operational limits of 30 minutes per week and 2 hours per month for maintenance and testing. (CH&amp;SC 41701.6)</li> <li><input type="checkbox"/> I request the lower opacity limit of 20%.</li> </ul> <input type="checkbox"/> This engine is specifically used to provide power at a health care facility. (CH&SC 1250) <ul style="list-style-type: none"> <li><input type="checkbox"/> This engine is subject to Office of Statewide Health Planning and Development (OSHPD) requirements.</li> </ul> <input checked="" type="checkbox"/> Special Case Emergency - Limited exclusively to preserve or protect property, human life, or public health during a disaster or a state emergency (e.g. fire or flood) and limited to 20 to 100 hrs/yr (depending on the engine's PM <sub>10</sub> emission factor) for maintenance and testing purposes only. <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> This engine is specifically used to power a direct-drive firewater pump.                     <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> This firewater pump engine is subject to National Fire Protection Association (NFPA) requirements.</li> </ul> </li> </ul> <input type="checkbox"/> Low Use - Limited to ≤ 200 hrs/yr of operation for <u>ALL</u> purposes combined, including maintenance and testing.		

<b>Hour Meter</b>	Note: All engines are required to have either a nonresettable elapsed time meter or an alternate device, method, or technique, approved by the APCO, for determining elapsed operating time.	
	<input type="checkbox"/> Equipped with a Nonresettable Elapsed Operating Time Meter	
	<input type="checkbox"/> Alternate Method (please provide details):	

### EMISSIONS CONTROL

<b>Emissions Control Equipment</b> (Check all that apply)	<input checked="" type="checkbox"/> Positive Crankcase Ventilation	<input type="checkbox"/> 90% Efficient crankcase emission control device
	<input type="checkbox"/> Turbocharger	<input type="checkbox"/> Intercooler/Aftercooler
	<input type="checkbox"/> Automatic Air/Fuel Ratio or O <sub>2</sub> Controller - Manufacturer: _____	
	<input type="checkbox"/> Non-Selective Catalytic Reduction: Manufacturer: _____ Model: _____	
	Control Efficiencies: NO <sub>x</sub> _____ %, SO <sub>x</sub> _____ %, PM <sub>10</sub> _____ %, CO _____ %, VOC _____ %	
	<input type="checkbox"/> Particulate Filter - Manufacturer: _____ Model: _____ Control Efficiency: _____ %	
<input type="checkbox"/> Other (please specify):		

### EMISSIONS DATA

Note: See District BACT and District Rule 4702 requirements for applicability to proposed engine at <http://www.valleyair.org/busind/pto/bact/chapter3.pdf> and <http://www.valleyair.org/rules/currentrules/r4702.pdf>

<b>Emissions Data</b>	Pollutant	(g/bhp-hr)	(g/kW-hr)	(ppmvd)
	Nitrogen Oxides (NO <sub>x</sub> )			
	Volatile Organic Compounds (VOC)			
	NO <sub>x</sub> + NMHC			
	Particulate Matter (PM <sub>10</sub> )			
	Carbon Monoxide			
% O <sub>2</sub> , dry basis, if corrected to other than 15%: _____ %				
<b>Source of Data</b>	<input type="checkbox"/> Manufacturer's Specifications <input type="checkbox"/> Emissions Source Test <input type="checkbox"/> CARB/EPA Certification <input type="checkbox"/> Other _____    Note: please provide copies of all sources of emissions data.			

### HEALTH RISK ASSESSMENT DATA

<b>Operating Hours</b>	Maximum Operating Schedule: _____ hours per day, and _____ hours per year		
<b>Receptor Data</b>	Distance to nearest _____	_____ feet	Distance is measured from the proposed stack location to the nearest boundary of the nearest apartment, house, dormitory, etc.
	Direction to nearest _____	_____	Direction from the stack to the receptor, i.e. Northeast or South.
	Distance to nearest Business _____	_____ feet	Distance is measured from the proposed stack location to the nearest boundary of the nearest office building, factory, store, etc.
	Direction to nearest Business _____	_____	Direction from the stack to the receptor, i.e. North or Southwest.
<b>Stack Parameters</b>	Release Height	_____ feet above grade	
	Stack Diameter	_____ inches at point of release	
	Rain Cap	<input type="checkbox"/> Flapper-type <input type="checkbox"/> Fixed-type <input type="checkbox"/> None <input type="checkbox"/> Other: _____	
	Direction of	<input type="checkbox"/> Vertically Upward <input type="checkbox"/> Horizontal <input type="checkbox"/> Other: _____ ° from vert. or	
<b>Exhaust Data</b>	Flowrate: _____ acfm	Temperature: _____ °F	
<b>Transportable</b>	Is this engine transportable? <input type="checkbox"/> Yes <input type="checkbox"/> No    Note: This is used for health risk assessment purposes only.		
<b>Facility Location</b>	<input type="checkbox"/> Urban (area of dense population) <input type="checkbox"/> Rural (area of sparse population)		



