

**Appendix 5.1D**  
**Completed MDAQMD Permit Application Forms**

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APPENDIX 5D (PART I)

# **Operational Permit Applications**

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**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**

14306 Park Avenue, Victorville, CA 92392-2310  
 (760) 245-1661 Facsimile: (760) 245-2022

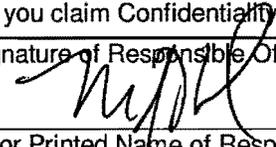
www.mdaqmd.ca.gov

Eldon Heaston  
 Executive Director

**APPLICATION FOR AUTHORITY TO CONSTRUCT AND PERMIT TO OPERATE**

Page 1 of 2: please type or print

REMIT \$226.00 WITH THIS DOCUMENT (\$129.00 FOR CHANGE OF OWNER)

1. Permit To Be Issued To (company name to receive permit): Rice Solar Energy, LLC		1a. Federal Tax ID No.: 27-0967061	
2. Mailing/Billing Address (for above company name): 2425 Olympic Blvd, Suite 500 East, Santa Monica, CA 90404			
3. Facility or Business License Name (for equipment location): Rice Solar Energy LLC			
4. Facility Address - Location of Equipment (if same as for company, enter "Same"): Rural Address Rice, CA		Location UTM or Lat/Long: See AFC	
5. Contact Name/Title: Matt Held / Director		Email Address: matt.held@solar-reserve.com	Phone/Fax Nos.:
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment: See AFC Appendix 5.1D			
Air Pollution Control Equipment, if any (note that most APCE require a separate application): See AFC Sections 5.1 and 5.9			
7. Application is for:		For modification or change of owner:	
<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		*Current Permit Number: _____	
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Utility <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency			
9. General Nature of Business: Solar Powered Electrical Generating Facility		Principal Product: Electricity	SIC Code (if known):
10. Distances (feet and direction to closest): NA Fenceline                   79200 NE Residence                   89760 W Business                   121440 E School			
11. Facility Annual Throughput by Quarters (percent): 25% Jan-Mar                   25% Apr-Jun                   25% Jul-Sep                   25% Oct-Dec		12. Expected Facility Operating Hours: 24 Hrs/Day                   7 Days/Wk                   52 Wks/Yr                   8760 Total Hrs/Yr	
13. Do you claim Confidentiality of Data (if yes, state nature of data on reverse in Remarks)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
14. Signature of Responsible Official: 		Official Title: Director	
Typed or Printed Name of Responsible Official: Matt Held		Phone Number: (310) 315-2275	Date Signed: 10/12/09
- For District Use Only -			
Application Number:	Invoice Number:	Permit Number:	Company/Facility Number:

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT  
GENERAL APPLICATION, continued**

Page 2 of 2: please type or print

**15. Stack Emissions Information:**

<u>Stack No.</u>	<u>Stack Height</u>	<u>Stack Diameter</u>	<u>Exhaust Temp</u>	<u>Exhaust Flow Rate</u>	<u>Exhaust Velocity</u>
1	See AFC Appendix 5.1B and 5.1C				
2					
3					

(list additional stacks on a separate sheet)

Stack Height is the distance above ground level to discharge point (feet)

Stack Diameter is the diameter (or equivalent circular diameter) of discharge point (nearest tenth foot)

If using cross-sectional area (A in square feet), equivalent diameter is  $D = (1.273A)^{0.5}$

Exhaust Temp in degrees F, actual or estimated to nearest 50 deg F

Exhaust Flow Rate at discharge point in actual cubic feet per minute (ACFM)

Exhaust Velocity in feet per second, design or measured

**16. Remarks (basis for confidentiality of data, process description, modification description, etc.):**

If you wish to specify process information as proprietary or confidential, space is provided for this purpose.  
The kinds and rates of emissions may not be held confidential; emissions are subject to public disclosure.

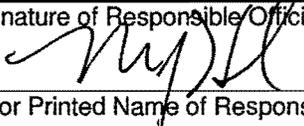
**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**  
 14306 Park Avenue, Victorville, CA 92392-2310  
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www.mdaqmd.ca.gov  
 Eldon Heaston  
 Executive Director

**APPLICATION FOR INTERNAL COMBUSTION ENGINE (I.C.E.) ONLY**

Page 1 of 2: please type or print

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1. Permit To Be Issued To (company name to receive permit): Rice Solar Energy, LLC		1a. Federal Tax ID No.: 27-0967061	
2. Mailing/Billing Address (for above company name): 2425 Olympic Blvd, Suite 500 East, Santa Monica, CA 90404			
3. Facility or Business License Name (for equipment location): Rice Solar Energy LLC			
4. Facility Address - Location of Equipment (if same as for company, enter "Same"): Rural Address Rice, CA		Location UTM or Lat/Long: See AFC	
5. Contact Name/Title: Matt Held / Director		Email Address: matt.held@solar-reserve.com	Phone/Fax Nos.:
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment: Emergency Generator #1			
7. Application is for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		For modification or change of owner: *Current Permit Number: _____	
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Utility <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency			
9. Distances (feet and direction to closest): <u>3280 S</u> Fenceline <u>79200 NE</u> Residence <u>89760 W</u> Business <u>121440 E</u> School			
10. General Nature of Business: Solar Powered Electrical Generating Facility		11. Principal Product: Electricity	
12. Facility Annual Throughput by Quarters (percent): <u>25 %</u> <u>25 %</u> <u>25 %</u> <u>25 %</u> Jan-Mar Apr-Jun Jul-Sep Oct-Dec		13. Expected Operating Hours of IC Engine: <u>0.5</u> <u>1</u> <u>52</u> <u>26</u> Hrs/Day Days/Wk Wks/Yr Total Hrs/Yr	
14. Do you claim Confidentiality of Data (if yes, state nature of data in attachment)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Signature of Responsible Official: 		Official Title: Director	
Typed or Printed Name of Responsible Official: Matt Held		Phone Number: (310) 315-2275	Date Signed: 10/12/09
- For District Use Only -			
Application Number:	Invoice Number:	Permit Number:	Company/Facility Number:

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT  
I.C.E. APPLICATION, continued**

Page 2 of 2: please type or print

**16. INFORMATION ON I.C.E.:**

Manufacturer: Caterpillar

Model No.: 3516C-HD Serial No.: TBD

Number of Cylinders: 16 Year of Manufacture: TBD

Rating: 3604 BHP Speed: 1800 RPM

I.C.E. is?  New  Existing Date Installed (MM/YYYY): TBD

Prime  Standby  Emergency  Portable (Yes or No)?: No

CARB engine certification: Family: TBD Certification EO#: TBD

Is this engine included in a Demand Response plan?: Yes  No

Type of Fuel(s): Natural Gas  Digester Gas  Ethanol  Landfill Gas   
 Propane  CARB Diesel  Methanol  Other: \_\_\_\_\_

Max fuel usage per hour: 173 Fuel units (ft<sup>3</sup>, gal, etc.): gal/hr

Engine Lat/Long or UTM Coordinates: See AFC Appendix 5.1C

Exhaust Stack Height (feet): 20 Inside Diameter (inches): 24 Y/N: Vertical? Y Capped? N

Is this I.C.E. (select all that apply):

Direct Injected?  After Cooled?

Turbo Charged?  Inter Cooled?

Timing Retarded?  Other - Please specify: \_\_\_\_\_

---

**17. EMISSION RATES:**

Pollutant	at Max.Load	Units	Origin of Emission Rate data: Manufacturer or Source Test	
Oxides of Nitrogen (NOx)	<u>5.05</u>	<u>g/HP/hr</u>	<u>X</u>	_____
Oxides of Sulfur (SOx)	<u>15</u>	<u>ppm sulfur</u>	<u>CARB</u>	_____
Carbon Monoxide (CO)	<u>0.41</u>	<u>g/HP/hr</u>	<u>X</u>	_____
Particulates (PM10)	<u>0.036</u>	<u>g/HP/hr</u>	<u>X</u>	_____
Total Hydrocarbons (VOC)	<u>0.10</u>	<u>g/HP/hr</u>	<u>X</u>	_____

---

**18. EMISSION CONTROL EQUIPMENT:** Add on emission control equipment?  Yes  No

If yes: Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_

Serial No.: \_\_\_\_\_ \*CARB EO#: \_\_\_\_\_

Type: SCR:  Particulate Trap\*:  Ammonia Injection:  Water Injection:   
 Non-S CR:  Exhaust Gas Recirc\*:  Oxidation Catalyst\*:

Other - Please specify: \_\_\_\_\_

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**19. INFORMATION OF ITEM BEING POWERED:** This I.C.E. is used to power:

Electrical Generator  Compressor  Pump   
 Paint Spray Gun  Conveyor or Drive  Fire Pump

Other - Please specify: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Type, Size or Rating: \_\_\_\_\_

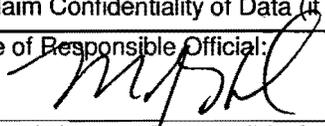
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 Executive Director

