

retained on-site, either at a central location or at the engine's location, and made immediately available to the District staff upon request. (Stationary Diesel Engine ATCM)

- a. Hours of operation of S-48 for reliability-related activities (maintenance and testing).
- b. Hours of operation of S-48 for emission testing to show compliance with emission limits.
- c. Hours of emergency operation of S-48.
- d. For each emergency, the nature of the emergency condition.
- e. Fuel usage for S-48.



BAY AREA AIR QUALITY MANAGEMENT DISTRICT

939 Ellis Street, San Francisco, CA 94109
Engineering Division (415) 749-4990
www.baaqmd.gov fax (415) 749-5030

Form P-101B
Authority to Construct/
Permit to Operate

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1. Application Information

BAAQMD Plant No. 18143 Company Name Gateway Generating Station
Equipment/Project Description two natural gas-fired combustion turbine generators with duct firing and aux. eqt.

2. Plant Information *If you have not previously been assigned a Plant Number by the District or if you want to update any plant data that you have previously supplied to the District, please complete this section.*

Equipment Location 3225 Wilbur Avenue
City Antioch, CA Zip Code 94509
Mail Address 77 Beale St, Mail Stop B24A
City San Francisco State CA Zip Code 94105
Plant Contact Angel Espiritu Title Sr. Environmental Specialist
Telephone (925) 459-7212 Fax (925) 459-7223 Email ABE4@pge.com
NAICS (North American Industry Classification System) see www.census.gov/epcd/naics02/naico602.htm 221112

3. Proximity to a School (K-12)

The sources in this permit application (check one) Are Are not within 1,000 ft of the outer boundary of the nearest school.

4. Application Contact Information *All correspondence from the District regarding this application will be sent to the plant contact unless you wish to designate a different contact for this application.*

Application Contact Tom Allen Title Project Manager
Mail Address 3225 Wilbur Avenue
City Antioch State CA Zip Code 94509
Telephone (925) 459-7200 Fax () Email HTA1@pge.com

5. Additional Information *The following additional information is required for all permit applications and should be included with your submittal. Failure to provide this information may delay the review of your application. Please indicate that each item has been addressed by checking the box. Contact the Engineering Division if you need assistance.*

- If a new Plant, a local street map showing the location of your business
- A facility map, drawn roughly to scale, that locates the equipment and its emission points
- Completed data form(s) and a pollutant flow diagram for each piece of equipment. (See www.baaqmd.gov/pmt/forms/)
- Project/equipment description, manufacturer's data
- Discussion and/or calculations of the emissions of air pollutants from the equipment

6. Trade Secrets *Under the California Public Records Act, all information in your permit application will be considered a matter of public record and may be disclosed to a third party. If you wish to keep certain items separate as specified in Regulation 2, Rule 1, Section 202.7, please complete the following steps.*

- Each page containing trade secret information must be labeled "trade secret" with the trade secret information clearly marked.
- A second copy, with trade secret information blanked out, marked "public copy" must be provided.
- For each item asserted to be trade secret, you must provide a statement which provides the basis for your claim.

7. Small Business Certification You are entitled to a reduced permit fee if you qualify as a small business as defined in Regulation 3. In order to qualify, you must certify that your business meets all of the following criteria:

- The business does not employ more than 10 persons and its gross annual income does not exceed \$600,000.
- And the business is not an affiliate of a non-small business. (Note: a non-small business employs more than 10 persons and/or its gross income exceeds \$600,000.)

8. Accelerated Permitting The Accelerated Permitting Program entitles you to install and operate qualifying sources of air pollution and abatement equipment **without waiting for the District to issue a Permit to Operate**. To participate in this program you must certify that your project will meet all of the following criteria. Please acknowledge each item by checking each box.

- Uncontrolled emissions of any single pollutant are each less than 10 lb/highest day, or the equipment has been precertified by the BAAQMD.
- Emissions of toxic compounds do not exceed the trigger levels identified in Table 2-5-1 (see Regulation 2, Rule 5).
- The project is not subject to public notice requirements (the source is either more than 1000 ft. from the nearest school, or the source does not emit any toxic compound in Table 2-5-1).
- For replacement of abatement equipment, the new equipment must have an equal or greater overall abatement efficiency for all pollutants than the equipment being replaced.
- For alterations of existing sources, for all pollutants the alteration does not result in an increase in emissions.
- Payment of applicable fees (the minimum permit fee to install and operate each source). See Regulation 3 or contact the Engineering Division for help in determining your fees.

9. CEQA Please answer the following questions pertaining to CEQA (California Environmental Quality Act).

- A. Has another public agency prepared, required preparation of, or issued a notice regarding preparation of a California Environmental Quality Act (CEQA) document (initial study, negative declaration, environmental impact report, or other CEQA document) that analyzes impacts of this project or another project of which it is a part or to which it is related? YES NO If no, go to section 9B.

Describe the document or notice, preparer, and date of document or expected date of completion:

CEC will perform CEQA-equivalent documentation for the proposed amendment and is expected to complete the process by May 1, 2008.

- B. List and describe any other permits or agency approvals required for this project by city, regional, state or federal agencies:

Amendment to CEC license.

- C. List and describe all other prior or current projects for which either of the following statements is true: (1) the project that is the subject of this application could not be undertaken without the project listed below, (2) the project listed below could not be undertaken without the project that is the subject of this application:

n/a

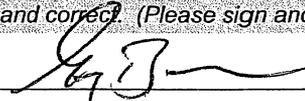
10. Certification I hereby certify that all information contained herein is true and correct. (Please sign and date this form)

GREG BOSSCAWEN

Name of person certifying (print)

MANAGER

Title of person certifying



Signature of person certifying

12/17/07

Date

Send all application materials to the BAAQMD Engineering Division, 939 Ellis Street, San Francisco, CA 94109.

BAY AREA AIR QUALITY MANAGEMENT DISTRICT

939 Ellis Street . . . San Francisco, CA . . . 94109 . . . (415) 749-4990 . . . Fax (415) 749-5030

Form P is for well-defined emission points such as stacks or chimneys only; do not use for windows, room vents, etc.

Business Name: Gateway Generating Station Plant No: 18143

Emission Point No: P- 11

With regard to air pollutant flow into this emission point, what sources(s) and/or abatement device(s) are **immediately** upstream?

S- 41 S- 42 S- _____ S- _____ S- _____
 S- _____ A- 11 A- 12 A- _____ A- _____ A- _____

Exit cross-section area: 220.6 sq. ft. Height above grade: 195 ft.

Effluent Flow from Stack

	<i>Typical Operating Condition</i>	<i>Maximum Operating Condition</i>
<i>Actual Wet Gas Flowrate</i>	936,640 cfm	887,192 cfm
<i>Percent Water Vapor</i>	9.38 Vol %	13.37 Vol %
<i>Temperature</i>	180 °F	180 °F

If this stack is equipped to measure (monitor) the emission of any air pollutants,

Is monitoring continuous? yes no

What pollutants are monitored? NOx, CO, O2/CO2

Person completing this form Nancy Matthews Date 11/27/07

BAY AREA AIR QUALITY MANAGEMENT DISTRICT

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Form P is for well-defined emission points such as stacks or chimneys only; do not use for windows, room vents, etc.

Business Name: Gateway Generating Station Plant No: 18143

Emission Point No: P- 12

With regard to air pollutant flow into this emission point, what sources(s) and/or abatement device(s) are **immediately** upstream?

S- 43 S- 44 S- S- S-
 S- A- 13 A- 14 A- A- A-

Exit cross-section area: 220.6 sq. ft. Height above grade: 195 ft.

Effluent Flow from Stack

	<i>Typical Operating Condition</i>	<i>Maximum Operating Condition</i>
<i>Actual Wet Gas Flowrate</i>	936,640 cfm	887,192 cfm
<i>Percent Water Vapor</i>	9.38 Vol %	13.37 Vol %
<i>Temperature</i>	180 °F	180 °F

If this stack is equipped to measure (monitor) the emission of any air pollutants,

Is monitoring continuous? yes no

What pollutants are monitored? NOx, CO, O2/CO2

Person completing this form Nancy Matthews Date 11/27/07

BAY AREA AIR QUALITY MANAGEMENT DISTRICT

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Form P is for well-defined emission points such as stacks or chimneys only; do not use for windows, room vents, etc.

