



P. O. Box 4944  
Diamond Bar, CA 91765  
(909) 396-2000

# PERMIT TO OPERATE FORM 400 - A (CEC - GT-1)

**on-Title V Facilities:** This form must be accompanied by one or more 400-E-xx series form(s). Complete this side of form only.  
**off-Title V Facilities:** Complete both sides of this form. Include additional forms as necessary.

<b>NC/NOV NUMBER:</b>	
<b>INSPECTOR</b>	<b>SECTOR</b>
<b>ISSUE DATE</b>	

## Section I - Company Information

LEGAL NAME OF OPERATOR <b>CENCO Electric Company (CEC)</b>		<input type="checkbox"/> IRS OR <input type="checkbox"/> S. S. NUMBER	
PERMIT TO BE ISSUED TO (SEE INSTRUCTIONS) CENCO Electric Company			
BUSINESS MAILING ADDRESS 12345 Lakeland Road, Santa Fe Springs, CA 90670			
PERMIT MAILING ADDRESS, IF DIFFERENT FROM BUSINESS MAILING ADDRESS <b>P.O. BOX 2108</b>			
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 \$ _____	IS YOUR BUSINESS 51% OR MORE WOMAN/MINORITY OWNED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		NUMBER OF EMPLOYEES _____	
<b>THIS SECTION IS REQUIRED FOR ALL APPLICATIONS FOR NEW CONSTRUCTION OR MAJOR MODIFICATIONS.</b>			
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 OF OWNER			

## Section II - Facility Information

EQUIPMENT ADDRESS/LOCATION 12345 Lakeland Road		FACILITY NAME CENCO Electric Company (CEC)	
CITY OR COMMUNITY Santa Fe Springs <b>CA, 90670</b>		FACILITY ID NUMBER _____	
PRINT NAME OF CONTACT PERSON June Christman		TITLE OF CONTACT PERSON Manager - Environmental Engineering	
TYPE OF BUSINESS AT THIS FACILITY PETROLEUM REFINING		PRIMARY SIC CODE FOR THIS FACILITY <b>2911</b>	NUMBER OF EMPLOYEES AT THIS FACILITY <b>40</b>
CONTACT PERSON'S TELEPHONE NUMBER ( 562 ) 944 - 6111	CONTACT PERSON'S FAX NUMBER ( 562 ) 903 - 8911	CONTACT PERSON'S E-MAIL ADDRESS jchristman@cencorefining.com	

## Section III - Application Type

DESCRIPTION OF EQUIPMENT:		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		ARE YOU SUBMITTING MULTIPLE APPLICATIONS FOR EQUIPMENT IDENTICAL TO THAT DESCRIBED ABOVE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> MODIFICATION <input type="checkbox"/> CHANGE OF PERMITTEE		<input type="checkbox"/> CHANGE OF LOCATION <input type="checkbox"/> CHANGE OF PERMIT CONDITION	
<input checked="" type="checkbox"/> APPLICATION FOR NON-TITLE V EQUIPMENT PERMIT. CHECK THE SUPPLEMENTAL SERIES 400-E-xx FORM(S) SUBMITTED WITH THIS 400-A FORM:			
<input type="checkbox"/> 400-E-1 PARTICULATE MATTER (PM <sub>10</sub> ) CONTROL EQUIPMENT	<input type="checkbox"/> 400-E-2 VOLATILE ORGANIC COMPOUND (VOC) CONTROL EQUIPMENT	<input type="checkbox"/> 400-E-3 SCRUBBER	<input type="checkbox"/> 400-E-4 ABRASIVE BLASTING EQUIPMENT
<input type="checkbox"/> 400-E-5 DEGREASER	<input type="checkbox"/> 400-E-6 DRY CLEANING EQUIPMENT	<input type="checkbox"/> 400-E-7 ETHYLENE OXIDE STERILIZER	<input type="checkbox"/> 400-E-8 EXTERNAL COMBUSTION EQUIPMENT
<input type="checkbox"/> 400-E-9 FOOD BROILER/FRYER	<input type="checkbox"/> 400-E-10 FUEL DISPENSING AND STORAGE EQUIPMENT	<input type="checkbox"/> 400-E-11 GAS TURBINE	<input type="checkbox"/> 400-E-12 NONE • ADDITIONAL INFORMATION SUBMITTED AS REQUESTED ON FORM 400-E-GI
<input type="checkbox"/> 400-E-13 INTERNAL COMBUSTION EQUIPMENT	<input type="checkbox"/> 400-E-14 OPEN PROCESS TANK	<input type="checkbox"/> 400-E-14a OPEN PROCESS TANK; PROCESS LINE	<input type="checkbox"/> 400-E-15 PRINTING EQUIPMENT
<input type="checkbox"/> 400-E-16 SOLID MATERIALS STORAGE EQUIPMENT	<input type="checkbox"/> 400-E-17 SPRAY BOOTH/OPEN SPRAY	<input type="checkbox"/> 400-E-17a POWDER SPRAY BOOTH	<input type="checkbox"/> 400-E-18 STORAGE TANK (LIQUID & GASEOUS MAT'L)
<input type="checkbox"/> 400-E-19 WAVE SOLDER MACHINE	<input type="checkbox"/> 400-E-20 ASBESTOS REMOVAL EQUIPMENT		