**APPLICATION FOR INTERNAL COMBUSTION ENGINE (I.C.E.) ONLY**

Page 1 of 2: please type or print

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2. Mailing/Billing Address (for above company name): 2425 Olympic Blvd, Suite 500 East, Santa Monica, CA 90404			
3. Facility or Business License Name (for equipment location): Rice Solar Energy LLC			
4. Facility Address - Location of Equipment (if same as for company, enter "Same"): Rural Address Rice, CA		Location UTM or Lat/Long: See AFC	
5. Contact Name/Title: Matt Held / Director		Email Address: matt.held@solar-reserve.com	Phone/Fax Nos.:
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment: Emergency Generator # 2			
7. Application is for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		For modification or change of owner: *Current Permit Number: _____	
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Utility <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency			
9. Distances (feet and direction to closest): <u>3280 S</u> Fenceline <u>79200 NE</u> Residence <u>89760 W</u> Business <u>121440 E</u> School			
10. General Nature of Business: Solar Powered Electrical Generating Facility		11. Principal Product: Electricity	
12. Facility Annual Throughput by Quarters (percent): <u>25 %</u> <u>25 %</u> <u>25 %</u> <u>25 %</u> Jan-Mar Apr-Jun Jul-Sep Oct-Dec		13. Expected Operating Hours of IC Engine: <u>0.5</u> <u>1</u> <u>52</u> <u>26</u> Hrs/Day Days/Wk Wks/Yr Total Hrs/Yr	
14. Do you claim Confidentiality of Data (if yes, state nature of data in attachment)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Signature of Responsible Official: 		Official Title: Director	
Typed or Printed Name of Responsible Official: Matt Held		Phone Number: (310) 315-2275	Date Signed: 10/12/09
- For District Use Only -			
Application Number:	Invoice Number:	Permit Number:	Company/Facility Number:

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT  
I.C.E. APPLICATION, continued**

Page 2 of 2: please type or print

**16. INFORMATION ON I.C.E.:**

Manufacturer: Caterpillar

Model No.: 3516C-HD Serial No.: TBD

Number of Cylinders: 16 Year of Manufacture: TBD

Rating: 3604 BHP Speed: 1800 RPM

I.C.E. is?  New  Existing Date Installed (MM/YYYY): TBD

Prime  Standby  Emergency  Portable (Yes or No)?: No

CARB engine certification: Family: TBD Certification EO#: TBD

Is this engine included in a Demand Response plan?: Yes  No

Type of Fuel(s): Natural Gas  Digester Gas  Ethanol  Landfill Gas   
 Propane  CARB Diesel  Methanol  Other: \_\_\_\_\_

Max fuel usage per hour: 173 Fuel units (ft<sup>3</sup>, gal, etc.): gal/hr

Engine Lat/Long or UTM Coordinates: See AFC Appendix 5.1C

Exhaust Stack Height (feet): 20 Inside Diameter (inches): 24 Y/N: Vertical? Y Capped? N

Is this I.C.E. (select all that apply):

Direct Injected?  After Cooled?

Turbo Charged?  Inter Cooled?

Timing Retarded?  Other - Please specify: \_\_\_\_\_

---

**17. EMISSION RATES:**

Pollutant	at Max.Load	Units	Origin of Emission Rate data:	
			Manufacturer	Source Test
Oxides of Nitrogen (NOx)	<u>5.05</u>	<u>g/HP/hr</u>	<u>X</u>	_____
Oxides of Sulfur (SOx)	<u>15</u>	<u>ppm sulfur</u>	<u>CARB</u>	_____
Carbon Monoxide (CO)	<u>0.41</u>	<u>g/HP/hr</u>	<u>X</u>	_____
Particulates (PM10)	<u>0.036</u>	<u>g/HP/hr</u>	<u>X</u>	_____
Total Hydrocarbons (VOC)	<u>0.10</u>	<u>g/HP/hr</u>	<u>X</u>	_____

---

**18. EMISSION CONTROL EQUIPMENT:** Add on emission control equipment?  Yes  No

If yes: Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_

Serial No.: \_\_\_\_\_ \*CARB EO#: \_\_\_\_\_

Type: SCR:  Particulate Trap\*:  Ammonia Injection:  Water Injection:   
 Non-S CR:  Exhaust Gas Recirc\*:  Oxidation Catalyst\*:

Other - Please specify: \_\_\_\_\_

---

**19. INFORMATION OF ITEM BEING POWERED:** This I.C.E. is used to power:

Electrical Generator  Compressor  Pump   
 Paint Spray Gun  Conveyor or Drive  Fire Pump

Other - Please specify: \_\_\_\_\_

Manufacturer: \_\_\_\_\_  
 Model No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_  
 Type, Size or Rating: \_\_\_\_\_

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**

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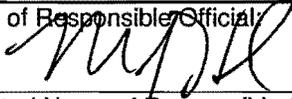
Eldon Heaston

Executive Director

**APPLICATION FOR INTERNAL COMBUSTION ENGINE (I.C.E.) ONLY**

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3. Facility or Business License Name (for equipment location): Rice Solar Energy LLC			
4. Facility Address - Location of Equipment (if same as for company, enter "Same"): Rural Address Rice, CA		Location UTM or Lat/Long: See AFC	
5. Contact Name/Title: Matt Held / Director matt.held		Email Address: d@solar-reserve.com	Phone/Fax Nos.:
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment: Fire Pump #1			
7. Application is for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		For modification or change of owner: *Current Permit Number: _____	
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Utility <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency			
9. Distances (feet and direction to closest): 3280 S Fenceline 79200 NE Residence 89760 W Business 121440 E School			
10. General Nature of Business: Solar Powered Electrical Generating Facility		11. Principal Product: Electricity	
12. Facility Annual Throughput by Quarters (percent): 25% Jan-Mar 25% Apr-Jun 25% Jul-Sep 25% Oct-Dec		13. Expected Operating Hours of IC Engine: 0.5 Hrs/Day 1 Days/Wk 52 Wks/Yr 26 Total Hrs/Yr	
14. Do you claim Confidentiality of Data (if yes, state nature of data in attachment)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Signature of Responsible Official: 		Official Title: Director	
Typed or Printed Name of Responsible Official: Matt Held		Phone Number: (310) 315-2275	Date Signed: 10/12/09
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Application Number:	Invoice Number:	Permit Number:	Company/Facility Number:

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT  
I.C.E. APPLICATION, continued**

Page 2 of 2: please type or print

**16. INFORMATION ON I.C.E.:**

Manufacturer: Caterpillar

Model No.: C18 Dita Serial No.: TBD

Number of Cylinders: NA Year of Manufacture: TBD

Rating: 600 BHP Speed: 1750 RPM

I.C.E. is?  New  Existing Date Installed (MM/YYYY): TBD

Prime  Standby  Emergency  Portable (Yes or No)?: No

CARB engine certification: Family: TBD Certification EO#: TBD

Is this engine included in a Demand Response plan?: Yes  No

Type of Fuel(s): Natural Gas  Digester Gas  Ethanol  Landfill Gas   
 Propane  CARB Diesel  Methanol  Other: \_\_\_\_\_

Max fuel usage per hour: 31.4 Fuel units (ft<sup>3</sup>, gal, etc.): gal/hr

Engine Lat/Long or UTM Coordinates: See AFC Appendix 5.1C

Exhaust Stack Height (feet): 14 Inside Diameter (inches): 8 Y/N: Vertical? Y Capped? N

Is this I.C.E. (select all that apply):

Direct Injected?  After Cooled?

Turbo Charged?  Inter Cooled?

Timing Retarded?  Other - Please specify: \_\_\_\_\_

---

**17. EMISSION RATES:**

Pollutant	at Max.Load	Units	Origin of Emission Rate data:	
			Manufacturer	Source Test
Oxides of Nitrogen (NOx)	<u>3.81</u>	<u>lb/hr</u>	<u>X</u>	_____
Oxides of Sulfur (SOx)	<u>1.5</u>	<u>ppm sulfur</u>	<u>CARB</u>	_____
Carbon Monoxide (CO)	<u>0.74</u>	<u>lb/hr</u>	<u>X</u>	_____
Particulates (PM10)	<u>0.14</u>	<u>lb/hr</u>	<u>X</u>	_____
Total Hydrocarbons (VOC)	<u>0.06</u>	<u>lb/hr</u>	<u>X</u>	_____

---

**18. EMISSION CONTROL EQUIPMENT:** Add on emission control equipment?  Yes  No

If yes: Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_

Serial No.: \_\_\_\_\_ \*CARB EO#: \_\_\_\_\_

Type: SCR:  Particulate Trap\*:  Ammonia Injection:  Water Injection:   
 Non-S CR:  Exhaust Gas Recirc\*:  Oxidation Catalyst\*:

Other - Please specify: \_\_\_\_\_

---

**19. INFORMATION OF ITEM BEING POWERED:** This I.C.E. is used to power:

Electrical Generator  Compressor  Pump   
 Paint Spray Gun  Conveyor or Drive  Fire Pump