Business Name: Gateway Generating Station Plant No: 18143

Emission Point No: P- 13

With regard to air pollutant flow into this emission point, what source(s) and/or abatement device(s) are **immediately** upstream?

S- 45 S- _____ S- _____ S- _____ S- _____
S- _____ A- _____ A- _____ A- _____ A- _____ A- _____

Exit cross-section area: 0.35 sq. ft. Height above grade: 15 ft.

Effluent Flow from Stack

	<i>Typical Operating Condition</i>	<i>Maximum Operating Condition</i>
<i>Actual Wet Gas Flowrate</i>	1964 cfm	cfm
<i>Percent Water Vapor</i>	unk Vol %	Vol %
<i>Temperature</i>	300 °F	°F

If this stack is equipped to measure (monitor) the emission of any air pollutants,

Is monitoring continuous? yes no

What pollutants are monitored? _____

Person completing this form Nancy Matthews Date 11/27/07

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Form P is for well-defined emission points such as stacks or chimneys only; do not use for windows, room vents, etc.

Business Name: Gateway Generating Station Plant No: 18143

Emission Point No: P- 18

With regard to air pollutant flow into this emission point, what sources(s) and/or abatement device(s) are **immediately** upstream?

S- 48 S- _____ S- _____ S- _____ S- _____
S- _____ A- _____ A- _____ A- _____ A- _____ A- _____

Exit cross-section area: 0.20 sq. ft. Height above grade: 10.67 ft.

Effluent Flow from Stack

	<i>Typical Operating Condition</i>	<i>Maximum Operating Condition</i>
<i>Actual Wet Gas Flowrate</i>	1740 cfm	cfm
<i>Percent Water Vapor</i>	unk Vol %	Vol %
<i>Temperature</i>	770 °F	°F

If this stack is equipped to measure (monitor) the emission of any air pollutants,

Is monitoring continuous? yes no

What pollutants are monitored? _____

Person completing this form Nancy Matthews Date 11/27/07

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**Data Form C
 FUEL COMBUSTION SOURCE**

(for District use only)

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New Modified Retro

Form C is for all operations which burn fuel except for internal combustion engines (use [Form ICE](#) unless it is a gas turbine; for gas turbines use this form). If the operation also involves evaporation of any organic solvent, complete [Form S](#) and attach to this form. If the operation involves a process which generates any other air pollutants, complete [Form G](#) and attach to this form.

Check box if this source has a secondary function as an abatement device for some other source(s); complete lines 1, 2, and 7-13 on Form A (using the source number below for the Abatement Device No.) and attach to this form.

(If unknown, leave blank)	
1. Company Name: Gateway Generating Station	Plant No: 18143 Source No. S-41
2. Equipment Name & Number, or Description: natural gas-fired combustion turbine	
3. Make, Model : GE 7FA	Maximum firing rate: 1872 MM Btu/hr
4. Date of modification or initial operation: <u>8/29/08</u> (if unknown, leave blank)	
5. Primary use (check one):	
<input checked="" type="checkbox"/> electrical generation <input type="checkbox"/> space heat <input type="checkbox"/> waste disposal <input type="checkbox"/> testing <input type="checkbox"/> abatement device <input type="checkbox"/> cogeneration <input type="checkbox"/> resource recovery <input type="checkbox"/> other <input type="checkbox"/> process heat; material heated _____	
6. SIC Number <u>4911</u> <small>If unknown leave blank</small>	
7. Equipment type (check one)	
Internal combustion Use Form ICE (Internal Combustion Engine) unless it is a gas turbine <input checked="" type="checkbox"/> gas turbine <input type="checkbox"/> other _____ hp	
Incinerator <input type="checkbox"/> salvage operation <input type="checkbox"/> pathological waste Temperature _____ °F <input type="checkbox"/> liquid waste <input type="checkbox"/> other _____ Residence time _____ Sec	
Others <input type="checkbox"/> boiler <input type="checkbox"/> dryer Material dried, baked, or heated: _____ <input type="checkbox"/> afterburner <input type="checkbox"/> oven <input type="checkbox"/> flare <input type="checkbox"/> furnace <input type="checkbox"/> open burning <input type="checkbox"/> kiln <input type="checkbox"/> other _____	
8. Overfire air? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, what percent _____ %	
9. Flue gas recirculation? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, what percent _____ %	
10. Air preheat? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Temperature _____ °F	
11. Low NO _x burners? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Make, Model <u>integral</u>	
12. Maximum flame temperature _____ °F	
13. Combustion products: Wet gas flowrate <u>936,640</u> acfm at <u>180</u> °F Typical Oxygen Content <u>13.0</u> dry volume % or _____ wet volume % or _____ % excess air	
14. Typical Use <u>24</u> hours/day <u>7</u> days/week <u>52</u> weeks/year	
15. Typical % of annual total: Dec-Feb <u>25</u> % Mar-May <u>25</u> % Jun-Aug <u>25</u> % Sep-Nov <u>25</u> %	
16. With regard to air pollutant flow, what source(s) or abatement device(s) are immediately UPSTREAM? S _____ S _____ S _____ S _____ S _____ S _____ A _____ A _____ A _____ With regard to air pollutant flow, what source(s) or abatement device(s), and/or emission points are immediately DOWNSTREAM? S <u>42</u> S _____ A <u>11</u> A <u>12</u> P <u>11</u> P _____	

Person completing this form: Nancy Matthews

Date: 11/27/07

FUELS

INSTRUCTIONS: Complete one line in Section A for each fuel. Section B is OPTIONAL. Please use the units at the bottom of each table. N/A means "Not Applicable."

SECTION A: FUEL DATA

	Fuel Name	Fuel Code**	Total Annual Usage***	Maximum Possible Fuel Use Rate	Typical Heat Content	Sulfur Content	Nitrogen Content (optional)	Ash Content (optional)
1.	natural gas	189	161.9E6	1872E6				
2.								
3.								
4.								
5.								

<i>Use the appropriate units for each fuel</i>	Natural Gas	therm*	Btu/hr	N/A	N/A	N/A	N/A
	Other Gas	MSCF*	MSCF/hr	Btu/MSCF	ppm	N/A	N/A
	Liquid	m gal*	m gal/hr	Btu/m gal	wt%	wt%	wt%
	Solid	ton	ton/hr	Btu/ton	wt%	wt%	wt%

SECTION B: EMISSION FACTORS (optional)

	Fuel Name	Fuel Code**	Particulates		NOx		CO	
			Emission Factor	**Basis Code	Emission Factor	**Basis Code	Emission Factor	**Basis Code
1.								
2.								
3.								
4.								

Use the appropriate units for each fuel: Natural Gas = lb/therm*
 Other Gas = lb/MSCF*
 Liquid = lb/m gal*
 Solid = lb/ton

- Note:**
- * MSCF = thousand standard cubic feet
 - * m gal = thousand gallons
 - * therm = 100,000 BTU
 - ** See tables below for Fuel and Basis Codes
 - *** Total annual usage is:
 - Projected usage over next 12 months if equipment is new or modified.
 - Actual usage for last 12 months if equipment is existing and unchanged.

**Fuel Codes				**Basis Codes	
Code	Fuel	Code	Fuel	Code	Method
25	Anthracite coal	189	Natural Gas	0	Not applicable for this pollutant
33	Bagasse	234	Process gas - blast furnace	1	Source testing or other measurement by plant (attach copy)
35	Bark	235	Process gas - CO	2	Source testing or other measurement by BAAQMD (give date)
43	Bituminous coal	236	Process gas - coke oven gas	3	Specifications from vendor (attach copy)
47	Brown coal	238	Process gas - RMG	4	Material balance by plant using engineering expertise and knowledge of process
242	Bunker C fuel oil	237	Process gas - other	5	Material balance by BAAQMD
80	Coke	242	Residual oil	6	Taken from AP-42 (compilation of Air Pollutant Emission Factors, EPA)
89	Crude oil	495	Refuse derived fuel	7	Taken from literature, other than AP-42 (attach copy)
98	Diesel oil	511	Landfill gas	8	Guess
493	Digester gas	256	Solid propellant		
315	Distillate oil	466	Solid waste		
392	Fuel oil #2	304	Wood - hogged		
551	Gasoline	305	Wood - other		
158	Jet fuel	198	Other - gaseous fuels		
160	LPG	200	Other - liquid fuels		
165	Lignite	203	Other - solid fuels		
167	Liquid waste				
494	Municipal solid waste				

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**Data Form C
 FUEL COMBUSTION SOURCE**

(for District use only)

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New Modified Retro

Form C is for all operations which burn fuel except for internal combustion engines (use [Form ICE](#) unless it is a gas turbine; for gas turbines use this form). If the operation also involves evaporation of any organic solvent, complete [Form S](#) and attach to this form. If the operation involves a process which generates any other air pollutants, complete [Form G](#) and attach to this form.