<b>I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.</b>			
SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM: <i>June Christman</i>		TITLE OF RESPONSIBLE OFFICIAL OF FIRM: MANAGER - ENVIRONMENTAL ENGINEERING	
TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM: JUNE CHRISTMAN		RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER ( 562 ) 944 - 6111	DATE SIGNED: <b>7/13/01</b>
<b>I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.</b>			
SIGNATURE OF PREPARER, IF PREPARED BY PERSON OTHER THAN RESPONSIBLE OFFICIAL OF FIRM: <i>Mike Barranco</i>		TITLE OF PREPARER: ENV COORDINATOR	
TYPE OR PRINT NAME OF PREPARER, IF PREPARED BY PERSON OTHER THAN RESPONSIBLE OFFICIAL OF FIRM: MIKE BARRANCO		PREPARER'S TELEPHONE NUMBER ( 562 ) 944 - 6111	DATE SIGNED: <b>7/13/01</b>

### TITLE V FACILITIES ONLY: COMPLETE OTHER SIDE

<b>AQMD USE ONLY</b>	APPLICATION/TRACKING #	PROJECT #	TYPE B C D	EQUIPMENT CATEGORY CODE: _____/____	FEE SCHEDULE: \$	VALIDATION
ENG. A R DATE	ENG. A R DATE	CLASS I III IV	ASSIGNMENT UNIT	ENF. SECT.	CHECK/MONEY ORDER #	AMOUNT \$



South Coast Air Quality Management District  
 P. O. Box 4944  
 Diamond Bar, CA 91765  
 (909) 396-2000

Form 400-A and one or more 400-E-xx form(s) must accompany all submittals.

# EXPRESS PERMIT PROCESSING REQUEST FORM FORM 400 - XPP

## Section I - Facility/Application Information

1. Business Name: **CENCO Electric Company (CEC) Power** Facility ID: \_\_\_\_\_
2. The requested application is for a(n): Date of Occurrence: **July 2, 2001**
- a.  New Construction
  - b.  Change of Location
  - c.  Modification of Equipment/Process
  - d.  Existing Equipment with Expired Permit
  - e.  Existing Equipment Operating without a Permit; Initial Operation Date: \_\_\_\_\_
  - f.  Change of Condition(s); Specify the change of condition(s) requested: \_\_\_\_\_
  - g.  Change of Operator; List previous name of operator and Facility ID #: \_\_\_\_\_
3. I hereby request Express Permit Processing for this application.
4. I understand that this request will incur additional fees.
5. This request is not cancelable once engineering review has been initiated.
6. Express Permit Processing neither guarantees action by any specific date nor does I guarantee permit approval.

## Section II - Equipment Information

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

SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM: *June Christman* TITLE OF RESPONSIBLE OFFICIAL OF FIRM: *Manager - Environmental Engo*

TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM: **JUNE CHRISTMAN** RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER: **(562) 944-6111** DATE SIGNED: **7-3-01**

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

SIGNATURE OF PREPARER: *Mike Barranco* TITLE OF PREPARER: *ENV. COORDINATOR*

TYPE OR PRINT NAME OF PREPARER: **MIKE BARRANCO** PREPARER'S TELEPHONE NUMBER: **(562) 944-6111** DATE SIGNED: **7-3-01**

AQMD USE ONLY		APPLICATION/TRACKING #	PROJECT #	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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Form 400-A must accompany all submittals.