Other - Please specify: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Type, Size or Rating: \_\_\_\_\_

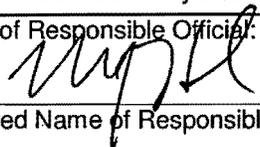
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4. Facility Address - Location of Equipment (if same as for company, enter "Same"): Rural Address Rice, CA		Location UTM or Lat/Long: See AFC	
5. Contact Name/Title: Matt Held / Director matt.held		Email Address: d@solar-reserve.com	Phone/Fax Nos.:
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment: Fire Pump #2			
7. Application is for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		For modification or change of owner: *Current Permit Number: _____	
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Utility <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency			
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14. Do you claim Confidentiality of Data (if yes, state nature of data in attachment)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Signature of Responsible Official: 		Official Title: Director	
Typed or Printed Name of Responsible Official: Matt Held		Phone Number: (310) 315-2275	Date Signed: 10/12/09
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I.C.E. APPLICATION, continued**

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**16. INFORMATION ON I.C.E.:**

Manufacturer: Caterpillar

Model No.: C18 Dita Serial No.: TBD

Number of Cylinders: NA Year of Manufacture: TBD

Rating: 600 BHP Speed: 1750 RPM

I.C.E. is?  New  Existing Date Installed (MM/YYYY): TBD

Prime  Standby  Emergency  Portable (Yes or No)?: No

CARB engine certification: Family: TBD Certification EO#: TBD

Is this engine included in a Demand Response plan?: Yes  No

Type of Fuel(s): Natural Gas  Digester Gas  Ethanol  Landfill Gas   
 Propane  CARB Diesel  Methanol  Other: \_\_\_\_\_

Max fuel usage per hour: 31.4 Fuel units (ft<sup>3</sup>, gal, etc.): gal/hr

Engine Lat/Long or UTM Coordinates: See AFC Appendix 5.1C

Exhaust Stack Height (feet): 14 Inside Diameter (inches): 8 Y/N: Vertical? Y Capped? N

Is this I.C.E. (select all that apply):

Direct Injected?  After Cooled?

Turbo Charged?  Inter Cooled?

Timing Retarded?  Other - Please specify: \_\_\_\_\_

---

**17. EMISSION RATES:**

Pollutant	at Max. Load	Units	Origin of Emission Rate data:	
			Manufacturer	Source Test
Oxides of Nitrogen (NOx)	<u>3.81</u>	<u>lb/hr</u>	<u>X</u>	_____
Oxides of Sulfur (SOx)	<u>15</u>	<u>ppm sulfur</u>	<u>CARB</u>	_____
Carbon Monoxide (CO)	<u>0.74</u>	<u>lb/hr</u>	<u>X</u>	_____
Particulates (PM10)	<u>0.14</u>	<u>lb/hr</u>	<u>X</u>	_____
Total Hydrocarbons (VOC)	<u>0.06</u>	<u>lb/hr</u>	<u>X</u>	_____

---

**18. EMISSION CONTROL EQUIPMENT:** Add on emission control equipment?  Yes  No

If yes: Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_

Serial No.: \_\_\_\_\_ \*CARB EO#: \_\_\_\_\_

Type: SCR:  Particulate Trap\*:  Ammonia Injection:  Water Injection:

Non-S CR:  Exhaust Gas Recirc\*:  Oxidation Catalyst\*:

Other - Please specify: \_\_\_\_\_

---

**19. INFORMATION OF ITEM BEING POWERED:** This I.C.E. is used to power:

Electrical Generator  Compressor  Pump

Paint Spray Gun  Conveyor or Drive  Fire Pump

Other - Please specify: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Type, Size or Rating: \_\_\_\_\_

APPENDIX 5D (PART II)

# Temporary Permit Applications

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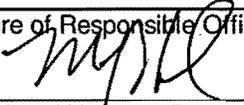
**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**  
 14306 Park Avenue, Victorville, CA 92392-2310  
 (760) 245-1661 Facsimile: (760) 245-2022

www.mdaqmd.ca.gov  
 Eldon Heaston  
 Executive Director

**APPLICATION FOR EXTERNAL COMBUSTION ENGINE (BOILER, ETC.) ONLY**

Page 1 of 2: please type or print

REMIT \$226.00 WITH THIS DOCUMENT (\$129.00 FOR CHANGE OF OWNER)

1. Permit To Be Issued To (company name to receive permit): Rice Solar Energy, LLC		1a. Federal Tax ID No.: 27-0967061	
2. Mailing/Billing Address (for above company name): 2425 Olympic Blvd, Suite 500 East, Santa Monica, CA 90404			
3. Facility or Business License Name (for equipment location): Rice Solar Energy LLC			
4. Facility Address - Location of Equipment (if same as for company, enter "Same"): Rural Address Rice, CA		Facility UTM or Lat/Long: See AFC	
5. Contact Name/Title: Matt Held / Director matt.held		Email Address: d@solar-reserve.com	Phone/Fax Nos.:
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment: 20 MMBtu/hr Heater			
7. Application is for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		For modification or change of owner: *Current Permit Number: _____	
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Utility <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency			
9. Distances (feet and direction to closest): 3280 S Fenceline 79200 NE Residence 89760 W Business 121440 E School			
10. General Nature of Business: Solar Powered Electrical Generating Facility		11. Principal Product: Electricity	
12. Facility Annual Throughput by Quarters (percent): 25% Jan-Mar 25% Apr-Jun 25% Jul-Sep 25% Oct-Dec		13. Facility Operating Hours: 24 Hrs/Day 7 Days/Wk 5.2 Wks/Yr 873 Total Hrs/Yr	
14. Do you claim Confidentiality of Data (if yes, state nature of data in attachment)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Signature of Responsible Official: 		Official Title: Director	
Typed or Printed Name of Responsible Official: Matt Held		Phone Number: (310) 315-2275	Date Signed: 10/12/09
- For District Use Only -			
Application Number:	Invoice Number:	Permit Number:	Company/Facility Number:

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT  
EXTERNAL COMBUSTION APPLICATION, continued**

Page 2 of 2: please type or print

**16. INFORMATION ON EQUIPMENT:**

Boiler  Dryer  Furnace  Heater  Kiln  Oven  Other, specify: \_\_\_\_\_

Manufacturer: TBD

Model No.: TBD Serial No.: TBD

Maximum heat input rating (use Higher Heating Value): 20 MMBtu/hr or kW

Burner Manufacturer: TBD Burner Model No.: TBD

Number of burners: TBD Burner max heat input rating: TBD MMBtu/hr or kW

Percent excess air (or n/a): 3 % Operating temps (C or F): \_\_\_\_\_ Av. \_\_\_\_\_ Max \_\_\_\_\_

Specify Primary Fuel (\*attach fuel analysis for these fuels specifying HHV and sulfur content):

Natural Gas  LPG (Propane)  CARB Diesel  Coal\*  Petroleum Coke\*

Digester Gas\*  Landfill Gas\*  Refinery Gas\*  Other,\* specify: \_\_\_\_\_

Max hourly primary fuel usage: 273 Fuel units (ft<sup>3</sup>, gal, etc.): gal / hr

If secondary fuel is proposed, specify: Liquefied Natural Gas Max hourly usage: 849 lb/hr

Feedstock type and max process rate (specify units): \_\_\_\_\_

Unit Lat/Long or UTM Coordinates: See AFC Appendix 5.1C

Max annual hours: 873 Exhaust Stack Height (feet): 50 Inside Diameter (inches): 18

**17. EMISSION CONTROLS:** Check all that apply:

Low NOx Burner  Oxygen Trim  Flue or Exhaust Gas Recirculation (FGR or EGR)

Oxidation Catalyst  Selective Catalytic Reduction (SCR)  Selective Non-Catalytic Reduction (SNCR)

Afterburner  ESP  Baghouse  Other - Please specify: Ultra Low Nox Burner

**18. MAX EMISSION RATES (CONTROLLED):**

Pollutant	Concentration ppmvd or gr/dscf	Mass pounds/hour
Oxides of Nitrogen (NOx)	_____	0.21
Oxides of Sulfur (SOx)	_____	0.41
Carbon Monoxide (CO)	_____	2.05
Total Particulates (TSP or PM30)	_____	NA
Coarse Respirable Particulates (PM10)	_____	0.19
Fine Respirable Particulates (PM2.5)	_____	0.19
Total Organic Compounds (TOC)	_____	0.27
Volatile Organic Compounds (VOC, ROG or NMOG)	_____	NA