Check box if this source has a secondary function as an abatement device for some other source(s); complete lines 1, 2, and 7-13 on Form A (using the source number below for the Abatement Device No.) and attach to this form.

(If unknown, leave blank)	
1. Company Name: Gateway Generating Station	Plant No: 18143 Source No. S-42
2. Equipment Name & Number, or Description: natural gas fired HRSG	
3. Make, Model : tbd	Maximum firing rate: 395 MM Btu/hr
4. Date of modification or initial operation: <u>8/29/08</u> (if unknown, leave blank)	
5. Primary use (check one):	
<input checked="" type="checkbox"/> electrical generation <input type="checkbox"/> space heat <input type="checkbox"/> waste disposal <input type="checkbox"/> testing <input type="checkbox"/> abatement device <input type="checkbox"/> cogeneration <input type="checkbox"/> resource recovery <input type="checkbox"/> other <input type="checkbox"/> process heat; material heated _____	
6. SIC Number <u>4911</u> <small>If unknown leave blank</small>	
7. Equipment type (check one)	
Internal combustion Use Form ICE (Internal Combustion Engine) unless it is a gas turbine <input type="checkbox"/> gas turbine <input type="checkbox"/> other _____ hp	
Incinerator <input type="checkbox"/> salvage operation <input type="checkbox"/> pathological waste Temperature _____ °F <input type="checkbox"/> liquid waste <input type="checkbox"/> other _____ Residence time _____ Sec	
Others <input checked="" type="checkbox"/> boiler <input type="checkbox"/> dryer <input type="checkbox"/> afterburner <input type="checkbox"/> oven <input type="checkbox"/> flare <input type="checkbox"/> furnace Material dried, baked, or heated: <input type="checkbox"/> open burning <input type="checkbox"/> kiln _____ <input type="checkbox"/> other _____	
8. Overfire air? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what percent _____%	
9. Flue gas recirculation? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what percent _____%	
10. Air preheat? <input type="checkbox"/> yes <input type="checkbox"/> no Temperature _____ °F	
11. Low NO _x burners? <input type="checkbox"/> yes <input type="checkbox"/> no Make, Model _____	
12. Maximum flame temperature _____ °F	
13. Combustion products: Wet gas flowrate <u>887,192</u> acfm at <u>180</u> °F (combined with CTG exhaust) Typical Oxygen Content <u>11.0</u> dry volume % or _____ wet volume % or _____ % excess air	
14. Typical Use <u>22.5</u> hours/day <u>7</u> days/week <u>52</u> weeks/year	
15. Typical % of annual total: Dec-Feb <u>0</u> % Mar-May <u>17</u> % Jun-Aug <u>50</u> % Sep-Nov <u>33</u> %	
16. With regard to air pollutant flow, what source(s) or abatement device(s) are immediately UPSTREAM?	
S <u>41</u> S _____ S _____ S _____ S _____ S _____ A _____ A _____ A _____	
With regard to air pollutant flow, what source(s) or abatement device(s), and/or emission points are immediately DOWNSTREAM?	
S _____ S _____ A <u>11</u> A <u>12</u> P <u>11</u> P _____	

Person completing this form: Nancy Matthews Date: 11/27/07

(revised 4/05)

FUELS

INSTRUCTIONS: Complete one line in Section A for each fuel. Section B is OPTIONAL. Please use the units at the bottom of each table. N/A means "Not Applicable."

SECTION A: FUEL DATA

	Fuel Name	Fuel Code**	Total Annual Usage***	Maximum Possible Fuel Use Rate	Typical Heat Content	Sulfur Content	Nitrogen Content (optional)	Ash Content (optional)
1.	natural gas	189	174.5 E6	395 E6				
2.			(total, including CTG)	(HRSG only)				
3.								
4.								
5.								

<i>Use the appropriate units for each fuel</i>	Natural Gas	therm*	Btu/hr	N/A	N/A	N/A	N/A
	Other Gas	MSCF*	MSCF/hr	Btu/MSCF	ppm	N/A	N/A
	Liquid	m gal*	m gal/hr	Btu/m gal	wt%	wt%	wt%
	Solid	ton	ton/hr	Btu/ton	wt%	wt%	wt%

SECTION B: EMISSION FACTORS (optional)

	Fuel Name	Fuel Code**	Particulates		NOx		CO	
			Emission Factor	**Basis Code	Emission Factor	**Basis Code	Emission Factor	**Basis Code
1.								
2.								
3.								
4.								

Use the appropriate units for each fuel: Natural Gas = lb/therm*
 Other Gas = lb/MSCF*
 Liquid = lb/m gal*
 Solid = lb/ton

- Note:**
- * MSCF = thousand standard cubic feet
 - * m gal = thousand gallons
 - * therm = 100,000 BTU
 - ** See tables below for Fuel and Basis Codes
 - *** Total annual usage is:
 - Projected usage over next 12 months if equipment is new or modified.
 - Actual usage for last 12 months if equipment is existing and unchanged.

**Fuel Codes				**Basis Codes	
Code	Fuel	Code	Fuel	Code	Method
25	Anthracite coal	189	Natural Gas	0	Not applicable for this pollutant
33	Bagasse	234	Process gas - blast furnace	1	Source testing or other measurement by plant (attach copy)
35	Bark	235	Process gas - CO	2	Source testing or other measurement by BAAQMD (give date)
43	Bituminous coal	236	Process gas - coke oven gas	3	Specifications from vendor (attach copy)
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80	Coke	242	Residual oil	6	Taken from AP-42 (compilation of Air Pollutant Emission Factors, EPA)
89	Crude oil	495	Refuse derived fuel	7	Taken from literature, other than AP-42 (attach copy)
98	Diesel oil	511	Landfill gas	8	Guess
493	Digester gas	256	Solid propellant		
315	Distillate oil	466	Solid waste		
392	Fuel oil #2	304	Wood - hogged		
551	Gasoline	305	Wood - other		
158	Jet fuel	198	Other - gaseous fuels		
160	LPG	200	Other - liquid fuels		
165	Lignite	203	Other - solid fuels		
167	Liquid waste				
494	Municipal solid waste				

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**Data Form C
 FUEL COMBUSTION SOURCE**

(for District use only)

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New Modified Retro

Form C is for all operations which burn fuel except for internal combustion engines (use [Form ICE](#) unless it is a gas turbine; for gas turbines use this form). If the operation also involves evaporation of any organic solvent, complete [Form S](#) and attach to this form. If the operation involves a process which generates any other air pollutants, complete [Form G](#) and attach to this form.

Check box if this source has a secondary function as an abatement device for some other source(s); complete lines 1, 2, and 7-13 on Form A (using the source number below for the Abatement Device No.) and attach to this form.