# GAS TURBINE FORM 400 - E - 12

(CEC - GT-1)

For: of operator:	Change of location, equipment w/expired permit, Submit all other information requested and:	ALL other application types: or change
Title V Facilities	Complete Sections I, IV, & V	Complete Sections I, II, III, IV, & V
All Other Facilities	Complete Sections I & IV	Complete Sections I, II, III, & IV

## Section I - Facility/Application Information

- Business Name: CENCO Electric Company (CEC) Facility ID: \_\_\_\_\_
- The requested application is for a(n): Date of Occurrence: July / 02/2001
  - New Construction
  - Modification of Equipment/Process
  - Existing Equipment Operating without a Permit; Initial Operation Date: \_\_\_\_\_
  - Change of Condition(s); Specify the change of condition(s) requested: \_\_\_\_\_
  - Change of Operator; List previous name of operator and Facility ID #: \_\_\_\_\_
- If equipment has previous written permit, list Permit Number or Device Number(s): NONE
- Write Rule 301 description of this equipment/process: GAS TURBINE, 250MW
- Are multiple applications being submitted for similar equipment (as defined in Rule 301) described below?
  - No
  - Yes; If Yes, Number of Multiple Units: TWO
- Have you been issued a Notice to Comply (NTC) or Notice of Violation (NOV) for this equipment?
  - No
  - Yes; NTC #: \_\_\_\_\_ NOV #: \_\_\_\_\_ Issue Date: \_\_\_\_\_
- For New Construction, Modification, or Change of Location:
 

Estimated Construction Start Date: 8/10/01 Estimated Completion Date: 9/30/01
- For this project, has a California Environmental Quality Act (CEQA) document been required by another governmental agency?
  - No
  - Yes, for agency (Provide name): \_\_\_\_\_
- Are you required by another governmental agency to have a permit?
  - No
  - Yes, for agency (Provide name): \_\_\_\_\_
- Are any of these permits discretionary?
  - No
  - Yes; list: \_\_\_\_\_
- Do you claim confidentiality of data?
  - No
  - Yes (attach explanation)
- Is the equipment located within 1,000 feet from the outer boundary of a school?
  - No
  - Yes

(If Yes, complete a. for all public or private school, grade K-12, within a 1/4 mile radius of facility property)

## Section II - Equipment Information

- Turbine Manufacturer: PRATT & WHITNEY Model No.: FT8 Serial No.: \_\_\_\_\_
- Turbine Size (based on Higher Heating Value):
 

Manufacturer Maximum Input Rating: 282 (HHV) MM BTU per hour, \_\_\_\_\_ KW

Manufacturer Maximum Output Rating: \_\_\_\_\_ MM BTU per hour, 27,700 KW
- Turbine Function:
  - Driving Pump/Compressor
  - Electrical Generation
  - Emergency Peaking Unit
  - Exhaust Heat Recovery
  - Steam Generation
  - Other (specify): \_\_\_\_\_
- Cycle Type:
  - Simple Cycle
  - Combined Cycle
  - Regenerative Cycle
  - Other (specify): \_\_\_\_\_
- Fuel Information (check all that apply):
  - Natural Gas
  - Diesel Oil
  - Propane
  - Gasoline
  - Digester Gas\*
  - Landfill Gas\*
  - Other\* (specify): \_\_\_\_\_

\* If Digester Gas, Landfill Gas, and/or Other are checked, attach fuel analysis indicating all constituents and HHV.