**19. DRYERS ONLY** Check one:

Centrifugal  Chip  Fluidized Bed  Rotary  Spray  Other, specify: \_\_\_\_\_

**20. FURNACE ONLY** Check one:

Annealing  Burnoff  Calcining  Crucible  Cupola  Diffusion  Electric  Forge  Pot

Holding  Heat Treating  Melting  Reverbatory  Rotary  Sweating  Oxide Growth

**21. OVEN ONLY** Check one:

Bakery  Baking  Curing  Drying  Fluidized Bed  Stripping  Solder Reflow

Roasting, specify type: \_\_\_\_\_ Firing Method:  Direct  Indirect

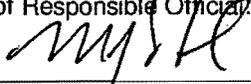
**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**  
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**Eldon Heaston**  
 Executive Director

**APPLICATION FOR EXTERNAL COMBUSTION ENGINE (BOILER, ETC.) ONLY**

Page 1 of 2: please type or print

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3. Facility or Business License Name (for equipment location): Rice Solar Energy LLC			
4. Facility Address - Location of Equipment (if same as for company, enter "Same"): Rural Address Rice, CA		Location UTM or Lat/Long: See AFC	
5. Contact Name/Title: Matt Held / Director matt.held@solar-reserve.com		Email Address: matt.held@solar-reserve.com	
5. Contact Name/Title: Matt Held / Director		Phone/Fax Nos.:	
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment: 55 MMBtu/hr Heater			
7. Application is for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		For modification or change of owner: *Current Permit Number: _____	
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Utility <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency			
9. Distances (feet and direction to closest): <u>3280 S</u> Fenceline <u>79200 NE</u> Residence <u>89760 W</u> Business <u>121440 E</u> School			
10. General Nature of Business: Solar Powered Electrical Generating Facility		11. Principal Product: Electricity	
12. Facility Annual Throughput by Quarters (percent): <u>25</u> % <u>25</u> % <u>25</u> % <u>25</u> % Jan-Mar Apr-Jun Jul-Sep Oct-Dec		13. Facility Operating Hours: <u>24</u> <u>7</u> <u>13</u> <u>2188</u> Hrs/Day Days/Wk Wks/Yr Total Hrs/Yr	
14. Do you claim Confidentiality of Data (if yes, state nature of data in attachment)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Signature of Responsible Official: 		Official Title: Director	
Typed or Printed Name of Responsible Official: Matt Held		Phone Number: (310) 315-2275	
		Date Signed: 10/12/09	
- For District Use Only -			
Application Number:	Invoice Number:	Permit Number:	Company/Facility Number:

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT  
EXTERNAL COMBUSTION APPLICATION, continued**

Page 2 of 2: please type or print

**16. INFORMATION ON EQUIPMENT:**

Boiler  Dryer  Furnace  Heater  Kiln  Oven  Other, specify: \_\_\_\_\_  
 Manufacturer: TBD  
 Model No.: TBD Serial No.: TBD  
 Maximum heat input rating (use Higher Heating Value): 55 MMBtu/hr or kW  
 Burner Manufacturer: TBD Burner Model No.: TBD  
 Number of burners: TBD Burner max heat input rating: TBD MMBtu/hr or kW  
 Percent excess air (or n/a): 3 % Operating temps (C or F): \_\_\_\_\_ Av. \_\_\_\_\_ Max  
 Specify Primary Fuel (\*attach fuel analysis for these fuels specifying HHV and sulfur content):  
 Natural Gas  LPG (Propane)  CARB Diesel  Coal\*  Petroleum Coke\*  
 Digester Gas\*  Landfill Gas\*  Refinery Gas\*  Other,\* specify: \_\_\_\_\_  
 Max hourly primary fuel usage: 751 Fuel units (ft<sup>3</sup>, gal, etc.): gal / hr  
 If secondary fuel is proposed, specify: Liquified Natural Gas Max hourly usage: 2334 lb/hr  
 Feedstock type and max process rate (specify units): \_\_\_\_\_  
 Unit Lat/Long or UTM Coordinates: See AFC Appendix 5.1C  
 Max annual hours: 2188 Exhaust Stack Height (feet): 30 Inside Diameter (inches): 24

**17. EMISSION CONTROLS:** Check all that apply:

Low NOx Burner  Oxygen Trim  Flue or Exhaust Gas Recirculation (FGR or EGR)  
 Oxidation Catalyst  Selective Catalytic Reduction (SCR)  Selective Non-Catalytic Reduction (SNCR)  
 Afterburner  ESP  Baghouse  Other - Please specify: Ultra Low NOx

**18. MAX EMISSION RATES (CONTROLLED):**

Pollutant	Concentration ppmvd or gr/dscf	Mass pounds/hour
Oxides of Nitrogen (NOx)	_____	0.59
Oxides of Sulfur (SOx)	_____	1.13
Carbon Monoxide (CO)	_____	5.64
Total Particulates (TSP or PM30)	_____	NA
Coarse Respirable Particulates (PM10)	_____	0.55
Fine Respirable Particulates (PM2.5)	_____	0.55
Total Organic Compounds (TOC)	_____	0.75
Volatile Organic Compounds (VOC, ROG or NMOG)	_____	NA

**19. DRYERS ONLY** Check one:

Centrifugal  Chip  Fluidized Bed  Rotary  Spray  Other, specify: \_\_\_\_\_

**20. FURNACE ONLY** Check one:

Annealing  Burnoff  Calcining  Crucible  Cupola  Diffusion  Electric  Forge  Pot  
 Holding  Heat Treating  Melting  Reveratory  Rotary  Sweating  Oxide Growth

**21. OVEN ONLY** Check one:

Bakery  Baking  Curing  Drying  Fluidized Bed  Stripping  Solder Reflow  
 Roasting, specify type: \_\_\_\_\_ Firing Method:  Direct  Indirect

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**

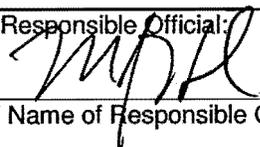
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www.mdaqmd.ca.gov  
 Eldon Heaston  
 Executive Director

**APPLICATION FOR INTERNAL COMBUSTION ENGINE (I.C.E.) ONLY**

Page 1 of 2: please type or print

REMIT \$226.00 WITH THIS DOCUMENT (\$129.00 FOR CHANGE OF OWNER)

1. Permit To Be Issued To (company name to receive permit): Rice Solar Energy, LLC		1a. Federal Tax ID No.: 27-0967061	
2. Mailing/Billing Address (for above company name): 2425 Olympic Blvd, Suite 500 East, Santa Monica, CA 90404			
3. Facility or Business License Name (for equipment location): Rice Solar Energy LLC			
4. Facility Address - Location of Equipment (if same as for company, enter "Same"): Rural Address Rice, CA		Location UTM or Lat/Long: See AFC	
5. Contact Name/Title: Matt Held / Director matt.held@solar-reserve.com		Email Address: Phone/Fax Nos.:	
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment: Electrical Generator Heliostat Area			
7. Application is for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		For modification or change of owner: *Current Permit Number: _____	
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Utility <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency			
9. Distances (feet and direction to closest): TBD Fenceline 79200 NE Residence 89760 W Business 121440 E School			
10. General Nature of Business: Solar Powered Electrical Generating Facility		11. Principal Product: Electricity	
12. Facility Annual Throughput by Quarters (percent): 25% Jan-Mar 25% Apr-Jun 25% Jul-Sep 25% Oct-Dec		13. Expected Operating Hours of IC Engine: 10 Hrs/Day 5 Days/Wk 52 Wks/Yr 2600 Total Hrs/Yr	
14. Do you claim Confidentiality of Data (if yes, state nature of data in attachment)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Signature of Responsible Official: 		Official Title: Director	
Typed or Printed Name of Responsible Official: Matt Held		Phone Number: (310) 315-2275	Date Signed: 10/12/09
- For District Use Only -			
Application Number:	Invoice Number:	Permit Number:	Company/Facility Number:

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT  
I.C.E. APPLICATION, continued**

Page 2 of 2: please type or print

**16. INFORMATION ON I.C.E.:**

Manufacturer: I s u z u o r e q u i v

Model No.: B I - 4 H K 1 X o r e q u i v Serial No.: T B D

Number of Cylinders: 4 Year of Manufacture: T B D

Rating: 1 7 3 BHP Speed: Not Available RPM

I.C.E. is?  New  Existing Date Installed (MM/YYYY): T B D

Prime  Standby  Emergency  Portable (Yes or No)?: Y e s

CARB engine certification: Family: 8 S Z X L O 5 . 2 I X B Certification EO#: U R 0 0 6 0 2 7 3

Is this engine included in a Demand Response plan?: Yes  No

Type of Fuel(s): Natural Gas  Digester Gas  Ethanol  Landfill Gas   
 Propane  CARB Diesel  Methanol  Other: \_\_\_\_\_

Max fuel usage per hour: 7 . 3 Fuel units (ft<sup>3</sup>, gal, etc.): gal/hr

Engine Lat/Long or UTM Coordinates: See AFC Appendix 5.1C

Exhaust Stack Height (feet): N A Inside Diameter (inches): N A Y/N: Vertical? Y Capped? N

Is this I.C.E. (select all that apply):