(If unknown, leave blank)	
1. Company Name: Gateway Generating Station	Plant No: 18143 Source No. S-43
2. Equipment Name & Number, or Description: natural gas-fired combustion turbine	
3. Make, Model : GE 7FA	Maximum firing rate: 1872 MM Btu/hr
4. Date of modification or initial operation: 8/29/08 (if unknown, leave blank)	
5. Primary use (check one):	
<input checked="" type="checkbox"/> electrical generation <input type="checkbox"/> space heat <input type="checkbox"/> waste disposal <input type="checkbox"/> testing <input type="checkbox"/> abatement device <input type="checkbox"/> cogeneration <input type="checkbox"/> resource recovery <input type="checkbox"/> other <input type="checkbox"/> process heat; material heated _____	
6. SIC Number 4911 (If unknown leave blank)	
7. Equipment type (check one)	
Internal combustion Use Form ICE (Internal Combustion Engine) unless it is a gas turbine <input checked="" type="checkbox"/> gas turbine <input type="checkbox"/> other _____ hp	
Incinerator <input type="checkbox"/> salvage operation <input type="checkbox"/> pathological waste Temperature _____ °F <input type="checkbox"/> liquid waste <input type="checkbox"/> other _____ Residence time _____ Sec	
Others <input type="checkbox"/> boiler <input type="checkbox"/> dryer Material dried, baked, or heated: _____ <input type="checkbox"/> afterburner <input type="checkbox"/> oven <input type="checkbox"/> flare <input type="checkbox"/> furnace <input type="checkbox"/> open burning <input type="checkbox"/> kiln <input type="checkbox"/> other _____	
8. Overfire air? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, what percent _____ %	
9. Flue gas recirculation? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, what percent _____ %	
10. Air preheat? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Temperature _____ °F	
11. Low NO _x burners? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Make, Model integral _____	
12. Maximum flame temperature _____ °F	
13. Combustion products: Wet gas flowrate 936,640 acfm at 180 °F Typical Oxygen Content 13.0 dry volume % or _____ wet volume % or _____ % excess air	
14. Typical Use 24 hours/day 7 days/week 52 weeks/year	
15. Typical % of annual total: Dec-Feb 25 % Mar-May 25 % Jun-Aug 25 % Sep-Nov 25 %	
16. With regard to air pollutant flow, what source(s) or abatement device(s) are immediately UPSTREAM? S _____ S _____ S _____ S _____ S _____ S _____ A _____ A _____ A _____ With regard to air pollutant flow, what source(s) or abatement device(s), and/or emission points are immediately DOWNSTREAM? S 44 S _____ A 13 A 14 P 12 P _____	

Person completing this form: Nancy Matthews

Date: 11/27/07

FUELS

INSTRUCTIONS: Complete one line in Section A for each fuel. Section B is OPTIONAL. Please use the units at the bottom of each table. N/A means "Not Applicable."

SECTION A: FUEL DATA

	Fuel Name	Fuel Code**	Total Annual Usage***	Maximum Possible Fuel Use Rate	Typical Heat Content	Sulfur Content	Nitrogen Content (optional)	Ash Content (optional)
1.	natural gas	189	161.9E6	1872E6				
2.								
3.								
4.								
5.								

<i>Use the appropriate units for each fuel</i>	Natural Gas	therm*	Btu/hr	N/A	N/A	N/A	N/A
	Other Gas	MSCF*	MSCF/hr	Btu/MSCF	ppm	N/A	N/A
	Liquid	m gal*	m gal/hr	Btu/m gal	wt%	wt%	wt%
	Solid	ton	ton/hr	Btu/ton	wt%	wt%	wt%

SECTION B: EMISSION FACTORS (optional)

	Fuel Name	Fuel Code**	Particulates		NOx		CO	
			Emission Factor	**Basis Code	Emission Factor	**Basis Code	Emission Factor	**Basis Code
1.								
2.								
3.								
4.								

Use the appropriate units for each fuel: Natural Gas = lb/therm*
 Other Gas = lb/MSCF*
 Liquid = lb/m gal*
 Solid = lb/ton

- Note:**
- * MSCF = thousand standard cubic feet
 - * m gal = thousand gallons
 - * therm = 100,000 BTU
 - ** See tables below for Fuel and Basis Codes
 - *** Total annual usage is: - Projected usage over next 12 months if equipment is new or modified.
 - Actual usage for last 12 months if equipment is existing and unchanged.

**Fuel Codes				**Basis Codes	
Code	Fuel	Code	Fuel	Code	Method
25	Anthracite coal	189	Natural Gas	0	Not applicable for this pollutant
33	Bagasse	234	Process gas - blast furnace	1	Source testing or other measurement by plant (attach copy)
35	Bark	235	Process gas - CO	2	Source testing or other measurement by BAAQMD (give date)
43	Bituminous coal	236	Process gas - coke oven gas	3	Specifications from vendor (attach copy)
47	Brown coal	238	Process gas - RMG	4	Material balance by plant using engineering expertise and knowledge of process
242	Bunker C fuel oil	237	Process gas - other	5	Material balance by BAAQMD
80	Coke	242	Residual oil	6	Taken from AP-42 (compilation of Air Pollutant Emission Factors, EPA)
89	Crude oil	495	Refuse derived fuel	7	Taken from literature, other than AP-42 (attach copy)
98	Diesel oil	511	Landfill gas	8	Guess
493	Digester gas	256	Solid propellant		
315	Distillate oil	466	Solid waste		
392	Fuel oil #2	304	Wood - hogged		
551	Gasoline	305	Wood - other		
158	Jet fuel	198	Other - gaseous fuels		
160	LPG	200	Other - liquid fuels		
165	Lignite	203	Other - solid fuels		
167	Liquid waste				
494	Municipal solid waste				

BAY AREA AIR QUALITY MANAGEMENT DISTRICT

939 Ellis Street . . . San Francisco, CA 94109. . . (415) 749-4990 . . . fax (415) 749-5030
 Website: www.baaqmd.gov

**Data Form C
 FUEL COMBUSTION SOURCE**

(for District use only)

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New Modified Retro

Form C is for all operations which burn fuel except for internal combustion engines (use [Form ICE](#) unless it is a gas turbine; for gas turbines use this form). If the operation also involves evaporation of any organic solvent, complete [Form S](#) and attach to this form. If the operation involves a process which generates any other air pollutants, complete [Form G](#) and attach to this form.

Check box if this source has a secondary function as an abatement device for some other source(s); complete lines 1, 2, and 7-13 on Form A (using the source number below for the Abatement Device No.) and attach to this form.

(If unknown, leave blank)	
1. Company Name: Gateway Generating Station	Plant No: 18143 Source No. S-44
2. Equipment Name & Number, or Description: natural gas fired HRSG	
3. Make, Model : tbd	Maximum firing rate: 395 MM Btu/hr
4. Date of modification or initial operation: <u>8/29/08</u> (if unknown, leave blank)	
5. Primary use (check one):	
<input checked="" type="checkbox"/> electrical generation <input type="checkbox"/> space heat <input type="checkbox"/> waste disposal <input type="checkbox"/> testing <input type="checkbox"/> abatement device <input type="checkbox"/> cogeneration <input type="checkbox"/> resource recovery <input type="checkbox"/> other <input type="checkbox"/> process heat; material heated _____	
6. SIC Number <u>4911</u> <small>If unknown leave blank</small>	
7. Equipment type (check one)	
Internal combustion Use Form ICE (Internal Combustion Engine) unless it is a gas turbine <input type="checkbox"/> gas turbine <input type="checkbox"/> other _____ hp	
Incinerator <input type="checkbox"/> salvage operation <input type="checkbox"/> pathological waste Temperature _____ °F <input type="checkbox"/> liquid waste <input type="checkbox"/> other _____ Residence time _____ Sec	
Others <input checked="" type="checkbox"/> boiler <input type="checkbox"/> dryer Material dried, baked, or heated: <input type="checkbox"/> afterburner <input type="checkbox"/> oven <input type="checkbox"/> flare <input type="checkbox"/> furnace <input type="checkbox"/> open burning <input type="checkbox"/> kiln <input type="checkbox"/> other _____	
8. Overfire air? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what percent _____ %	
9. Flue gas recirculation? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what percent _____ %	
10. Air preheat? <input type="checkbox"/> yes <input type="checkbox"/> no Temperature _____ °F	
11. Low NO _x burners? <input type="checkbox"/> yes <input type="checkbox"/> no Make, Model _____	
12. Maximum flame temperature _____ °F	
13. Combustion products: Wet gas flowrate <u>887,192</u> acfm at <u>180</u> °F (combined with CTG exhaust) Typical Oxygen Content <u>11.0</u> dry volume % or _____ wet volume % or _____ % excess air	
14. Typical Use <u>22.5</u> hours/day <u>7</u> days/week <u>52</u> weeks/year	
15. Typical % of annual total: Dec-Feb <u>0</u> % Mar-May <u>17</u> % Jun-Aug <u>50</u> % Sep-Nov <u>33</u> %	
16. With regard to air pollutant flow, what source(s) or abatement device(s) are immediately UPSTREAM?	
S <u>43</u> S _____ S _____ S _____ S _____ S _____ A _____ A _____ A _____	
With regard to air pollutant flow, what source(s) or abatement device(s), and/or emission points are immediately DOWNSTREAM?	
S _____ S _____ A <u>13</u> A <u>14</u> P <u>12</u> P _____	

Person completing this form: Nancy Matthews Date: 11/27/07

(revised 4/05)

FUELS

INSTRUCTIONS: Complete one line in Section A for each fuel. Section B is OPTIONAL. Please use the units at the bottom of each table. N/A means "Not Applicable."