TURN OVER AND COMPLETE

AQMD USE ONLY		APPLICATION/TRACKING #	PROJECT #	TYPE B C D	EQUIPMENT CATEGORY CODE:	FEE SCHEDULE: \$	VALIDATION
ENG. A R	ENG. A R	CLASS I III IV	ASSIGNMENT UNIT	ENGINEER	ENF. SECT.	CHECK/MONEY ORDER \$	AMOUNT \$

**Section III - Operation Information**

1. Maximum Rated Full Load Fuel Consumption Rate: 2200 gal/hr or 280,000 cu.ft/hr
2. Average Load: 95 %
3. Is Turbine equipped with exhaust heat recovery steam generator (HRSG)?  Yes  No  
If Yes, supply the size, flow rate, steam output capacity, and temperature profile.
4. Is Turbine equipped with duct burners?  Yes  No  
If Yes, provide burner description, fuel usage, combustion air input, and location of burner(s). Show all heat transfer surface locations with the HRSG and temperature profile.
5. Is duct burner used as air pollution control equipment?  Yes  No  
If Yes and duct burner is permitted, list Permit Number(s) or Device Number(s) of control equipment:  
If Yes and duct burner is not permitted, a separate permit is required. Please see Form 400-E-GI for instructions.
6. a. Is Turbine equipped with air pollution control equipment?  Yes  No  
b. If Yes, please explain and list Permit Number(s) or Device Number(s) of control equipment:  
SCR AND OXIDATION CATALYST
- c. Steam/Water Injection?  Yes  No  
Injection Rate: 30 gpm lbs water/lbs fuel or mole water/mole fuel (circle units)
- d. Ammonia (NH<sub>3</sub>) Injection?  Yes  No  
Injection Rate: 40 lb/hr 19.5% AQUEOUS SOLUTION lbs NH<sub>3</sub>/lbs fuel or mole NH<sub>3</sub>/mole fuel (circle units)
- e. Combustion Type?  Tubular  Can-Annular  Annular
- f. Selective Catalytic Reduction (SCR)?  Yes  No  
Reactor Temperature: 550 OF to 750 OF  
If Yes and SCR is not permitted, a separate permit is required. Please see Form 400-E-GI for instructions.

**Section IV - Emission Information**

1. Emissions Data:

POLLUTANTS	EMISSIONS BEFORE CONTROL <sup>1</sup>		EMISSIONS AFTER CONTROL	
	PPM <sup>2</sup>	LB/HR	PPM <sup>2</sup>	LB/HR
ROG	<u>1.7</u>	<u>0.6</u>	<u>1.7</u>	<u>0.6</u>
NOX	<u>25</u>	<u>2.6</u>	<u>2.5</u>	<u>2.6</u>
CO	<u>25</u>	<u>1.6</u>	<u>6</u>	<u>3.7</u>
PM	<u>0.4</u>	<u>0.6</u>	<u>0.4</u>	<u>0.6</u>
SOX	<u>0.005</u>	<u>1.9</u>	<u>0.005 4.75CFE</u> <u>e 32 O<sub>2</sub></u>	<u>1.9</u>

1 BASED ON TEMPERATURE, FUEL CONSUMPTION, AND MW OUTPUT  
2 DRY AND CORRECTED TO 15% OXYGEN

MANUFACTURER DATA ATTACHED  EPA EMISSION FACTORS  
 AQMD EMISSION FACTORS  SOURCE TEST DATA (ATTACH SOURCE TEST RESULTS)

2. STACK OR VENT DATA:  
A. STACK HEIGHT: 52 FEET \_\_\_\_\_ INCHES  
B. EXHAUST TEMPERATURE: \_\_\_\_\_ OF  
C. EXHAUST FLOW RATE: 140,000 CFM  
D. EXHAUST PRESSURE: \_\_\_\_\_ INCHES WATER COLUMN

3. Operating Schedule: weeks/year 52 days/week 7  
Max. Hrs. 8760 Average Hrs. 8760

**Section V - Applicant Certification Statement**

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

SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM: [Signature] TITLE OF RESPONSIBLE OFFICIAL OF FIRM: MANAGER - ENVIRONMENTAL ENGINEERING

TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM: JUNE CHRISTMAN RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER: (562) 944-6111 DATE SIGNED: 7/31/01

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

SIGNATURE OF PREPARER: [Signature] TITLE OF PREPARER: ENV. COORDINATOR

TYPE OR PRINT NAME OF PREPARER: MIKE BARRANCO PREPARER'S TELEPHONE NUMBER: (562) 944-6111 DATE SIGNED: 7/31/01

**Section V - Title V Information: Fill out if AQMD has identified your facility as a Title V facility**

- The requested application involves a(n): (check all that apply)
- a.  Minor Permit Revision
  - b.  DeMinimis Significant Permit Revision
  - c.  Significant Permit Revision
  - d.  Non-Title V Permit Processing (Available until initial Title V permit is issued)
  - e.  Permit Shield (complete Form 500-D)
  - f.  Streamlined Permit Conditions
  - g.  Alternative Operating Scenario (AOS)
  - h.  Other (specify): \_\_\_\_\_



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Form 400-A must accompany all submittals.