Direct Injected?  After Cooled?   
 Turbo Charged?  Inter Cooled?   
 Timing Retarded?  Other - Please specify: \_\_\_\_\_

---

**17. EMISSION RATES:**

Pollutant	at Max.Load	Units	Origin of Emission Rate data: Manufacturer or Source Test
Oxides of Nitrogen (NOx)	<u>0 . 5 5</u>	<u>lb/hr</u>	<u>X</u>
Oxides of Sulfur (SOx)	<u>0 . 0 0 1 4</u>	<u>lb/hr</u>	<u>U R B E M I S</u>
Carbon Monoxide (CO)	<u>0 . 2 3</u>	<u>lb/hr</u>	<u>X</u>
Particulates (PM10)	<u>0 . 0 3 7</u>	<u>lb/hr</u>	<u>X</u>
Total Hydrocarbons (VOC)	<u>0 . 1 9</u>	<u>lb/hr</u>	<u>U R B E M I S</u>

---

**18. EMISSION CONTROL EQUIPMENT:** Add on emission control equipment?  Yes  No

If yes: Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_  
 Serial No.: \_\_\_\_\_ \*CARB EO#: \_\_\_\_\_

Type: SCR:  Particulate Trap\*:  Ammonia Injection:  Water Injection:   
 Non-S CR:  Exhaust Gas Recirc\*:  Oxidation Catalyst\*:

Other - Please specify: \_\_\_\_\_

---

**19. INFORMATION OF ITEM BEING POWERED:** This I.C.E. is used to power:

Electrical Generator  Compressor  Pump   
 Paint Spray Gun  Conveyor or Drive  Fire Pump

Other - Please specify: \_\_\_\_\_

Manufacturer: \_\_\_\_\_  
 Model No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_  
 Type, Size or Rating: \_\_\_\_\_

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**

14306 Park Avenue, Victorville, CA 92392-2310

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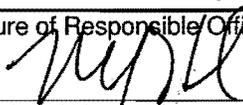
Eldon Heaston

Executive Director

**APPLICATION FOR INTERNAL COMBUSTION ENGINE (I.C.E.) ONLY**

Page 1 of 2: please type or print

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3. Facility or Business License Name (for equipment location): Rice Solar Energy LLC			
4. Facility Address - Location of Equipment (if same as for company, enter "Same"): Rural Address Rice, CA		Location UTM or Lat/Long: See AFC	
5. Contact Name/Title: Matt Held / Director matt.held@solar-reserve.com		Email Address: matt.held@solar-reserve.com	
Phone/Fax Nos.:			
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment: Electrical Generator Living Trailer #1			
7. Application is for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		For modification or change of owner: *Current Permit Number: _____	
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Utility <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency			
9. Distances (feet and direction to closest): <u>260 N</u> Fenceline <u>79200 NE</u> Residence <u>89760 W</u> Business <u>121440 E</u> School			
10. General Nature of Business: Solar Powered Electrical Generating Facility		11. Principal Product: Electricity	
12. Facility Annual Throughput by Quarters (percent): <u>25 %</u> <u>25 %</u> <u>25 %</u> <u>25 %</u> Jan-Mar    Apr-Jun    Jul-Sep    Oct-Dec		13. Expected Operating Hours of IC Engine: <u>24</u> <u>7</u> <u>52</u> <u>8760</u> Hrs/Day    Days/Wk    Wks/Yr    Total Hrs/Yr	
14. Do you claim Confidentiality of Data (if yes, state nature of data in attachment)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Signature of Responsible Official: 		Official Title: Director	
Typed or Printed Name of Responsible Official: Matt Held		Phone Number: (310) 315-2275	
		Date Signed: 10/12/09	
- For District Use Only -			
Application Number:	Invoice Number:	Permit Number:	Company/Facility Number:

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT  
I.C.E. APPLICATION, continued**

Page 2 of 2: please type or print

**16. INFORMATION ON I.C.E.:**

Manufacturer: I s u z u o r e q u i v

Model No.: B I - 4 H K 1 X o r e q u i v Serial No.: T B D

Number of Cylinders: 4 Year of Manufacture: T B D

Rating: 1 7 3 BHP Speed: Not Available RPM

I.C.E. is?  New  Existing Date Installed (MM/YYYY): T B D

Prime  Standby  Emergency  Portable (Yes or No)? Y e s

CARB engine certification: Family: 8 S Z X L O 5 . 2 I X B Certification EO#: U R 0 0 6 0 2 7 3

Is this engine included in a Demand Response plan?: Yes  No

Type of Fuel(s): Natural Gas  Digester Gas  Ethanol  Landfill Gas   
 Propane  CARB Diesel  Methanol  Other: \_\_\_\_\_

Max fuel usage per hour: 7 . 3 Fuel units (ft<sup>3</sup>, gal, etc.): gal/hr

Engine Lat/Long or UTM Coordinates: See AFC Appendix 5.1C

Exhaust Stack Height (feet): N A Inside Diameter (inches): N A Y/N: Vertical? Y Capped? N

Is this I.C.E. (select all that apply):

Direct Injected?  After Cooled?   
 Turbo Charged?  Inter Cooled?   
 Timing Retarded?  Other - Please specify: \_\_\_\_\_

---

**17. EMISSION RATES:**

Pollutant	at Max.Load	Units	Origin of Emission Rate data: Manufacturer or Source Test
Oxides of Nitrogen (NOx)	<u>0 . 5 5</u>	<u>lb/hr</u>	<u>X</u>
Oxides of Sulfur (SOx)	<u>0 . 0 0 1 4</u>	<u>lb/hr</u>	<u>U R B E M I S</u>
Carbon Monoxide (CO)	<u>0 . 2 3</u>	<u>lb/hr</u>	<u>X</u>
Particulates (PM10)	<u>0 . 0 3 7</u>	<u>lb/hr</u>	<u>X</u>
Total Hydrocarbons (VOC)	<u>0 . 1 9</u>	<u>lb/hr</u>	<u>U R B E M I S</u>

---

**18. EMISSION CONTROL EQUIPMENT:** Add on emission control equipment?  Yes  No

If yes: Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_  
 Serial No.: \_\_\_\_\_ \*CARB EO#: \_\_\_\_\_

Type: SCR:  Particulate Trap\*:  Ammonia Injection:  Water Injection:   
 Non-S CR:  Exhaust Gas Recirc\*:  Oxidation Catalyst\*:

Other - Please specify: \_\_\_\_\_

---

**19. INFORMATION OF ITEM BEING POWERED:** This I.C.E. is used to power:

Electrical Generator  Compressor  Pump   
 Paint Spray Gun  Conveyor or Drive  Fire Pump

Other - Please specify: \_\_\_\_\_

Manufacturer: \_\_\_\_\_  
 Model No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_  
 Type, Size or Rating: \_\_\_\_\_

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**

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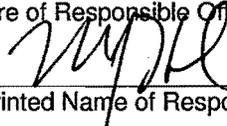
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Page 1 of 2: please type or print.

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3. Facility or Business License Name (for equipment location): Rice Solar Energy LLC			
4. Facility Address - Location of Equipment (if same as for company, enter "Same"): Rural Address Rice, CA		Location UTM or Lat/Long: See AFC	
5. Contact Name/Title: Matt Held / Director matt.held@solar-reserve.com		Email Address: Phone/Fax Nos.:	
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment: Electrical Generator Living Trailer #2			
7. Application is for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		For modification or change of owner: *Current Permit Number: _____	
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Utility <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency			
9. Distances (feet and direction to closest): 260 N Fenceline 79200 NE Residence 89760 W Business 121440 E School			
10. General Nature of Business: Solar Powered Electrical Generating Facility		11. Principal Product: Electricity	
12. Facility Annual Throughput by Quarters (percent): 25 % 25 % 25 % 25 % Jan-Mar Apr-Jun Jul-Sep Oct-Dec		13. Expected Operating Hours of IC Engine: 24 7 52 8760 Hrs/Day Days/Wk Wks/Yr Total Hrs/Yr	
14. Do you claim Confidentiality of Data (if yes, state nature of data in attachment)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Signature of Responsible Official: 		Official Title: Director	
Typed or Printed Name of Responsible Official: Matt Held		Phone Number: (310) 315-2275	Date Signed: 10/12/09
- For District Use Only -			
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**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT  
I.C.E. APPLICATION, continued**

Page 2 of 2: please type or print

**16. INFORMATION ON I.C.E.:**

Manufacturer: I s u z u o r e q u i v

Model No.: B I - 4 H K 1 X o r e q u i v Serial No.: T B D

Number of Cylinders: 4 Year of Manufacture: T B D

Rating: 1 7 3 BHP Speed: Not Available RPM

I.C.E. is?  New  Existing Date Installed (MM/YYYY): T B D

Prime  Standby  Emergency  Portable (Yes or No)?: Y e s

CARB engine certification: Family: 8 S Z X L O 5 . 2 I X B Certification EO#: U R 0 0 6 0 2 7 3