SECTION A: FUEL DATA

	Fuel Name	Fuel Code**	Total Annual Usage***	Maximum Possible Fuel Use Rate	Typical Heat Content	Sulfur Content	Nitrogen Content (optional)	Ash Content (optional)
1.	natural gas	189	174.5 E6	395 E6				
2.			(total, including CTG)	- (HRSG only)				
3.								
4.								
5.								

<i>Use the appropriate units for each fuel</i>	Natural Gas	therm*	Btu/hr	N/A	N/A	N/A	N/A
	Other Gas	MSCF*	MSCF/hr	Btu/MSCF	ppm	N/A	N/A
	Liquid	m gal*	m gal/hr	Btu/m gal	wt%	wt%	wt%
	Solid	ton	ton/hr	Btu/ton	wt%	wt%	wt%

SECTION B: EMISSION FACTORS (optional)

	Fuel Name	Fuel Code**	Particulates		NOx		CO	
			Emission Factor	**Basis Code	Emission Factor	**Basis Code	Emission Factor	**Basis Code
1.								
2.								
3.								
4.								

Use the appropriate units for each fuel: Natural Gas = lb/therm*
 Other Gas = lb/MSCF*
 Liquid = lb/m gal*
 Solid = lb/ton

- Note:**
- * MSCF = thousand standard cubic feet
 - * m gal = thousand gallons
 - * therm = 100,000 BTU
 - ** See tables below for Fuel and Basis Codes
 - *** Total annual usage is: - Projected usage over next 12 months if equipment is new or modified.
 - Actual usage for last 12 months if equipment is existing and unchanged.

**Fuel Codes				**Basis Codes	
Code	Fuel	Code	Fuel	Code	Method
25	Anthracite coal	189	Natural Gas	0	Not applicable for this pollutant
33	Bagasse	234	Process gas - blast furnace	1	Source testing or other measurement by plant (attach copy)
35	Bark	235	Process gas - CO	2	Source testing or other measurement by BAAQMD (give date)
43	Bituminous coal	236	Process gas - coke oven gas	3	Specifications from vendor (attach copy)
47	Brown coal	238	Process gas - RMG	4	Material balance by plant using engineering expertise and knowledge of process
242	Bunker C fuel oil	237	Process gas - other	5	Material balance by BAAQMD
80	Coke	242	Residual oil	6	Taken from AP-42 (compilation of Air Pollutant Emission Factors, EPA)
89	Crude oil	495	Refuse derived fuel	7	Taken from literature, other than AP-42 (attach copy)
98	Diesel oil	511	Landfill gas	8	Guess
493	Digester gas	256	Solid propellant		
315	Distillate oil	466	Solid waste		
392	Fuel oil #2	304	Wood - hogged		
551	Gasoline	305	Wood - other		
158	Jet fuel	198	Other - gaseous fuels		
160	LPG	200	Other - liquid fuels		
165	Lignite	203	Other - solid fuels		
167	Liquid waste				
494	Municipal solid waste				

BAY AREA AIR QUALITY MANAGEMENT DISTRICT

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**Data Form C
 FUEL COMBUSTION SOURCE**

(for District use only)

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New Modified Retro

Form C is for all operations which burn fuel except for internal combustion engines (use [Form ICE](#) unless it is a gas turbine; for gas turbines use this form). If the operation also involves evaporation of any organic solvent, complete [Form S](#) and attach to this form. If the operation involves a process which generates any other air pollutants, complete [Form G](#) and attach to this form.

Check box if this source has a secondary function as an abatement device for some other source(s); complete lines 1, 2, and 7-13 on Form A (using the source number below for the Abatement Device No.) and attach to this form.

(If unknown, leave blank)	
1. Company Name: Gateway Generating Station	Plant No: 18143 Source No. S-45
2. Equipment Name & Number, or Description: natural gas-fired dewpoint heater	
3. Make, Model : GasTech	Maximum firing rate: 6.5 MM Btu/hr
4. Date of modification or initial operation: <u>8/29/08</u> (if unknown, leave blank)	
5. Primary use (check one):	
<input type="checkbox"/> electrical generation <input type="checkbox"/> space heat <input type="checkbox"/> waste disposal <input type="checkbox"/> testing <input type="checkbox"/> abatement device <input type="checkbox"/> cogeneration <input type="checkbox"/> resource recovery <input type="checkbox"/> other <input checked="" type="checkbox"/> process heat; material heated <u>natural gas fuel</u>	
6. SIC Number <u>4911</u> <small>If unknown leave blank</small>	
7. Equipment type (check one)	
Internal combustion Use Form ICE (Internal Combustion Engine) unless it is a gas turbine	
<input type="checkbox"/> gas turbine <input type="checkbox"/> other _____ hp	
Incinerator	
<input type="checkbox"/> salvage operation <input type="checkbox"/> pathological waste Temperature _____ °F <input type="checkbox"/> liquid waste <input type="checkbox"/> other _____ Residence time _____ Sec	
Others	
<input type="checkbox"/> boiler <input type="checkbox"/> dryer <input type="checkbox"/> afterburner <input type="checkbox"/> oven <input type="checkbox"/> flare <input type="checkbox"/> furnace Material dried, baked, or heated: <input type="checkbox"/> open burning <input type="checkbox"/> kiln <input checked="" type="checkbox"/> other <u>natural gas fuel preheater</u>	
8. Overfire air? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what percent _____ %	
9. Flue gas recirculation? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no If yes, what percent _____ %	
10. Air preheat? <input type="checkbox"/> yes <input type="checkbox"/> no Temperature _____ °F	
11. Low NO _x burners? <input type="checkbox"/> yes <input type="checkbox"/> no Make, Model _____	
12. Maximum flame temperature _____ °F	
13. Combustion products: Wet gas flowrate <u>1964</u> acfm at <u>300</u> °F Typical Oxygen Content _____ dry volume % or _____ wet volume % or _____ % excess air	
14. Typical Use <u>24</u> hours/day <u>7</u> days/week <u>52</u> weeks/year	
15. Typical % of annual total: Dec-Feb <u>25</u> % Mar-May <u>25</u> % Jun-Aug <u>25</u> % Sep-Nov <u>25</u> %	
16. With regard to air pollutant flow, what source(s) or abatement device(s) are immediately UPSTREAM?	
S _____ S _____ S _____ S _____ S _____ S _____ A _____ A _____ A _____	
With regard to air pollutant flow, what source(s) or abatement device(s), and/or emission points are immediately DOWNSTREAM?	
S _____ S _____ A _____ A _____ P <u>13</u> P _____	

Person completing this form: Nancy Matthews Date: 11/27/07

(revised 4/05)

FUELS

INSTRUCTIONS: Complete one line in Section A for each fuel. Section B is OPTIONAL. Please use the units at the bottom of each table. N/A means "Not Applicable."

SECTION A: FUEL DATA

	Fuel Name	Fuel Code**	Total Annual Usage***	Maximum Possible Fuel Use Rate	Typical Heat Content	Sulfur Content	Nitrogen Content (optional)	Ash Content (optional)
1.	natural gas	189	569,400	6.5 E6				
2.								
3.								
4.								
5.								

