



South Coast Air Quality Management District

Form 400-A

Application For Permit To Construct and Permit To Operate

Mail Application To: P.O. Box 4944 Diamond Bar, CA 91765 Tel: (909) 396-3365 www.aqmd.gov

Section A: Operator Information

1. Business Name of Operator To Appear On The Permit: PROVIDENCE ST. JOSEPH MEDICAL CENTER
2. Valid AQMD Facility ID (Available on Permit or Invoice issued by AQMD): 8220
3. Owner's Business Name (only if different from Business Name of Operator): SAME ABOVE

Section B: Equipment Location

4. Equipment Location Address: For equipment operated at various locations in AQMD's jurisdiction, provide address of initial site
501 S. BUENAVISTA STREET
Street Address
BURBANK CA, 91505
City State Zip Code
County: [X] Los Angeles [] Orange [] San Bernardino [] Riverside
Contact Name: HECTOR CORDON
Contact Title: DIR OF FACILITIES Phone: 818-847-3009
Fax: 818-847-3003 E-Mail: HECTOR.CORDON@PROVIDENCE.ORG

Section C: Permit Mailing Address

5. Permit and Correspondence Information:
[X] Check here if same as equipment location address
Street Address: N/A
City: State: Zip Code:
County: [] Los Angeles [] Orange [] San Bernardino [] Riverside
Contact Name: N/A
Contact Title: Phone:
Fax: E-Mail:

Section D: Application Type The facility is in [] RECLAIM [X] Title V [] RECLAIM & Title V Program (please check if applicable)

6. Reason for Submitting Application (Select only ONE):
[X] New Construction (Permit to Construct)
[] Equipment Operating Without A Permit or Expired Permit*
[] Administrative Change
[] Equipment On-Site But Not Constructed or Operational
[] Title V Application (Initial, Revisions, etc.) (Also complete Form 500-TV)
[] Compliance Plan
[] Facility Permit Amendment
[] Registration/Certification
[] Streamlined Standard Permit
[] Permitted Equipment Altered/ Modified Without Permit Approval*
[] Proposed Alteration/Modification to Permitted Equipment
[] Change of Condition For Permit To Operate
[] Change of Condition For Permit To Construct
[] Change of Location—Moving to New Site
Existing Or Previous Permit/Application Number: (If you checked any of the items in this column, you MUST provide a existing Permit/ Application Number)

7. Estimated Start Date of Operation/Construction (MM/DD/YYYY):
8. Description of Equipment:
~~500HP CLEANER BROOKS BOILERS~~
Title V Renewal
9. Is this equipment portable AND will it be operated at different locations within AQMD's jurisdiction? [] No [X] Yes
10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each) NONE
11. Are you a Small Business as per AQMD's Rule 102 definition? (10 employees or less and total gross receipts are \$500,000 or less, or a not-for-profit training center?) [X] No [] Yes
12. Has a Notice of Violation (NOV) or a Notice To Comply (NC) been issued for this equipment? [] No [X] Yes If yes, provide NOV/NC #:

Section E: Facility Business Information

13. What type of business is being conducted at this equipment location? HOSPITAL
14. What is your businesses primary NAICS Code (North American Industrial Classification System)?
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? [X] No [] Yes
16. Are there any schools (K-12) within a 1000-ft. radius of the equipment physical location? [] No [X] Yes

Section F: Authorization/Signature I hereby certify that all information contained herein and information submitted with this application is true and correct.

17. Signature of Responsible Official: [Signature]
18. Title: Director of Facilities
19. Print Name: Hector Cordon
20. Date: 7/14/10
Check List:
[X] Form(s) signed and dated by authorized official
[X] Supplemental Equipment Form (400-E-XX or 400-E-GEN)
[X] CEQA Form (400-CEQA) attached
[X] Payment for permit processing fee attached
Your application will be rejected if any of the above items are missing.

Table with columns: AQMD USE ONLY, APPLICATION TRACKING # (514425), TYPE (LA), EQUIPMENT CATEGORY CODE, FEE SCHEDULE, VALIDATION (7/18/10), CHECK/MONEY ORDER # (29360), AMOUNT (\$9956), Tracking # (\$9955)