



South Coast Air Quality Management District

Form 400-A

Application Form for Permit or Plan Approval

List only one piece of equipment or process per form.

Mail To: SCAQMD P.O. Box 4944 Diamond Bar, CA 91765-0944 Tel: (909) 396-3385 www.aqmd.gov

Section A - Operator Information

1. Facility Name (Business Name of Operator to Appear on the Permit): Brea Parent 2007, LLC
2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 113518
3. Owner's Business Name (If different from Business Name of Operator):

Section B - Equipment Location Address

4. Equipment Location is: Fixed Location Various Location
1942 Valencia Avenue
Street Address
Brea, CA 92821
City, State, Zip
Karl Darrington, Plant Manager
Contact Name
(714) 985-1781, (714) 985-1783
Phone #, Fax #
E-Mail: kdarrington@broadrock.com

Section C - Permit Mailing Address

5. Permit and Correspondence Information:
Check here if same as equipment location address
1057 East Imperial Highway, PO Box 609
Address
Placentia, CA 92870-1717
City, State, Zip
Karl Darrington, Plant Manager
Contact Name
(714) 985-1781, (714) 985-1783
Phone #, Fax #
E-Mail: kdarrington@broadrock.com

Section D - Application Type

6. The Facility is: Not In RECLAIM or Title V In RECLAIM In Title V In RECLAIM & Title V Programs
7. Reason for Submitting Application (Select only ONE):
7a. New Equipment or Process Application:
7b. Facility Permits:
7c. Equipment or Process with an Existing/Previous Application or Permit:

8a. Estimated Start Date of Construction (mm/dd/yyyy):
8b. Estimated End Date of Construction (mm/dd/yyyy):
8c. Estimated Start Date of Operation (mm/dd/yyyy):
9. Description of Equipment or Reason for Compliance Plan (list applicable rule): Title V Permit Renewal
10. For identical equipment, how many additional applications are being submitted with this application?
11. Are you a Small Business as per AQMD's Rule 102 definition?
12. Has a Notice of Violation (NOV) or a Notice to Comply (NC) been issued for this equipment?

Section E - Facility Business Information

13. What type of business is being conducted at this equipment location? Electric Power Generation, Other (Landfill Gas)
14. What is your business primary NAICS Code? 221119
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator?
16. Are there any schools (K-12) within 1000 feet of the facility property line?

Section F - Authorization/Signature

17. Signature of Responsible Official: [Signature]
18. Title of Responsible Official: VP, Engineering & Operations
19. I wish to review the permit prior to issuance.
20. Print Name: Kevin Hubanks
21. Date: March 30, 2012
22. Do you claim confidentiality of data? (If Yes, see instructions.)

23. Check List: [X] Authorized Signature/Date [X] Form 400-CEQA [] Supplemental Form(s) (ie., Form 400-E-xx) [X] Fees Enclosed

Table with columns: AQMD USE ONLY, APPLICATION TRACKING #, CHECK #, AMOUNT RECEIVED, PAYMENT TRACKING #, VALIDATION, DATE, APP. DATE, APP. REJ., CLASS, BASIC CONTROL, EQUIPMENT CATEGORY CODE, TEAM, ENGINEER, REASON/ACTION TAKEN

12 APR -3 P 2:29

SCA QMD
REVENUE & RECEIVING

12 APR -4 A 8:30

SIGNATURE
ENGINEERING