<i>Use the appropriate units for each fuel</i>	Natural Gas	therm*	Btu/hr	N/A	N/A	N/A	N/A
	Other Gas	MSCF*	MSCF/hr	Btu/MSCF	ppm	N/A	N/A
	Liquid	m gal*	m gal/hr	Btu/m gal	wt%	wt%	wt%
	Solid	ton	ton/hr	Btu/ton	wt%	wt%	wt%

SECTION B: EMISSION FACTORS (optional)

	Fuel Name	Fuel Code**	Particulates		NOx		CO	
			Emission Factor	**Basis Code	Emission Factor	**Basis Code	Emission Factor	**Basis Code
1.								
2.								
3.								
4.								

Use the appropriate units for each fuel: Natural Gas = lb/therm*
 Other Gas = lb/MSCF*
 Liquid = lb/m gal*
 Solid = lb/ton

- Note:**
- * MSCF = thousand standard cubic feet
 - * m gal = thousand gallons
 - * therm = 100,000 BTU
 - ** See tables below for Fuel and Basis Codes
 - *** Total annual usage is: - Projected usage over next 12 months if equipment is new or modified.
 - Actual usage for last 12 months if equipment is existing and unchanged.

**Fuel Codes				**Basis Codes	
Code	Fuel	Code	Fuel	Code	Method
25	Anthracite coal	189	Natural Gas	0	Not applicable for this pollutant
33	Bagasse	234	Process gas - blast furnace	1	Source testing or other measurement by plant (attach copy)
35	Bark	235	Process gas - CO	2	Source testing or other measurement by BAAQMD (give date)
43	Bituminous coal	236	Process gas - coke oven gas	3	Specifications from vendor (attach copy)
47	Brown coal	238	Process gas - RMG	4	Material balance by plant using engineering expertise and knowledge of process
242	Bunker C fuel oil	237	Process gas - other	5	Material balance by BAAQMD
80	Coke	242	Residual oil	6	Taken from AP-42 (compilation of Air Pollutant Emission Factors, EPA)
89	Crude oil	495	Refuse derived fuel	7	Taken from literature, other than AP-42 (attach copy)
98	Diesel oil	511	Landfill gas	8	Guess
493	Digester gas	256	Solid propellant		
315	Distillate oil	466	Solid waste		
392	Fuel oil #2	304	Wood - hogged		
551	Gasoline	305	Wood - other		
158	Jet fuel	198	Other - gaseous fuels		
160	LPG	200	Other - liquid fuels		
165	Lignite	203	Other - solid fuels		
167	Liquid waste				
494	Municipal solid waste				

4. EMISSION POINT/STACK INFORMATION Check here if the engine has more than one stack or has a continuous pollutant emission monitor and complete one Form P for each emission point.

Emission point number P 18 (If unknown leave blank) New Existing
 Stack outlet height from ground level (ft) 10.67
 Diameter of stack outlet (inches) 6.065 or Outlet cross-section area (square inches) _____
 Direction of outlet (check one) Horizontal Vertical End of outlet (check one) Open/hinged flap Rain cap
 Exhaust rate at typical operation (acfm) 1740 Exhaust temperature at typical operation (°F) 770

5. RISK ASSESSMENT INFORMATION

Distance from engine to the property line of the nearest residence (ft) 4200 or (check if) Greater than one mile
 Distance from engine to the property line of the nearest school¹ (ft) _____ or (check if) Greater than 1000 ft
 Describe the nearest non-residential, non-school site (check one) Industrial Commercial Hospital
 Day care center Other _____
 Distance from engine to the property line of the nearest non-residential, non-school site(ft) 0 or Greater than one mile
 1. K-12 and more than twelve children only.

6. FUEL DATA Complete the table below for each fuel burned. If you are using a fuel other than those listed in the fuel code table, attach a fuel analysis indicating the higher heating value, sulfur content, and nitrogen content. Please clearly indicate the measurement unit that corresponds to the information you are submitting. Check here if you are using more than two fuels, and attach a copy of this page listing the additional fuels.

Primary Fuel					Secondary Fuel					
Fuel Code ¹	<u>98</u>	Name	<u>CARB Diesel</u>			Fuel Code ¹	Name _____			
Maximum Fuel Use Rate ²	<u>14.0</u>	gal/hr or SCF/hr			Maximum Fuel Use Rate ²	_____ gal/hr or SCF/hr				
Annual Fuel Usage ³	<u>700</u>	gal/yr or therm/yr or SCF/yr			Annual Fuel Usage ³	_____ gal/yr or therm/yr or SCF/yr				
Typical Heat Content ⁴	<u>136,900</u>	BTU/gal or BTU/SCF			Typical Heat Content ⁴	_____ BTU/gal or BTU/SCF				
Sulfur Content ⁴	<u>0.0015</u>	wt% liquids or ppmv gases			Sulfur Content ⁴	_____ wt% liquids or ppmv gases				
Emission Factors (Optional)					Emission Factors (Optional)					
Pollutant Name	Emission Factor	Units ⁵	Basis Code ⁶	Abated Factor (✓) ⁷	Pollutant Name	Emission Factor	Units ⁵	Basis Code ⁶	Abated Factor (✓) ⁷	
Particulates	0.12	g/bhp-hr	3	<input type="checkbox"/>	Particulates				<input type="checkbox"/>	
Organics	0.29	g/bhp-hr	3	<input type="checkbox"/>	Organics				<input type="checkbox"/>	
Nitrogen Oxides	4.36	g/bhp-hr	3	<input type="checkbox"/>	Nitrogen Oxides				<input type="checkbox"/>	
Carbon Monoxide	0.32	g/bhp-hr	3	<input type="checkbox"/>	Carbon Monoxide				<input type="checkbox"/>	
Others - <input type="checkbox"/> Check here and attach a separate list under each fuel used.					Others - <input type="checkbox"/> Check here and attach a separate list under each fuel used.					

- Fuel Codes:** Diesel (98) Bio Diesel B100 (815) Bio Diesel B20 Blend (816) Gasoline (551)
 Natural Gas (189) Landfill Gas (511) Digester Gas (493) Liquid Petroleum Gas (LPG) (160)
- Maximum fuel use rate units: gallon/hr for liquid fuels and SCF/hr for gaseous fuels. (SCF = Standard Cubic Foot)
- The annual fuel usage is the actual or projected engine fuel consumption over a rolling 12-month time period. Annual usage units: gallons for liquid fuel, therms for natural gas, and SCF for other gaseous fuels. (therm = 100,000 BTUs, BTU = British Thermal Unit)
- If you are using diesel, natural gas, or gasoline, you may skip this entry. Heat content units: BTU/gallon for liquid fuels, BTU/SCF for gaseous fuels. Sulfur content units: weight % for liquid fuels, ppmv for gaseous fuels. (ppmv = parts per million by volume)
- Emission factors may be reported as gram/brakehp-hr, or as lb per gallon, or as lb per therm, or as lb per SCF.
- See the Control Efficiency/Emission Factor Basis Code table under Section 3 on page 1 of this form.
- Place a check in this column if the emission factor applies to emissions after abatement by an add-on abatement device.

7. CERTIFICATION I hereby certify that all information contained herein is true and correct. (Please sign and date this form)

GREG BOSSAWEN MANAGER [Signature] 12/17/07
 Name of person certifying (print) Title of person certifying Signature of person certifying Date



Pursuant to the authority vested in the Air Resources Board by Sections 43013, 43018, 43101, 43102, 43104 and 43105 of the Health and Safety Code; and

Pursuant to the authority vested in the undersigned by Sections 39515 and 39516 of the Health and Safety Code and Executive Order G-02-003;

IT IS ORDERED AND RESOLVED: That the following compression-ignition engines and emission control systems produced by the manufacturer are certified as described below for use in off-road equipment. Production engines shall be in all material respects the same as those for which certification is granted.

MODEL YEAR	ENGINE FAMILY	DISPLACEMENT (liters)	FUEL TYPE	USEFUL LIFE (hours)
2006	6JDXL08.1037	8.1	Diesel	8000
SPECIAL FEATURES & EMISSION CONTROL SYSTEMS			TYPICAL EQUIPMENT APPLICATION	
Direct Diesel Injection, Turbocharger, Charge Air Cooler, Electronic Control Module, Smoke Puff Limiter			Loaders, Tractor, Pump, Compressor, Generator Set, Other Industrial Equipment	

The engine models and codes are attached.

