



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		<input type="checkbox"/> IRS OR <input type="checkbox"/> S. S. NUMBER <u>5</u> <u>2</u> <u>2</u> <u>2</u> <u>3</u> <u>5</u> <u>9</u> <u>1</u> <u>3</u>	
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 <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Government Entity <input type="checkbox"/> Individual <input type="checkbox"/> General Partnership <input type="checkbox"/> Other (Fill in): _____			
ARE YOU A SMALL BUSINESS? (SEE INSTRUCTIONS) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		AVERAGE ANNUAL GROSS RECEIPTS <u>\$0</u> NUMBER OF EMPLOYEES <u>< 25</u>	
IS YOUR BUSINESS 51 % OR MORE WOMAN/MINORITY OWNED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <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 _____		<input type="checkbox"/> IRS OR <input type="checkbox"/> S. S. NUMBER _____	

Section II - Facility Information

EQUIPMENT ADDRESS/LOCATION 5640 S. FAIRFAX AVENUE		FACILITY NAME BALDWIN ENERGY FACILITY NO. 1	
LOS ANGELES CA 90056 CITY OR COMMUNITY STATE ZIP CODE		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	
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: GAS TURBINE NO. B, General Electric Model LM-2500, 29.2 MW		PREVIOUS PERMIT #S:	
APPLICATION FOR (SEE INSTRUCTIONS): <input checked="" type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> EXISTING EQUIPMENT WITHOUT PERMIT <input type="checkbox"/> EXISTING EQUIPMENT WITH EXPIRED PERMIT		<input type="checkbox"/> CHANGE OF LOCATION <input type="checkbox"/> MODIFICATION <input type="checkbox"/> CHANGE OF PERMITTEE <input type="checkbox"/> CHANGE OF PERMIT CONDITION	
<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 <u>1</u> 400-E-12 • GAS TURBINE		<input checked="" type="checkbox"/> ARE YOU SUBMITTING MULTIPLE APPLICATIONS FOR EQUIPMENT IDENTICAL TO THAT DESCRIBED ABOVE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No _____ 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 MATERIAL) _____ 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: STEVE WILBURN		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: STEVE RUSCH		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 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 \$

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): _____

	APPLICATION TYPE		30 DAY PUBLIC NOTICE		PUBLIC HEARING	45-DAY EPA REVIEW	
			START DATE	END DATE	DATE	START DATE	END DATE
AQMD USE	INITIAL, RENEWAL & SIGNIFICANT						
	MINOR & DE MINIMIS						
ONLY	ESTABLISH GENERAL PERMIT						
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 DATE	R	ENG. A DATE	R	CLASS I III IV	ASSIGNMENT UNIT ENGINEER	ENF. SECT.	CHECK/MONEY ORDER # AMOUNT \$