Is this engine included in a Demand Response plan?: Yes  No

Type of Fuel(s): Natural Gas  Digester Gas  Ethanol  Landfill Gas   
 Propane  CARB Diesel  Methanol  Other: \_\_\_\_\_

Max fuel usage per hour: 7 . 3 Fuel units (ft<sup>3</sup>, gal, etc.): gal/hr

Engine Lat/Long or UTM Coordinates: See AFC Appendix 5.1C

Exhaust Stack Height (feet): N A Inside Diameter (inches): N A Y/N: Vertical? Y Capped? N

Is this I.C.E. (select all that apply):

Direct Injected?  After Cooled?   
 Turbo Charged?  Inter Cooled?   
 Timing Retarded?  Other - Please specify: \_\_\_\_\_

---

**17. EMISSION RATES:**

Pollutant	at Max.Load	Units	Origin of Emission Rate data: Manufacturer or Source Test
Oxides of Nitrogen (NOx)	<u>0 . 5 5</u>	<u>lb/hr</u>	<u>X</u>
Oxides of Sulfur (SOx)	<u>0 . 0 0 1 4</u>	<u>lb/hr</u>	<u>U R B E M I S</u>
Carbon Monoxide (CO)	<u>0 . 2 3</u>	<u>lb/hr</u>	<u>X</u>
Particulates (PM10)	<u>0 . 0 3 7</u>	<u>lb/hr</u>	<u>X</u>
Total Hydrocarbons (VOC)	<u>0 . 1 9</u>	<u>lb/hr</u>	<u>U R B E M I S</u>

---

**18. EMISSION CONTROL EQUIPMENT:** Add on emission control equipment?  Yes  No

If yes: Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_  
 Serial No.: \_\_\_\_\_ \*CARB EO#: \_\_\_\_\_

Type: SCR:  Particulate Trap\*:  Ammonia Injection:  Water Injection:   
 Non-S CR:  Exhaust Gas Recirc\*:  Oxidation Catalyst\*:

Other - Please specify: \_\_\_\_\_

---

**19. INFORMATION OF ITEM BEING POWERED:** This I.C.E. is used to power:

Electrical Generator  Compressor  Pump   
 Paint Spray Gun  Conveyor or Drive  Fire Pump

Other - Please specify: \_\_\_\_\_

Manufacturer: \_\_\_\_\_  
 Model No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_  
 Type, Size or Rating: \_\_\_\_\_

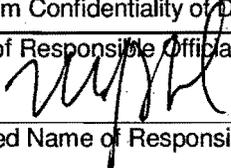
**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**  
 14306 Park Avenue, Victorville, CA 92392-2310  
 (760) 245-1661 Facsimile: (760) 245-2022

www.mdaqmd.ca.gov  
**Eldon Heaston**  
 Executive Director

**APPLICATION FOR INTERNAL COMBUSTION ENGINE (I.C.E.) ONLY**

Page 1 of 2: please type or print

REMIT \$226.00 WITH THIS DOCUMENT (\$129.00 FOR CHANGE OF OWNER)

1. Permit To Be Issued To (company name to receive permit): Rice Solar Energy, LLC		1a. Federal Tax ID No.: 27-0967061	
2. Mailing/Billing Address (for above company name): 2425 Olympic Blvd, Suite 500 East, Santa Monica, CA 90404			
3. Facility or Business License Name (for equipment location): Rice Solar Energy LLC			
4. Facility Address - Location of Equipment (if same as for company, enter "Same"): Rural Address Rice, CA		Location UTM or Lat/Long: See AFC	
5. Contact Name/Title: Matt Held / Director		Email Address: matt.held@solar-reserve.com	Phone/Fax Nos.:
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment: Electrical Generator Office Trailer #1			
7. Application is for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		For modification or change of owner: *Current Permit Number: _____	
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Utility <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency			
9. Distances (feet and direction to closest): <u>260 N</u> Fenceline <u>79200 NE</u> Residence <u>89760 W</u> Business <u>121440 E</u> School			
10. General Nature of Business: Solar Powered Electrical Generating Facility		11. Principal Product: Electricity	
12. Facility Annual Throughput by Quarters (percent): <u>25 %</u> <u>25 %</u> <u>25 %</u> <u>25 %</u> Jan-Mar Apr-Jun Jul-Sep Oct-Dec		13. Expected Operating Hours of IC Engine: <u>14</u> <u>5</u> <u>52</u> <u>3640</u> Hrs/Day Days/Wk Wks/Yr Total Hrs/Yr	
14. Do you claim Confidentiality of Data (if yes, state nature of data in attachment)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Signature of Responsible Official: 		Official Title: Director	
Typed or Printed Name of Responsible Official: Matt Held		Phone Number: (310) 315-2275	Date Signed: 10/12/09
- For District Use Only -			
Application Number:	Invoice Number:	Permit Number:	Company/Facility Number:

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT  
I.C.E. APPLICATION, continued**

Page 2 of 2: please type or print

**16. INFORMATION ON I.C.E.:**

Manufacturer: Isuzu or equiv

Model No.: BJ - 4JJ1X or equiv Serial No.: TBD

Number of Cylinders: 4 Year of Manufacture: Not Available

Rating: 98 BHP Speed: Not Available RPM

I.C.E. is?  New  Existing Date Installed (MM/YYYY): TBD

Prime  Standby  Emergency  Portable (Yes or No)?: Yes

CARB engine certification: Family: 8SZXL03.0JXB Certification EO#: UR0060285

Is this engine included in a Demand Response plan?: Yes  No

Type of Fuel(s): Natural Gas  Digester Gas  Ethanol  Landfill Gas   
 Propane  CARB Diesel  Methanol  Other: \_\_\_\_\_

Max fuel usage per hour: 4.3 Fuel units (ft<sup>3</sup>, gal, etc.): gal/hr

Engine Lat/Long or UTM Coordinates: See AFC Appendix 5.1C

Exhaust Stack Height (feet): NA Inside Diameter (inches): NA Y/N: Vertical? Y Capped? N

Is this I.C.E. (select all that apply):

Direct Injected?  After Cooled?   
 Turbo Charged?  Inter Cooled?   
 Timing Retarded?  Other - Please specify: \_\_\_\_\_

**17. EMISSION RATES:**

Pollutant	at Max.Load	Units	Origin of Emission Rate data: Manufacturer or Source Test
Oxides of Nitrogen (NOx)	<u>0.35</u>	<u>lb/hr</u>	<u>X</u>
Oxides of Sulfur (SOx)	<u>0.0008</u>	<u>lb/hr</u>	<u>URBEMIS</u>
Carbon Monoxide (CO)	<u>0.14</u>	<u>lb/hr</u>	<u>X</u>
Particulates (PM10)	<u>0.021</u>	<u>lb/hr</u>	<u>X</u>
Total Hydrocarbons (VOC)	<u>0.11</u>	<u>lb/hr</u>	<u>URBEMIS</u>

**18. EMISSION CONTROL EQUIPMENT:** Add on emission control equipment?  Yes  No

If yes: Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_  
 Serial No.: \_\_\_\_\_ \*CARB EO#: \_\_\_\_\_

Type: SCR:  Particulate Trap\*:  Ammonia Injection:  Water Injection:   
 Non-S CR:  Exhaust Gas Recirc\*:  Oxidation Catalyst\*:

Other - Please specify: \_\_\_\_\_

**19. INFORMATION OF ITEM BEING POWERED:** This I.C.E. is used to power:

Electrical Generator  Compressor  Pump   
 Paint Spray Gun  Conveyor or Drive  Fire Pump

Other - Please specify: \_\_\_\_\_

Manufacturer: \_\_\_\_\_  
 Model No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_  
 Type, Size or Rating: \_\_\_\_\_

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**

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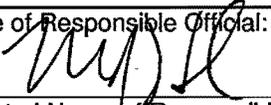
www.mdaqmd.ca.gov

Eldon Heaston  
 Executive Director

**APPLICATION FOR INTERNAL COMBUSTION ENGINE (I.C.E.) ONLY**

Page 1 of 2: please type or print

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3. Facility or Business License Name (for equipment location): Rice Solar Energy LLC			
4. Facility Address - Location of Equipment (if same as for company, enter "Same"): Rural Address Rice, CA		Location UTM or Lat/Long: See AFC	
5. Contact Name/Title: Matt Held / Director matt.held		Email Address: d@solar-reserve.com	Phone/Fax Nos.:
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment: Electrical Generator Office Trailer #2			
7. Application is for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		For modification or change of owner: *Current Permit Number: _____	
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Utility <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency			
9. Distances (feet and direction to closest): <u>260 N</u> Fenceline <u>79200 NE</u> Residence <u>89760 W</u> Business <u>121440 E</u> School			
10. General Nature of Business: Solar Powered Electrical Generating Facility		11. Principal Product: Electricity	
12. Facility Annual Throughput by Quarters (percent): <u>25 %</u> <u>25 %</u> <u>25 %</u> <u>25 %</u> Jan-Mar Apr-Jun Jul-Sep Oct-Dec		13. Expected Operating Hours of IC Engine: <u>14</u> <u>5</u> <u>52</u> <u>3640</u> Hrs/Day Days/Wk Wks/Yr Total Hrs/Yr	
14. Do you claim Confidentiality of Data (if yes, state nature of data in attachment)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Signature of Responsible Official: 		Official Title: Director	
Typed or Printed Name of Responsible Official: Matt Held		Phone Number: (310) 315-2275	Date Signed: 10/12/09
- For District Use Only -			
Application Number:	Invoice Number:	Permit Number:	Company/Facility Number:

