

APPLICATION TO MODIFY TITLE V PERMIT

I. FACILITY IDENTIFICATION

1. Facility Name: Carson Cogeneration Project
2. Parent Company: Central Valley Financing Authority
(if different from Facility name)
3. Mailing Address: P.O. Box 15830, Mail Stop B355, Sacramento, CA 95852-1830
4. Facility Location: 8580 Laguna Station Road, Elk Grove, CA 95758
5. Type of Organization:
 Corporation Sole Ownership Government Partnership Utility Company
6. Responsible Official: James Shetler Phone No.: (916) 732-6757
Title: CVFA Representative
7. Plant Site Contact: Jeff White Phone No.: (916) 394-2930
Title: Plant Manager

II. TYPE OF PERMIT ACTION

	Current Permit Number	Permit Expiration Date
<input type="checkbox"/> Significant Permit Modification		
<input type="checkbox"/> Minor Permit Modification		
<input checked="" type="checkbox"/> Administrative Amendment	2003-07-01A	February 01, 2010

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III. DESCRIPTION OF PERMIT ACTION

1. Does the permit action involve?: Temporary Source Voluntary Emissions Caps
 Acid Rain Source Alternative Operating Scenarios
 MACT Requirements
2. Provide a general description of the proposed permit modification. Reference any Authority to Construct that is requested to be incorporated. Attach any additional information that is relevant to the request.

The proposed Title V permit modification is to incorporate the provisions of Authority to Construct Nos. 22021, 22022 and 22066, issued 08/11/2009, into Title V Permit No. 2003-07-01A. A copy of the Authority to Construct is attached for reference. SMAQMD processed and issued the Authority to Construct pursuant to the Enhanced New Source Review process in Rule 202, New Source Review. Hence, the procedural and compliance requirements of Rule 207, Title V Federal Operating Permit Program, have been met and SPA's Title V permit can be amended administratively to reflect the Authority to Construct permitting action.

Under penalty of perjury, I certify that based on information and belief formed after reasonable inquiry, the answers, statements and information contained in this application (and supplemental attachments thereto) are true, accurate and complete. This application consists of the application forms provided by the SMAQMD, information required pursuant to the List and Criteria and any supplemental information and/or attachments submitted with the application. I also certify that I am the responsible official as defined in SMAQMD Rule 207.



Signature of Responsible Official

8/17/09

Date

James Shetler

Print Name of Responsible Official