The following are the exhaust certification standards (STD), or family emission limit(s) (FEL) as applicable, and certification levels (CERT) for hydrocarbon (HC), oxides of nitrogen (NO_x), or non-methane hydrocarbon plus oxides of nitrogen (NMHC+NO_x), carbon monoxide (CO), and particulate matter (PM) in grams per kilowatt-hour (g/kW-hr), and the opacity-of-smoke certification standards and certification levels in percent (%) during acceleration (Accel), lugging (Lug), and the peak value from either mode (Peak) for this engine family (Title 13, California Code of Regulations, (13 CCR) Section 2423):

RATED POWER CLASS	EMISSION STANDARD CATEGORY		EXHAUST (g/kW-hr)					OPACITY (%)		
			HC	NO _x	NMHC+NO _x	CO	PM	ACCEL	LUG	PEAK
130 ≤ kW < 225	Tier 3	STD	N/A	N/A	4.0	3.5	0.20	20	15	50
225 ≤ kW < 450	Tier 3	STD	N/A	N/A	4.0	3.5	0.20	20	15	50
		FEL	-	-	6.3	-	-	-	-	-
		CERT	-	-	6.1	0.8	0.15	10	3	18

BE IT FURTHER RESOLVED: That the family emission limit(s) (FEL) is an emission level declared by the manufacturer for use in any averaging, banking and trading program and in lieu of an emission standard for certification. It serves as the applicable emission standard for determining compliance of any engine within this engine family under 13 CCR Sections 2423 and 2427.

BE IT FURTHER RESOLVED: That for the listed engine models, the manufacturer has submitted the information and materials to demonstrate certification compliance with 13 CCR Section 2424 (emission control labels), and 13 CCR Sections 2425 and 2426 (emission control system warranty).

Engines certified under this Executive Order must conform to all applicable California emission regulations.

This Executive Order is only granted to the engine family and model-year listed above. Engines in this family that are produced for any other model-year are not covered by this Executive Order.

Executed at El Monte, California on this 21st day of December 2005.

Raphael Suonowitz
for Allen Lyons, Chief
Mobile Source Operations Division

Engine Model Summary Form

Manufacturer: John Deere Power Systems of Deere and
Engine category: Nonroad CI
EPA Engine Family: 6JDXL08.1037
Family Name: 450HF
Process Code: New Submission

Attachment
 U-2-004-0264

1.Engine Code	2.Engine Model	3.BHP @ RPM (SAE Gross)	4.Fuel Rate: mm ³ /stroke @ peak HP (for diesel only)	5.Fuel Rate: (lbs/hr) @ peak HP (for diesels only)	6.Torque @ RPM (SEA Gross)	7.Fuel Rate: mm ³ /stroke @ peak torque	8.Fuel Rate: (lbs/hr) @ peak torque	9.Emission Control Device Per SAE J1930
6081HRW30	6081H	285.64@2100	136.50@2100	96.70@2100	1000.00@1400	188.6@1400	89.05@1400	EM EC SPL
6081HZ016	6081H	303.08@2100	120.30@2100	102.52@2100	976.41@1500	159.5@1500	95.24@1500	EM EC SPL
6081HDW08	6081H	199.28@2200	102.60@2200	76.13@2200	781.72@1500	151.5@1500	76.66@1500	EM EC SPL
6081HH019	6081H	300.39@2200	137.10@2200	101.72@2200	840.71@1600	165.3@1600	89.22@1600	EM EC SPL
6081HT006A	6081H	199.15@2100	99.60@2100	70.55@2100	672.57@1500	132@1500	66.80@1500	EM EC SPL
6081HT006B	6081H	217.25@2100	107.80@2100	76.42@2100	733.78@1500	145.3@1500	73.42@1500	EM EC SPL
6081HT008	6081H	261.50@2000	138.40@2000	93.30@2000	998.53@1500	196@1500	99.17@1500	EM EC SPL
6081HF070A	6081H	335.26@2200	160.00@2200	116.85@2200	1126.85@1400	226@1400	108.03@1400	EM EC SPL
6081HH027	6081H	383.54@2200	181.20@2200	134.42@2200	1087.03@1600	219@1600	118.17@1600	EM EC SPL
6081HH026	6081H	347.33@2200	162.70@2200	120.71@2200	974.93@1600	195.7@1600	105.63@1600	EM EC SPL

2A
207, Tc



**Data Form A
ABATEMENT DEVICE**

BAY AREA AIR QUALITY MANAGEMENT DISTRICT

939 Ellis Street . . . San Francisco, CA 94109 . . . (415) 749-4990 . . . FAX (415) 749-5030

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for office use only

Abatement Device: Equipment/process whose primary purpose is to reduce the quantity of pollutant(s) emitted to the atmosphere.

1. Business Name: Gateway Generating Station Plant No: 18143
(If unknown, leave blank)

2. Name or Description natural gas-fired combustion turbine w/ duct firing Abatement Device No: A- 11

3. Make, Model, and Rated Capacity GE Frame 7FA, 1872 MMBtu/hr, with HRSGs, 395 MMBtu/hr

4. Abatement Device Code (See table*) 66 Date of Initial Operation 8/29/08

5. With regard to air pollutant flow into this abatement device, what sources(s) and/or abatement device(s) are **immediately** upstream?

S- 41 S- 42 S- _____ S- _____ S- _____
S- _____ A- 12 A- _____ A- _____ A- _____ A- _____

6. Typical gas stream temperature at inlet: TBD °F

If this form is being submitted as part of an application for an **Authority to Construct**, completion of the following table is mandatory. If not, and the Abatement Device is *already in operation*, completion of the table is requested but not required.

	Pollutant	Weight Percent Reduction (at typical operation)	Basis Codes (See Table**)
7.	Particulate	0	
8.	Organics	0	
9.	Nitrogen Oxides (as NO ₂)	as necessary to achieve 2.0 ppm outlet	3
10.	Sulfur Dioxide	0	
11.	Carbon Monoxide	0	
12.	Other:		
13.	Other:		

14. Check box if this Abatement Device burns fuel; complete lines 1, 2 and 15-36 on Form C (using the Abatement Device No. above for the Source No.) and attach to this form.

15. With regard to air pollutant flow from this abatement device, what sources(s), abatement device(s) and/or emission point(s) are **immediately** downstream?

S- _____ A- _____ A- _____ A- _____ P- 11 P- _____

Person completing this form: Nancy Matthews	Date: 11/27/07
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**Data Form A
ABATEMENT DEVICE**

BAY AREA AIR QUALITY MANAGEMENT DISTRICT

939 Ellis Street . . . San Francisco, CA 94109 . . . (415) 749-4990 . . . FAX (415) 749-5030

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for office use only

Abatement Device: Equipment/process whose primary purpose is to reduce the quantity of pollutant(s) emitted to the atmosphere.

1. Business Name: Gateway Generating Station Plant No: 18143
(If unknown, leave blank)

2. Name or Description natural gas-fired combustion turbine w/ duct firing Abatement Device No: A- 12

3. Make, Model, and Rated Capacity GE Frame 7FA, 1872 MMBtu/hr, with HRSGs, 395 MMBtu/hr

4. Abatement Device Code (See table*) 72 Date of Initial Operation 8/29/08

5. With regard to air pollutant flow into this abatement device, what sources(s) and/or abatement device(s) are **immediately** upstream?

S- 41 S- 42 S- _____ S- _____ S- _____
S- _____ A- _____ A- _____ A- _____ A- _____ A- _____

6. Typical gas stream temperature at inlet: TBD °F

If this form is being submitted as part of an application for an **Authority to Construct**, completion of the following table is mandatory. If not, and the Abatement Device is *already in operation*, completion of the table is requested but not required.

	Pollutant	Weight Percent Reduction (at typical operation)	Basis Codes (See Table**)
7.	Particulate	0	
8.	Organics	as necessary to achieve 2 ppm outlet	3
9.	Nitrogen Oxides (as NO ₂)	0	
10.	Sulfur Dioxide	0	
11.	Carbon Monoxide	as necessary to achieve 4 ppm outlet	3
12.	Other:		
13.	Other:		

14. Check box if this Abatement Device burns fuel; complete lines 1, 2 and 15-36 on Form C (using the Abatement Device No. above for the Source No.) and attach to this form.

