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
LA JOLLA ENERGY DEVELOPMENT, INC

☐ IRS OR ☐ S. S. NUMBER
5 2 2 2 3 5 9 1 3

PERMIT TO BE ISSUED TO (SEE INSTRUCTIONS)
LA JOLLA ENERGY DEVELOPMENT, INC.

BUSINESS MAILING ADDRESS
2882 - C WALNUT AVENUE, TUSTIN, CA 92780

PERMIT MAILING ADDRESS, IF DIFFERENT FROM BUSINESS MAILING ADDRESS

TYPE OF ORGANIZATION
☒ Corporation ☐ Limited Partnership ☐ Government Entity
☐ Individual ☐ General Partnership ☐ Other (Fill in):

ARE YOU A SMALL BUSINESS? (SEE INSTRUCTIONS)
☐ Yes ☒ No

AVERAGE ANNUAL GROSS RECEIPTS $0
NUMBER OF EMPLOYEES < 25

IS YOUR BUSINESS 51 % OR MORE WOMAN/MINORITY OWNED?
☐ Yes ☒ No

THIS SECTION IS REQUIRED FOR ALL APPLICATIONS FOR NEW CONSTRUCTION OR MAJOR MODIFICATIONS.
ARE ALL MAJOR SOURCES UNDER SAME OWNERSHIP IN CALIFORNIA IN COMPLIANCE WITH FEDERAL, STATE, AND LOCAL AIR POLLUTION CONTROL RULES? ☒ Yes ☐ No

ARE YOU THE OWNER OF THE EQUIPMENT UNDER THIS APPLICATION? ☒ Yes ☐ No
IF NO, ENTER THE LEGAL NAME OF OWNER _____ ☐ IRS OR ☐ S. S. NUMBER

Section II - Facility Information

EQUIPMENT ADDRESS/LOCATION
5640 S. FAIRFAX AVENUE
NUMBER/STREET
LOS ANGELES CA 90056
CITY OR COMMUNITY ZIP CODE

FACILITY NAME BALDWIN ENERGY FACILITY NO.1
FACILITY ID NUMBER

PRINT NAME OF CONTACT PERSON
STEVE RUSCH

TITLE OF CONTACT PERSON
MANAGER OF GOVERNMENTAL AFFAIRS

TYPE OF BUSINESS AT THIS FACILITY
ELECTRIC POWER GENERATING FACILITY

PRIMARY SIC CODE FOR THIS FACILITY
4 9 1 1

NUMBER OF EMPLOYEES AT THIS FACILITY
25

CONTACT PERSON'S TELEPHONE NUMBER
(323) 298-2223

CONTACT PERSON'S FAX NUMBER
(323) 296-9375

CONTACT PERSON'S E-MAIL ADDRESS
SRUSCH@STOCKERRESOURCES.COM

Section III - Application Type

DESCRIPTION OF EQUIPMENT: SELECTIVE CATALYTIC REDUCTION CONTROL SYSTEM NO. A, HITACHI

PREVIOUS PERMIT #S:

APPLICATION FOR (SEE INSTRUCTIONS):
☒ NEW CONSTRUCTION
☐ EXISTING EQUIPMENT WITHOUT PERMIT
☐ EXISTING EQUIPMENT WITH EXPIRED PERMIT
☐ CHANGE OF LOCATION
☐ MODIFICATION
☐ CHANGE OF PERMITTEE
☐ CHANGE OF PERMIT CONDITION