**EMISSIONS DATA** - See attached additional information

<b>Primary Fuel</b>	Fuel Type: <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> LPG/Propane <input type="checkbox"/> Diesel <input type="checkbox"/> Other: _____						
	Higher Heating Value: _____ Btu/gal or _____ Btu/scf			Sulfur Content: _____ % by weight or _____ gr/scf			
<b>Primary Fuel Emissions Data</b>	Operational Mode:	Steady State (ppmv) (lb/MMBtu)		Start-up (ppmv) (lb/hr)		Shutdown (ppmv) (lb/hr)	
	Carbon Dioxide						
	Carbon Monoxide						
	Unburned Hydrocarbons						
	Duration (provide justification): _____			_____ hr/day	_____ hr/yr	_____ hr/day	_____ hr/yr
	% O <sub>2</sub> , dry basis, if corrected to other than 3%: _____ %						
<b>Secondary Fuel</b>	Fuel Type: <input type="checkbox"/> Natural Gas <input type="checkbox"/> LPG/Propane <input type="checkbox"/> Diesel <input type="checkbox"/> Other: _____						
	Higher Heating Value: _____ Btu/gal or _____ Btu/scf			Sulfur Content: _____ % by weight or _____ gr/scf			
	How will the secondary fuel be used? <input type="checkbox"/> Secondary full-time fuel <input type="checkbox"/> Backup for primary fuel <input type="checkbox"/> Other: <b>NA - NO SECONDARY FUEL</b>						
<b>Secondary Fuel Emissions Data</b>	Operational Mode:	Steady State (ppmv) (lb/MMBtu)		Start-up (ppmv) (lb/hr)		Shutdown (ppmv) (lb/hr)	
	Nitrogen Oxides						
	Carbon Monoxide						
	Volatile Organic Compounds						
	Duration (provide justification): _____			_____ hr/day	_____ hr/yr	_____ hr/day	_____ hr/yr
	% O <sub>2</sub> , dry basis, if corrected to other than 3%: _____ %						
<b>Source of Data</b>	<input type="checkbox"/> Manufacturer's Specifications <input type="checkbox"/> Emission Source Test <input type="checkbox"/> Other _____ (please provide copies)						
<b>Additional Emission Control Equipment</b>	<input type="checkbox"/> Selective Catalytic Reduction - Manufacturer: _____ Model: _____ <input type="checkbox"/> Ammonia (NH <sub>3</sub> ) <input type="checkbox"/> Urea <input type="checkbox"/> Other: _____						
	<input type="checkbox"/> Non-Selective Catalytic Reduction - Manufacturer: _____ Model: _____ Control Efficiencies: NO <sub>x</sub> _____ %, SO <sub>x</sub> _____ %, PM <sub>10</sub> _____ %, CO _____ %, VOC _____ %						
	<input type="checkbox"/> Other (please specify): _____						

**HEALTH RISK ASSESSMENT DATA** - See attached additional information

<b>Operating Hours</b>	Maximum Operating Schedule: _____ hours per day, and _____ hours per year					
<b>Receptor Data</b>	Distance to near Receptor	_____ feet	Distance is measured from the proposed stack location to the nearest boundary of the nearest apartment, house, dormitory, etc.			
	Direction to near Receptor	_____	Direction from the stack to the receptor, i.e. Northeast or South.			
	Distance to office building, factory, store, etc.	_____ feet	Distance is measured from the proposed stack location to the nearest boundary of the nearest office building, factory, store, etc.			
	Direction to office building, factory, store, etc.	_____	Direction from the stack to the receptor, i.e. North or Southwest.			
<b>Stack Parameters</b>	Stack Height	_____ feet above grade				
	Stack Diameter	_____ inches at point of release				
	Stack Type	<input type="checkbox"/> Flapper-type <input type="checkbox"/> Fixed-type <input type="checkbox"/> None <input type="checkbox"/> Other: _____ <input type="checkbox"/> Vertically Upward <input type="checkbox"/> Horizontal <input type="checkbox"/> Other: _____ ° from vert. or _____ ° from horiz.				
<b>Exhaust Data</b>	Flowrate: _____ acfm	Temperature: _____ °F				
<b>Facility/Location</b>	<input type="checkbox"/> Urban (area of dense population) <input type="checkbox"/> Rural (area of sparse population)					

**FOR DISTRICT USE ONLY**

<b>Date:</b>	<b>FID:</b>	<b>Project:</b>	<b>Public Notice:</b> [ ] Yes [ ] No
<b>Comments:</b>			