# GAS TURBINE FORM 400 - E - 12

(CEC - GT-2)

For: of operator:	Change of location, equipment w/expired permit, Submit all other information requested and:	ALL other application types: or change
Title V Facilities	Complete Sections I, IV, & V	Complete Sections I, II, III, IV, & V
All Other Facilities	Complete Sections I & IV	Complete Sections I, II, III & IV

## Section I - Facility Application Information

- Business Name: CENCO Electric Company (CEC) Facility ID: \_\_\_\_\_
- The requested application is for a(n): Date of Occurrence: July 2 02/2001
  - New Construction
  - Change of Location
  - Modification of Equipment/Process
  - Existing Equipment with Expired Permit
  - Existing Equipment Operating without a Permit; Initial Operation Date: \_\_\_\_\_
  - Change of Condition(s); Specify the change of condition(s) requested: \_\_\_\_\_
  - Change of Operator; List previous name of operator and Facility ID #: \_\_\_\_\_
- If equipment has previous written permit, list Permit Number or Device Number(s): NONE
- Write Rule 301 description of this equipment/process: GAS TURBINE, 250MW
- Are multiple applications being submitted for similar equipment (as defined in Rule 301) described below?
  - No
  - Yes; If Yes, Number of Multiple Units: TWO
- Have you been issued a Notice to Comply (NTC) or Notice of Violation (NOV) for this equipment?
  - No
  - Yes; NTC #: \_\_\_\_\_ NOV #: \_\_\_\_\_ Issue Date: \_\_\_\_\_
- For New Construction, Modification, or Change of Location:
 

Estimated Construction Start Date: 8/10/01 Estimated Completion Date: 9/30/01
- For this project, has a California Environmental Quality Act (CEQA) document been required by another governmental agency?
  - No
  - Yes, for agency (Provide name): \_\_\_\_\_
- Are you required by another governmental agency to have a permit?
  - No
  - Yes, for agency (Provide name): \_\_\_\_\_
- Are any of these permits discretionary?
  - No
  - Yes; list: \_\_\_\_\_
- Do you claim confidentiality of data?
  - No
  - Yes (attach explanation)
- Is the equipment located within 1,000 feet from the outer boundary of a school?
  - No
  - Yes

(If Yes, complete a. for all public or private school, grade K-12, within a 1/4 mile radius of facility property)
- School Name(s): \_\_\_\_\_ Telephone No(s): \_\_\_\_\_  
 School Address(s): \_\_\_\_\_ School Address(s): \_\_\_\_\_

## Section II - Equipment Information

- Turbine Manufacturer: PRATT & WHITNEY Model No.: FT8 Serial No.: \_\_\_\_\_
- Turbine Size (based on Higher Heating Value):
 

Manufacturer Maximum Input Rating: 282 (HHV) MM BTU per hour, \_\_\_\_\_ KW  
 Manufacturer Maximum Output Rating: \_\_\_\_\_ MM BTU per hour, 27,700 KW
- Turbine Function:
  - Driving Pump/Compressor
  - Electrical Generation
  - Emergency Peaking Unit
  - Exhaust Heat Recovery
  - Steam Generation
  - Other (specify): \_\_\_\_\_
- Cycle Type:
  - Simple Cycle
  - Combined Cycle
  - Regenerative Cycle
  - Other (specify): \_\_\_\_\_
- Fuel Information (check all that apply):
  - Natural Gas
  - Diesel Oil
  - Propane
  - Gasoline
  - Digester Gas\*
  - Landfill Gas\*
  - Other\* (specify): \_\_\_\_\_

\* If Digester Gas, Landfill Gas, and/or Other are checked, attach fuel analysis indicating all constituents and HHV.