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT  
I.C.E. APPLICATION, continued**

Page 2 of 2: please type or print

**16. INFORMATION ON I.C.E.:**

Manufacturer: Isuzu or equiv  
 Model No.: BJ - 4JJ1X or equiv Serial No.: TBD  
 Number of Cylinders: 4 Year of Manufacture: Not Available  
 Rating: 98 BHP Speed: Not Available RPM  
 I.C.E. is?  New  Existing Date Installed (MM/YYYY): TBD  
 Prime  Standby  Emergency  Portable (Yes or No)? Yes  
 CARB engine certification: Family: 8SZXL03.0JXB Certification EO#: UR0060285  
 Is this engine included in a Demand Response plan?: Yes  No   
 Type of Fuel(s): Natural Gas  Digester Gas  Ethanol  Landfill Gas   
 Propane  CARB Diesel  Methanol  Other: \_\_\_\_\_  
 Max fuel usage per hour: 4.3 Fuel units (ft<sup>3</sup>, gal, etc.): gal/hr  
 Engine Lat/Long or UTM Coordinates: See AFC Appendix 5.1C  
 Exhaust Stack Height (feet): NA Inside Diameter (inches): NA Y/N: Vertical? Y Capped? N  
 Is this I.C.E. (select all that apply):  
 Direct Injected?  After Cooled?   
 Turbo Charged?  Inter Cooled?   
 Timing Retarded?  Other - Please specify: \_\_\_\_\_

**17. EMISSION RATES:**

Pollutant	at Max.Load	Units	Origin of Emission Rate data:	
			Manufacturer	Source Test
Oxides of Nitrogen (NOx)	<u>0.35</u>	<u>lb/hr</u>	<u>X</u>	_____
Oxides of Sulfur (SOx)	<u>0.0008</u>	<u>lb/hr</u>	<u>URBEMIS</u>	_____
Carbon Monoxide (CO)	<u>0.14</u>	<u>lb/hr</u>	<u>X</u>	_____
Particulates (PM10)	<u>0.021</u>	<u>lb/hr</u>	<u>X</u>	_____
Total Hydrocarbons (VOC)	<u>0.11</u>	<u>lb/hr</u>	<u>URBEMIS</u>	_____

**18. EMISSION CONTROL EQUIPMENT:** Add on emission control equipment?  Yes  No  
 If yes: Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_  
 Serial No.: \_\_\_\_\_ \*CARB EO#: \_\_\_\_\_  
 Type: SCR:  Particulate Trap\*:  Ammonia Injection:  Water Injection:   
 Non-S CR:  Exhaust Gas Recirc\*:  Oxidation Catalyst\*:   
 Other - Please specify: \_\_\_\_\_

**19. INFORMATION OF ITEM BEING POWERED:** This I.C.E. is used to power:  
 Electrical Generator  Compressor  Pump   
 Paint Spray Gun  Conveyor or Drive  Fire Pump   
 Other - Please specify: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_  
 Model No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_  
 Type, Size or Rating: \_\_\_\_\_

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**

14306 Park Avenue, Victorville, CA 92392-2310  
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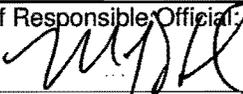
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*Eldon Heaston*  
 Executive Director

**APPLICATION FOR INTERNAL COMBUSTION ENGINE (I.C.E.) ONLY**

Page 1 of 2: please type or print

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3. Facility or Business License Name (for equipment location): Rice Solar Energy LLC			
4. Facility Address - Location of Equipment (if same as for company, enter "Same"): Rural Address Rice, CA		Location UTM or Lat/Long: See AFC	
5. Contact Name/Title: Matt Held / Director		Email Address: matt.held@solar-reserve.com	Phone/Fax Nos.:
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment: Electrical Generator Power Block #1			
7. Application is for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		For modification or change of owner: *Current Permit Number: _____	
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Utility <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency			
9. Distances (feet and direction to closest): <u>3280 S</u> Fenceline <u>79200 NE</u> Residence <u>89760 W</u> Business <u>121440 E</u> School			
10. General Nature of Business: Solar Powered Electrical Generating Facility		11. Principal Product: Electricity	
12. Facility Annual Throughput by Quarters (percent): <u>25</u> % <u>25</u> % <u>25</u> % <u>25</u> % Jan-Mar    Apr-Jun    Jul-Sep    Oct-Dec		13. Expected Operating Hours of IC Engine: <u>8</u> <u>5</u> <u>52</u> <u>2080</u> Hrs/Day    Days/Wk    Wks/Yr    Total Hrs/Yr	
14. Do you claim Confidentiality of Data (if yes, state nature of data in attachment)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Signature of Responsible Official: 		Official Title: Director	
Typed or Printed Name of Responsible Official: Matt Held		Phone Number: (310) 315-2275	Date Signed: 10/12/09
- For District Use Only -			
Application Number:	Invoice Number:	Permit Number:	Company/Facility Number:

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT  
I.C.E. APPLICATION, continued**

Page 2 of 2: please type or print

**16. INFORMATION ON I.C.E.:**

Manufacturer: Isuzu or equiv

Model No.: BJ - 4JJ1X or equiv Serial No.: TBD

Number of Cylinders: 4 Year of Manufacture: Not Available

Rating: 98 BHP Speed: Not Available RPM

I.C.E. is?  New  Existing Date Installed (MM/YYYY): TBD

Prime  Standby  Emergency  Portable (Yes or No)?: Yes

CARB engine certification: Family: 8SZXL03.0JXB Certification EO#: UR0060285

Is this engine included in a Demand Response plan?: Yes  No

Type of Fuel(s): Natural Gas  Digester Gas  Ethanol  Landfill Gas   
 Propane  CARB Diesel  Methanol  Other: \_\_\_\_\_

Max fuel usage per hour: 4.3 Fuel units (ft<sup>3</sup>, gal, etc.): gal/hr

Engine Lat/Long or UTM Coordinates: See AFC Appendix 5.1C

Exhaust Stack Height (feet): NA Inside Diameter (inches): NA Y/N: Vertical? Y Capped? N

Is this I.C.E. (select all that apply):

Direct Injected?  After Cooled?   
 Turbo Charged?  Inter Cooled?   
 Timing Retarded?  Other - Please specify: \_\_\_\_\_

**17. EMISSION RATES:**

Pollutant	at Max. Load	Units	Origin of Emission Rate data:	
			Manufacturer	Source Test
Oxides of Nitrogen (NOx)	<u>0.35</u>	<u>lb/hr</u>	<u>X</u>	_____
Oxides of Sulfur (SOx)	<u>0.0008</u>	<u>lb/hr</u>	<u>URBEMIS</u>	_____
Carbon Monoxide (CO)	<u>0.14</u>	<u>lb/hr</u>	<u>X</u>	_____
Particulates (PM10)	<u>0.021</u>	<u>lb/hr</u>	<u>X</u>	_____
Total Hydrocarbons (VOC)	<u>0.11</u>	<u>lb/hr</u>	<u>URBEMIS</u>	_____

**18. EMISSION CONTROL EQUIPMENT:** Add on emission control equipment?  Yes  No

If yes: Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_

Serial No.: \_\_\_\_\_ \*CARB EO#: \_\_\_\_\_

Type: SCR:  Particulate Trap\*:  Ammonia Injection:  Water Injection:   
 Non-S CR:  Exhaust Gas Recirc\*:  Oxidation Catalyst\*:

Other - Please specify: \_\_\_\_\_

**19. INFORMATION OF ITEM BEING POWERED:** This I.C.E. is used to power:

Electrical Generator  Compressor  Pump   
 Paint Spray Gun  Conveyor or Drive  Fire Pump

Other - Please specify: \_\_\_\_\_

Manufacturer: \_\_\_\_\_  
 Model No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_  
 Type, Size or Rating: \_\_\_\_\_

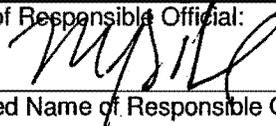
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**APPLICATION FOR INTERNAL COMBUSTION ENGINE (I.C.E.) ONLY**