**ADDITIONAL INFORMATION TO SUPPORT THE  
SAN JOAQUIN VALLEY AIR POLLUTION CONTROL DISTRICT  
AUTHORITY TO CONSTRUCT (DETERMINATION OF COMPLIANCE)  
PERMIT APPLICATION FORM  
AND  
SUPPLEMENTAL (GAS TURBINE; EMERGENCY/LOW-USE IC ENGINES  
FOR NON-AGRICULTURAL OPERATIONS; & BOILERS, STEAM  
GENERATORS, DRYERS AND PROCESS HEATERS) APPLICATION FORMS**

**Determination of Compliance (DOC) Application Form**

The Kings River Conservation District (KRCD) is proposing to develop the Kings River Conservation District Community Power Plant (KRCD CPP), a nominal 565 megawatt (MW) natural gas-fired combined cycle base load power plant. The KRCD CPP will be located near the City of Parlier, in Fresno County, and within the service territory of KRCD on an approximately 32 acre parcel in size. The KRCD CPP will be arranged with two trains of combustion turbine generators (CTGs) and Heat Recovery Steam Generators (HRSGs) connected to one Steam Turbine Generator (STG) (two-on-one configuration). The two (2) advanced natural gas-fired turbines will be "F" class units supplied by either General Electric Power Systems (GE) or Siemens.

On September 27, 2007, KRCD submitted an Application for Certification (AFC) to the California Energy Commission (CEC) for the KRCD CPP. The AFC contains detailed information regarding the KRCD CPP. The KRCD CPP AFC is intended for use as the main source of information for San Joaquin Valley Air Pollution Control District (SJVAPCD) processing of this DOC application. A compact disc copy of the KRCD CPP AFC is attached.

Specific information regarding the equipment description is included in KRCD CPP AFC Chapter 2, Project Description section of the AFC. Specific information regarding emissions data and emissions control equipment is included in KRCD CPP AFC Section 8.1, Air Quality. Specific information regarding the health risk assessment is included in KRCD CPP AFC Section 8.7, Public Health and Section 8.8, Hazardous Materials.

**Gas Turbines - Supplemental Application Forms**

The KRCD CPP will use two natural gas-fired combustion turbines as its prime movers. These units will be either General Electric 7F or Siemens 501F type combustion turbines. The decision on the turbine type will likely not be made until after issuance of the DOC.

Specific information regarding the equipment description is included in KRCD CPP AFC Chapter 2, Project Description section of the AFC. Specific information regarding emissions data and emissions control equipment is included in KRCD CPP AFC Section 8.1, Air Quality. Specific information regarding the health risk assessment is included in KRCD CPP AFC Section 8.7, Public Health and Section 8.8, Hazardous Materials.

### **Emergency/Low-Use IC Engines for Non-Agricultural Operations – Supplemental Application Forms**

#### **Emergency Generator**

The KRCD CPP will include a natural gas-fired emergency generator to provide power for critical in-house loads, as necessary. Although the supplier for this piece of equipment will likely not specified until after issuance of the DOC, the emergency generator will be sized along the lines of a Caterpillar G3516B LE.

Specific information regarding the equipment description is included in KRCD CPP AFC Chapter 2, Project Description section of the AFC. Specific information regarding emissions data and emissions control equipment is included in KRCD CPP AFC Section 8.1, Air Quality. Specific information regarding the health risk assessment is included in KRCD CPP AFC Section 8.7, Public Health and Section 8.8, Hazardous Materials.

#### **Diesel Fire Pump**

The KRCD CPP will also include a fire pump as part of its fire protection system. This pump will be driven by a diesel-fired engine. Although the supplier for this piece of equipment will likely not specified until after issuance of the DOC, the diesel fire pump will be sized along the lines of a 275-300 horsepower unit.

Specific information regarding the equipment description is included in KRCD CPP AFC Chapter 2, Project Description section of the AFC. Specific information regarding emissions data and emissions control equipment is included in KRCD CPP AFC Section 8.1, Air Quality. (Note the use of positive crankcase ventilation is contingent on not voiding the manufacturer's guarantees.) Specific information regarding the health risk assessment is included in KRCD CPP AFC Section 8.7, Public Health and Section 8.8, Hazardous Materials.

## **Boilers, Steam Generators, Dryers & Process Heaters – Supplemental Application Form**

### **Auxiliary Boiler**

The KRCD CPP will use an auxiliary boiler to provide low pressure steam (approximately 45,000 pounds per hour at 160 pounds per square inch gage saturated) for process functions, including main steam system startup and shutdown.

Specific information regarding the equipment description is included in KRCD CPP AFC Chapter 2, Project Description section of the AFC. Specific information regarding emissions data and emissions control equipment is included in KRCD CPP AFC Section 8.1, Air Quality. (Note the use of positive crankcase ventilation is contingent on not voiding the manufacturer's guarantees.) Specific information regarding the health risk assessment is included in KRCD CPP AFC Section 8.7, Public Health and Section 8.8, Hazardous Materials.