TURN OVER AND COMPLETE

AQMD USE ONLY		APPLICATION/TRACKING #	PROJECT #	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 \$

**Section III - Operation Information**

1. Maximum Rated Full Load Fuel Consumption Rate: 2200 gal/hr or 280,000 cu.ft/hr
2. Average Load: 95 %
3. Is Turbine equipped with exhaust heat recovery steam generator (HRSG)?  Yes  No  
If Yes, supply the size, flow rate, steam output capacity, and temperature profile.
4. Is Turbine equipped with duct burners?  Yes  No  
If Yes, provide burner description, fuel usage, combustion air input, and location of burner(s). Show all heat transfer surface locations with the HRSG and temperature profile.
5. Is duct burner used as air pollution control equipment?  Yes  No  
If Yes and duct burner is permitted, list Permit Number(s) or Device Number(s) of control equipment:  
If Yes and duct burner is not permitted, a separate permit is required. Please see Form 400-E-GI for instructions.
6. a. Is Turbine equipped with air pollution control equipment?  Yes  No  
b. If Yes, please explain and list Permit Number(s) or Device Number(s) of control equipment:  
SCR AND OXIDATION CATALYST
- c. Steam/Water Injection?  Yes  No  
Injection Rate: 30 gpm lbs water/lbs fuel or mole water/mole fuel (circle units)
- d. Ammonia (NH<sub>3</sub>) Injection?  Yes  No  
Injection Rate: 40 lb/hr 19.5% AQUEOUS SOLUTION lbs NH<sub>3</sub>/lbs fuel or mole NH<sub>3</sub>/mole fuel (circle units)
- e. Combustion Type?  Tubular  Can-Annular  Annular
- f. Selective Catalytic Reduction (SCR)?  Yes  No  
Reactor Temperature: 550 OF to 750 OF  
If Yes and SCR is not permitted, a separate permit is required. Please see Form 400-E-GI for instructions.

**Section IV - Emission Information**

1. Emissions Data:

POLLUTANTS	EMISSIONS BEFORE CONTROL <sup>1</sup>		EMISSIONS AFTER CONTROL	
	PPM <sup>2</sup>	LB/HR	PPM <sup>2</sup>	LB/HR
ROG	<u>1.7</u>	<u>0.6</u>	<u>1.7</u>	<u>0.6</u>
NOX	<u>25</u>	<u>26</u>	<u>2.5</u>	<u>2.6</u>
CO	<u>25</u>	<u>16</u>	<u>6</u>	<u>3.7</u>
PM	<u>0.4</u>	<u>0.6</u>	<u>0.4</u>	<u>0.6</u>
SOX	<u>0.005</u>	<u>1.9</u>	<u>0.005</u>	<u>1.9</u>

1 BASED ON TEMPERATURE, FUEL CONSUMPTION, AND MW OUTPUT  
2 DRY AND CORRECTED TO 15% OXYGEN

MANUFACTURER DATA ATTACHED  EPA EMISSION FACTORS  
 AQMD EMISSION FACTORS  SOURCE TEST DATA (ATTACH SOURCE TEST RESULTS)

2. STACK OR VENT DATA:  
A. STACK HEIGHT: 52 FEET \_\_\_\_\_ INCHES  
B. EXHAUST TEMPERATURE: \_\_\_\_\_ OF  
C. EXHAUST FLOW RATE: 140,000 CFM  
D. EXHAUST PRESSURE: \_\_\_\_\_ INCHES WATER COLUMN

3. Operating Schedule: weeks/year 52 days/week 7  
Max. Hrs. 8760 Average Hrs. 8760

**Section V - Applicant Certification Statement**

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

SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM: June Christman TITLE OF RESPONSIBLE OFFICIAL OF FIRM: MANAGER - ENVIRONMENTAL ENGINEERING

TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM: JUNE CHRISTMAN RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER: (562) 944-6111 DATE SIGNED: 7/31/01