ARE YOU SUBMITTING MULTIPLE APPLICATIONS FOR EQUIPMENT IDENTICAL TO THAT DESCRIBED ABOVE?
☒ Yes ☐ No

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

____	400-E-1 • PARTICULATE MATTER (PM-10) CONTROL EQUIPMENT	____	400-E-13 • INTERNAL COMBUSTION EQUIPMENT
____	400-E-2 • VOLATILE ORGANIC COMPOUND (VOC) CONTROL EQUIPMENT	____	400-E-14 • OPEN PROCESS TANK
____	400-E-3 • SCRUBBER	____	400-E-14a • OPEN PROCESS TANK; PROCESS LINE
____	400-E-4 • ABRASIVE BLASTING EQUIPMENT	____	400-E-15 • PRINTING EQUIPMENT
____	400-E-6 • DEGREASER	____	400-E-16 • SOLID MATERIALS STORAGE EQUIPMENT
____	400-E-7 • DRY CLEANING EQUIPMENT	____	400-E-17 • SPRAY BOOTH/OPEN SPRAY
____	400-E-8 • ETHYLENE OXIDE STERILIZER	____	400-E-17a • POWDER SPRAY BOOTH
____	400-E-9 • EXTERNAL COMBUSTION EQUIPMENT	____	400-E-18 • STORAGE TANK (LIQUID & GASEOUS MATERIAL)
____	400-E-10 • FOOD BROILER/FRYER	____	400-E-19 • WAVE SOLDER MACHINE
____	400-E-11 • FUEL DISPENSING AND STORAGE EQUIPMENT	____	400-E-20 • ASBESTOS REMOVAL EQUIPMENT
____	400-E-12 • GAS TURBINE	____	NONE • ADDITIONAL INFORMATION SUBMITTED AS REQUESTED ON FORM 400-E-GI

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

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.
SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM:
TITLE OF RESPONSIBLE OFFICIAL OF FIRM: PRESIDENT

TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM: STEVE WILBURN
RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER: (323) 296-9375
DATE SIGNED:

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.
SIGNATURE OF PREPARER, IF PREPARED BY PERSON OTHER THAN RESPONSIBLE OFFICIAL OF FIRM:
TITLE OF RESPONSIBLE OFFICIAL OF FIRM: MANAGER OF GOVERNMENTAL AFFAIRS

TYPE OR PRINT NAME OF PREPARER, IF PREPARED BY PERSON OTHER THAN RESPONSIBLE OFFICIAL OF FIRM: STEVE RUSCH
PREPARER'S TELEPHONE NUMBER: (323) 298-2223
DATE SIGNED:

TITLE V FACILITIES ONLY: COMPLETE OTHER SIDE

AQMD USE ONLY	APPLICATION/TRACKING #	TYPE	EQUIPMENT CATEGORY CODE:	FEE SCHEDULE:	VALIDATION
	____ ____ ____ ____ ____ ____	B C D	____ ____ ____ ____ ____ ____ / ____ ____	$	

ENG. A R DATE	ENG. A R DATE	CLASS I III IV	ASSIGNMENT UNIT ENGINEER	ENF SECT.	CHECK/MONEY ORDER # AMOUNT $

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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:

1	500-A2	_____	500-F1
_____	500-B	_____	500-F2
1	500-C1	_____	500-F3
_____	500-C2	_____	500-F4
_____	500-D	1	Other (specify): 500-E

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(s) _____
   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): _____

		30 DAY PUBLIC NOTICE		PUBLIC HEARING	45-DAY EPA REVIEW	
	APPLICATION TYPE	START DATE	END DATE	DATE	START DATE	END DATE
AQMD	INITIAL, RENEWAL & SIGNIFICANT					
	MINOR & DE MINIMIS					
USE	ESTABLISH GENERAL PERMIT					
ONLY	USE THE SECTIONS BELOW FOR TITLE V INITIAL AND RENEWAL APPLICATIONS ONLY:					

APPLICATION/TRACKING #	TYPE B C D	EQUIPMENT CATEGORY CODE:	FEE SCHEDULE: $	VALIDATION
___ ___ ___ ___ ___ ___		___ ___ ___ ___ ___ ___ / ___ ___		

ENG. A R DATE	ENG. A R DATE	CLASS I III IV	ASSIGNMENT UNIT ENGINEER	ENF. SECT.	CHECK/MONEY ORDER # AMOUNT $

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