Page 1 of 2: please type or print

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3. Facility or Business License Name (for equipment location): Rice Solar Energy LLC			
4. Facility Address - Location of Equipment (if same as for company, enter "Same"): Rural Address Rice, CA		Location UTM or Lat/Long: See AFC	
5. Contact Name/Title: Matt Held / Director matt.held		Email Address: d@solar-reserve.com	Phone/Fax Nos.:
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment: Electrical Generator Power Block #2			
7. Application is for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		For modification or change of owner: *Current Permit Number: _____	
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Utility <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency			
9. Distances (feet and direction to closest): 3280 S Fenceline 79200 NE Residence 89760 W Business 121440 E School			
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12. Facility Annual Throughput by Quarters (percent): <u>25</u> % <u>25</u> % <u>25</u> % <u>25</u> % Jan-Mar Apr-Jun Jul-Sep Oct-Dec		13. Expected Operating Hours of IC Engine: <u>8</u> <u>5</u> <u>52</u> <u>2080</u> Hrs/Day Days/Wk Wks/Yr Total Hrs/Yr	
14. Do you claim Confidentiality of Data (if yes, state nature of data in attachment)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Signature of Responsible Official: 		Official Title: Director	
Typed or Printed Name of Responsible Official: Matt Held		Phone Number: (310) 315-2275	Date Signed: 10/12/09
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**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT  
I.C.E. APPLICATION, continued**

Page 2 of 2: please type or print

**16. INFORMATION ON I.C.E.:**

Manufacturer: I s u z u o r e q u i v  
 Model No.: BJ - 4 J J 1 X o r e q u i v Serial No.: TBD  
 Number of Cylinders: 4 Year of Manufacture: Not Available  
 Rating: 9 8 BHP Speed: Not Available RPM  
 I.C.E. is?  New  Existing Date Installed (MM/YYYY): TBD  
 Prime  Standby  Emergency  Portable (Yes or No)?: Y e s  
 CARB engine certification: Family: 8 S Z X L 0 3 . 0 J X B Certification EO#: U R 0 0 6 0 2 8 5  
 Is this engine included in a Demand Response plan?: Yes  No   
 Type of Fuel(s): Natural Gas  Digester Gas  Ethanol  Landfill Gas   
 Propane  CARB Diesel  Methanol  Other: \_\_\_\_\_  
 Max fuel usage per hour: 4 . 3 Fuel units (ft<sup>3</sup>, gal, etc.): gal/hr  
 Engine Lat/Long or UTM Coordinates: See AFC Appendix 5.1C  
 Exhaust Stack Height (feet): NA Inside Diameter (inches): NA Y/N: Vertical? Y Capped? N  
 Is this I.C.E. (select all that apply):  
 Direct Injected?  After Cooled?   
 Turbo Charged?  Inter Cooled?   
 Timing Retarded?  Other - Please specify: \_\_\_\_\_

**17. EMISSION RATES:**

Pollutant	at Max. Load	Units	Origin of Emission Rate data:	
			Manufacturer or	Source Test
Oxides of Nitrogen (NOx)	<u>0 . 3 5</u>	<u>lb/hr</u>	<u>X</u>	_____
Oxides of Sulfur (SOx)	<u>0 . 0 0 0 8</u>	<u>lb/hr</u>	<u>URBEMIS</u>	_____
Carbon Monoxide (CO)	<u>0 . 1 4</u>	<u>lb/hr</u>	<u>X</u>	_____
Particulates (PM10)	<u>0 . 0 2 1</u>	<u>lb/hr</u>	<u>X</u>	_____
Total Hydrocarbons (VOC)	<u>0 . 1 1</u>	<u>lb/hr</u>	<u>URBEMIS</u>	_____

**18. EMISSION CONTROL EQUIPMENT:** Add on emission control equipment?  Yes  No  
 If yes: Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_  
 Serial No.: \_\_\_\_\_ \*CARB EO#: \_\_\_\_\_  
 Type: SCR:  Particulate Trap\*:  Ammonia Injection:  Water Injection:   
 Non-S CR:  Exhaust Gas Recirc\*:  Oxidation Catalyst\*:   
 Other - Please specify: \_\_\_\_\_

**19. INFORMATION OF ITEM BEING POWERED:** This I.C.E. is used to power:  
 Electrical Generator  Compressor  Pump   
 Paint Spray Gun  Conveyor or Drive  Fire Pump   
 Other - Please specify: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_  
 Model No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_  
 Type, Size or Rating: \_\_\_\_\_

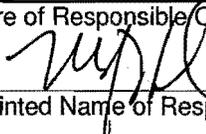
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2. Mailing/Billing Address (for above company name): 2425 Olympic Blvd, Suite 500 East, Santa Monica, CA 90404			
3. Facility or Business License Name (for equipment location): Rice Solar Energy LLC			
4. Facility Address - Location of Equipment (if same as for company, enter "Same"): Rural Address Rice, CA		Location UTM or Lat/Long: See AFC	
5. Contact Name/Title: Matt Held / Director matt.held		Email Address: d@solar-reserve.com	Phone/Fax Nos.:
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment: Electrical Generator Water Pump			
7. Application is for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		For modification or change of owner: *Current Permit Number: _____	
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Utility <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency			
9. Distances (feet and direction to closest): <u>3280 S</u> Fenceline <u>79200 NE</u> Residence <u>89760 W</u> Business <u>121440 E</u> School			
10. General Nature of Business: Solar Powered Electrical Generating Facility		11. Principal Product: Electricity	
12. Facility Annual Throughput by Quarters (percent): <u>25</u> % <u>25</u> % <u>25</u> % <u>25</u> % Jan-Mar Apr-Jun Jul-Sep Oct-Dec		13. Expected Operating Hours of IC Engine: <u>8</u> <u>5</u> <u>52</u> <u>2080</u> Hrs/Day Days/Wk Wks/Yr Total Hrs/Yr	
14. Do you claim Confidentiality of Data (if yes, state nature of data in attachment)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Signature of Responsible Official: 		Official Title: Director	
Typed or Printed Name of Responsible Official: Matt Held		Phone Number: (310) 315-2275	Date Signed: 10/12/09
- For District Use Only -			
Application Number:	Invoice Number:	Permit Number:	Company/Facility Number:

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT  
I.C.E. APPLICATION, continued**

Page 2 of 2: please type or print

**16. INFORMATION ON I.C.E.:**

Manufacturer: I s u z u o r e q u i v

Model No.: B I - 4 H K 1 X o r e q u i v Serial No.: T B D

Number of Cylinders: 4 Year of Manufacture: T B D

Rating: 1 7 3 BHP Speed: Not Available RPM

I.C.E. is?  New  Existing Date Installed (MM/YYYY): T B D

Prime  Standby  Emergency  Portable (Yes or No)? Y e s

CARB engine certification: Family: 8 S Z X L O 5 . 2 I X B Certification EO#: U R 0 0 6 0 2 7 3

Is this engine included in a Demand Response plan?: Yes  No

Type of Fuel(s): Natural Gas  Digester Gas  Ethanol  Landfill Gas   
 Propane  CARB Diesel  Methanol  Other: \_\_\_\_\_

Max fuel usage per hour: 7 . 3 Fuel units (ft<sup>3</sup>, gal, etc.): gal/hr

Engine Lat/Long or UTM Coordinates: See AFC Appendix 5.1C

Exhaust Stack Height (feet): N A Inside Diameter (inches): N A Y/N: Vertical? Y Capped? N

Is this I.C.E. (select all that apply):

Direct Injected?  After Cooled?   
 Turbo Charged?  Inter Cooled?   
 Timing Retarded?  Other - Please specify: \_\_\_\_\_

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**17. EMISSION RATES:**

Pollutant	at Max.Load	Units	Origin of Emission Rate data: Manufacturer or Source Test
Oxides of Nitrogen (NOx)	<u>0 . 5 5</u>	<u>lb/hr</u>	<u>X</u>
Oxides of Sulfur (SOx)	<u>0 . 0 0 1 4</u>	<u>lb/hr</u>	<u>U R B E M I S</u>
Carbon Monoxide (CO)	<u>0 . 2 3</u>	<u>lb/hr</u>	<u>X</u>
Particulates (PM10)	<u>0 . 0 3 7</u>	<u>lb/hr</u>	<u>X</u>
Total Hydrocarbons (VOC)	<u>0 . 1 9</u>	<u>lb/hr</u>	<u>U R B E M I S</u>

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**18. EMISSION CONTROL EQUIPMENT:** Add on emission control equipment?  Yes  No

If yes: Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_  
 Serial No.: \_\_\_\_\_ \*CARB EO#: \_\_\_\_\_

Type: SCR:  Particulate Trap\*:  Ammonia Injection:  Water Injection:   
 Non-S CR:  Exhaust Gas Recirc\*:  Oxidation Catalyst\*:

Other - Please specify: \_\_\_\_\_

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**19. INFORMATION OF ITEM BEING POWERED:** This I.C.E. is used to power:

Electrical Generator  Compressor  Pump   
 Paint Spray Gun  Conveyor or Drive  Fire Pump

Other - Please specify: \_\_\_\_\_

Manufacturer: \_\_\_\_\_  
 Model No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_  
 Type, Size or Rating: \_\_\_\_\_