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

SIGNATURE OF PREPARER: Mike Barranco TITLE OF PREPARER: ENV. COORDINATOR

TYPE OR PRINT NAME OF PREPARER: MIKE BARRANCO PREPARER'S TELEPHONE NUMBER: (562) 944-6111 DATE SIGNED: 7/31/01

**Section V - Title V Information - Fill out if AQMD has identified your facility as a Title V facility**

- The requested application involves a(n): (check all that apply)
- a.  Minor Permit Revision
  - b.  DeMinimis Significant Permit Revision
  - c.  Significant Permit Revision
  - d.  Non-Title V Permit Processing (Available until initial Title V permit is issued)
  - e.  Permit Shield (complete Form 500-D)
  - f.  Streamlined Permit Conditions
  - g.  Alternative Operating Scenario (AOS)
  - h.  Other (specify): \_\_\_\_\_



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Form 400-A must accompany all submittals:

# STORAGE TANK FORM 400 - E - 18 (LIQUID & GASEOUS MATERIAL)

<b>For:</b>	change of location, equipment w/expired permit, or change of operator:	ALL other application types: Submit all other information requested and:
Title V Facilities	Complete Sections I, IV, & V	Complete Sections I, II, III, IV, & V
All Other Facilities	Complete Sections I & IV	Complete Sections I, II, III, & IV

## Section I - Facility/Application Information

- Business Name: CENCO Electric Company Facility ID: \_\_\_\_\_
- The requested application is for a(n): Date of Occurrence: July/02/2001
  - New Construction
  - Modification of Equipment/Process
  - Existing Equipment Operating without a Permit; Initial Operation Date:        /        /
  - Change of Location
  - Existing Equipment with Expired Permit
  - Change of Condition(s); Specify the change of condition(s) requested: \_\_\_\_\_
  - Change of Operator; List previous name of operator and Facility ID #: \_\_\_\_\_
- If equipment has previous written permit, list Permit Number or Device Number(s): \_\_\_\_\_
- Write Rule 301 description of this equipment/process: \_\_\_\_\_
- Are multiple applications being submitted for similar equipment (as defined in Rule 301) described below?
  - No
  - Yes; If Yes, Number of Multiple Units: \_\_\_\_\_
- Have you been issued a Notice to Comply (NTC) or Notice of Violation (NOV) for this equipment?
  - No
  - Yes; NTC #: \_\_\_\_\_ NOV #: \_\_\_\_\_ Issue Date:        /        /
- For New Construction, Modification, or Change of Location:
 

Estimated Construction Start Date: 8/01/01 Estimated Completion Date: 9/30/01
- For this project, has a California Environmental Quality Act (CEQA) document been required by another governmental agency?
  - No
  - Yes, for agency (Provide name): \_\_\_\_\_
- Are you required by another governmental agency to have a permit?
  - No
  - Yes, for agency (Provide name) \_\_\_\_\_
- Are any of these permits discretionary?
  - No
  - Yes; list: \_\_\_\_\_
- Do you claim confidentiality of data?
  - No
  - Yes (attach explanation)
- Is the equipment located within 1,000 feet from the outer boundary of a school?
  - No
  - Yes (If Yes, complete a. for all public or private school, grade K-12, within a 1/4 mile radius of facility property)
    - School Name(s): \_\_\_\_\_ Telephone No(s): \_\_\_\_\_
    - School Address(s): \_\_\_\_\_

## Section II - Equipment Information

- Tank Identification (Number or Name): T-1
- Tank Capacity: \_\_\_\_\_ Barrels or 12,000 Gallons
- Tank Dimensions:
 

Diameter: 12 feet - \_\_\_\_\_ inches; Height: 14 feet - \_\_\_\_\_ inches

Width: \_\_\_\_\_ feet - \_\_\_\_\_ inches; Length: \_\_\_\_\_ feet - \_\_\_\_\_ inches
- Tank Shape:
  - Cylindrical
  - Spherical
  - Rectangular
  - Other (specify) \_\_\_\_\_
- Tank Materials of Construction (only if subject to Rule 463):
  - Aluminum
  - Metal
  - Plastic
  - Wood
  - Other (specify) \_\_\_\_\_
- Type of Tank (check all that apply):
  - Fixed Roof
  - Floating Roof
  - Open Top
  - Internally Heated
  - Unheated
  - Other (specify) \_\_\_\_\_

AQMD USE ONLY	APPLICATION/TRACKING #	PROJECT #	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 # _____ \$ _____	

9. If tank has a floating roof:
- a. Type of roof:  Double Deck  Pontoon  Other (specify): \_\_\_\_\_
- b. Type of seal:  Primary  Secondary  Other (specify): \_\_\_\_\_
- Shoe  Mechanical
- c. Type of shell construction:  Riveted  Welded  Other (specify): \_\_\_\_\_
10. If tank is to have any other type of roof or cover (or none at all), describe: \_\_\_\_\_

### Section III - Operation Information

1. Vapor Control During Loading or Unloading:
- a.  Sparger
- b.  Vapor Balance System
- c.  Vapor Return Line
- d.  Vented to Air Pollution Control Equipment<sup>1</sup>
- <sup>1</sup> If yes, a separate permit is required. If APC equipment is already permitted, provide Permit Number or Device Number \_\_\_\_\_ . If not permitted, please see Form 400-E-GEN.
2. Vent Valve Data: Indicate type of settings and vapor disposal:
- | Number         | Pressure Setting | Vacuum Setting | Discharging to (Check) <input checked="" type="checkbox"/> |                                     |                          |                          |
|----------------|------------------|----------------|--|-------------------------------------|--------------------------|--------------------------|
|                |                  |                | Atmosphere   | Vapor Control                       | Flare                    |                          |
| a. Combination | <u>1</u>         | <u>15PSI</u>   | <u>-1 PSIG</u>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Pressure    | _____            | _____          | _____  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Vacuum      | _____            | _____          | _____  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Open        | _____            | _____          | _____  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
3. Name all liquids, vapors, gases, or mixtures of such materials to be stored in this tank: AMMONIUM HYDROXIDE
- Density: 7.5 lbs/gal
4. Temperatures at which the above listed materials are to be stored in this tank: AMBIENT
- Minimum temperature: \_\_\_\_\_ °F Maximum temperature: \_\_\_\_\_ °F
5. If material stored is a petroleum product or any other type of organic material, supply the following information for each material: (Attach additional sheets, if necessary)
- Vapor pressure: \_\_\_\_\_ lbs REID or \_\_\_\_\_ lbs. per sq. in. Absolute at 68°F
- Working pressure (for fixed roof tanks only): \_\_\_\_\_ (Indicate units)
- Initial boiling point: \_\_\_\_\_ °F For heavy petroleum products only: Flash Point: \_\_\_\_\_ °F
6. Operation Data:
- a. Maximum filling rate: \_\_\_\_\_ bbls per hour or 1,000 gals per hour
- b. Average outage: (Average distance from top of tank shell to liquid surface) \_\_\_\_\_ feet
- c. Throughput:
- | Average    | Maximum    | units                                      |
|------------|------------|--|
| <u>120</u> | <u>130</u> | bbls/day, (gals/day) or gal/batch (circle) |
| _____      | _____      | batches/day or batches/month (circle)      |
- d. Tank turnovers per year: 4
7. If material is stored in a solution, supply the following information:
- Name of solvent: WATER Name of materials dissolved: NH<sub>3</sub>
- Concentration of Materials dissolved: \_\_\_\_\_ % by weight or 19.5 % by volume or \_\_\_\_\_ lbs/gal

### Section IV - Applicant Certification Statement

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

SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM: [Signature] TITLE OF RESPONSIBLE OFFICIAL OF FIRM: MANAGER - ENVIRONMENTAL ENGINEERING

TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM: JUNE CHRISTMAN RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER: (542) 944-6111 DATE SIGNED: 7/13/01

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

SIGNATURE OF PREPARER: [Signature] TITLE OF PREPARER: ENV. COORDINATOR

TYPE OR PRINT NAME OF PREPARER: MIKE BARRANCO PREPARER'S TELEPHONE NUMBER: (562) 944-6111 DATE SIGNED: 7/13/01

### Section V - Title V Information: Fill out if AQMD has identified your facility as a Title V facility

- The requested application involves a(n): (check all that apply)
- a.  Minor Permit Revision
- b.  DeMinimis Significant Permit Revision
- c.  Significant Permit Revision
- d.  Non-Title V Permit Processing (Available until initial Title V permit is issued)
- e.  Permit Shield (complete Form 500-D)
- f.  Streamlined Permit Conditions
- g.  Alternative Operating Scenario (AOS)
- h.  Other (specify): \_\_\_\_\_