15. With regard to air pollutant flow from this abatement device, what sources(s), abatement device(s) and/or emission point(s) are **immediately** downstream?

S- _____ A- 11 A- _____ A- _____ P- 11 P- _____

Person completing this form: Nancy Matthews	Date: 11/27/07
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**Data Form A
ABATEMENT DEVICE**

BAY AREA AIR QUALITY MANAGEMENT DISTRICT

939 Ellis Street . . . San Francisco, CA 94109 . . . (415) 749-4990 . . . FAX (415) 749-5030

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for office use only

Abatement Device: Equipment/process whose primary purpose is to reduce the quantity of pollutant(s) emitted to the atmosphere.

1. Business Name: Gateway Generating Station Plant No: 18143
(If unknown, leave blank)

2. Name or Description natural gas-fired combustion turbine w/ duct firing Abatement Device No: A- 13

3. Make, Model, and Rated Capacity GE Frame 7FA, 1872 MMBtu/hr, with HRSGs, 395 MMBtu/hr

4. Abatement Device Code (See table*) 66 Date of Initial Operation 8/29/08

5. With regard to air pollutant flow into this abatement device, what sources(s) and/or abatement device(s) are **immediately** upstream?

S- 43 S- 44 S- _____ S- _____ S- _____
S- _____ A- 14 A- _____ A- _____ A- _____ A- _____

6. Typical gas stream temperature at inlet: TBD °F

If this form is being submitted as part of an application for an **Authority to Construct**, completion of the following table is mandatory. If not, and the Abatement Device is *already in operation*, completion of the table is requested but not required.

	Pollutant	Weight Percent Reduction (at typical operation)	Basis Codes (See Table**)
7.	Particulate	0	
8.	Organics	0	
9.	Nitrogen Oxides (as NO ₂)	as necessary to achieve 2.0 ppm outlet	3
10.	Sulfur Dioxide	0	
11.	Carbon Monoxide	0	
12.	Other:		
13.	Other:		

14. Check box if this Abatement Device burns fuel; complete lines 1, 2 and 15-36 on Form C (using the Abatement Device No. above for the Source No.) and attach to this form.

15. With regard to air pollutant flow from this abatement device, what sources(s), abatement device(s) and/or emission point(s) are **immediately** downstream?

S- _____ A- _____ A- _____ A- _____ P- 12 P- _____

Person completing this form: Nancy Matthews	Date: 11/27/07
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**Data Form A
ABATEMENT DEVICE**

BAY AREA AIR QUALITY MANAGEMENT DISTRICT

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for office use only

Abatement Device: Equipment/process whose primary purpose is to reduce the quantity of pollutant(s) emitted to the atmosphere.

1. Business Name: Gateway Generating Station Plant No: 18143
(If unknown, leave blank)

2. Name or Description natural gas-fired combustion turbine w/ duct firing Abatement Device No: A- 14

3. Make, Model, and Rated Capacity GE Frame 7FA, 1872 MMBtu/hr, with HRSGs, 395 MMBtu/hr

4. Abatement Device Code (See table*) 72 Date of Initial Operation 8/29/08

5. With regard to air pollutant flow into this abatement device, what sources(s) and/or abatement device(s) are **immediately** upstream?

S- 43 S- 44 S- _____ S- _____ S- _____
S- _____ A- _____ A- _____ A- _____ A- _____ A- _____

6. Typical gas stream temperature at inlet: TBD °F

If this form is being submitted as part of an application for an **Authority to Construct**, completion of the following table is mandatory. If not, and the Abatement Device is *already in operation*, completion of the table is requested but not required.

	Pollutant	Weight Percent Reduction (at typical operation)	Basis Codes (See Table**)
7.	Particulate	0	
8.	Organics	as necessary to achieve 2 ppm outlet	3
9.	Nitrogen Oxides (as NO ₂)	0	
10.	Sulfur Dioxide	0	
11.	Carbon Monoxide	as necessary to achieve 4 ppm outlet	3
12.	Other:		
13.	Other:		

14. Check box if this Abatement Device burns fuel; complete lines 1, 2 and 15-36 on Form C (using the Abatement Device No. above for the Source No.) and attach to this form.

15. With regard to air pollutant flow from this abatement device, what sources(s), abatement device(s) and/or emission point(s) are **immediately** downstream?

S- _____ A- 13 A- _____ A- _____ P- 12 P- _____

Person completing this form: Nancy Matthews	Date: 11/27/07
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BAY AREA AIR QUALITY MANAGEMENT DISTRICT

939 Ellis Street . . . San Francisco, CA 94109. . . (415) 749-4990 . . . FAX (415) 749-5030 OR 4949
WEBSITE: WWW.BAAQMD.GOV

Health Risk Screening Analysis

IMPORTANT: For any permit application that requires a Health Risk Screening Analysis, fill out one form for each source that emits a Toxic Air Contaminant(s) [or for a group of sources that exhaust through a common stack]. Emissions can be from a discrete point source (with stack) or a source with fugitive emissions (area or volume source). You must provide a plot plan (drawn to scale, if possible) and a local map (aerial photos are recommended), which clearly demonstrate the location of your site, the source(s), property lines, and any surrounding buildings [see attached example]. Label streets, schools, residences, and other businesses. List major dimensions of all buildings surrounding the source in Section C.

Plant Name: Gateway Generating Station Plant No.: 18143
Source Description: natural gas-fired combustion turbine with HRSG
Source No.: S- 41/S-42 Emission Point No.: P- 11
(if known) (if known)

SECTION A (Point Source)

- 1. Does the source exhaust at clearly defined emission point; i.e., a stack or exhaust pipe? YES OR NO
2. Does the stack (or exhaust pipe) stand alone or is it located on the roof of a building? alone OR on roof
3. What is the height of the stack outlet above ground level? 195 feet OR meters?
4. What is the inside diameter of the stack outlet? inches OR 16.76 feet OR meters
5. What is the direction of the exhaust from the stack outlet? horizontal OR vertical
6. Is the stack outlet: open or hinged rain flap OR rain capped (deflects exhaust downward or horizontally)
7. What is the exhaust flowrate during normal operation? 936640 cfm (cubic feet/min) OR meters3/second
8. What is the typical temperature of the exhaust gas? 180 degrees Fahrenheit OR degrees Celsius

SECTION B (Area/Volume Source)

This section applies to fugitive emissions that are NOT captured by a collection system nor directly emitted through a stack or other emission point. Volume sources have fugitive emissions generally released within a building or other defined space (e.g., dry cleaner, gasoline station canopy). Area sources are generally flat areas of release (e.g., landfill, quarry).

- 1. Is the emission source located within a building? YES (go to #2) OR NO (go to #3)
2. If YES (source inside building), provide building dimensions on line B1 in Section C
a. Does the building have a ventilation system that is vented to the outside? YES OR NO
b. If NO (ventilation), are the building's doors & windows kept open during hours of operation? YES OR NO
3. If NO (source not inside building), provide a description of the source, dimensions, & indicate location on plot plan.

(Go on to Section C)

SECTION C (Building Dimensions)

Provide building dimensions. Use Line B1 only for building with source/stack on the roof or with fugitive emissions inside building. Use Lines B2-B9 for buildings surrounding the source (within 300 feet). Distance and direction are optional if map and/or aerial photo are adequately labeled with locations of buildings. Check one for units: feet OR meters

B#	Building name or description	Height	Width	Length	Distance To Source	Direction To Source
B1	Building with source:				n/a	n/a
B2	please see application support					
B3	document for building details					
B4						
B5						
B6						
B7						
B8						
B9						

NOTE: Label buildings by B# on plot plan, map and/or aerial photo. Provide comments below for any details that need additional clarification (e.g., list buildings that are co-occupied by your employees and other workers, residents, students, etc).

(Go on to Section D)

SECTION D (Receptor Locations)

NOTE: Indicate on maps or aerial photos the residential and nonresidential areas surrounding your facility.

- Indicate the area where the source is located (check one):

<input type="checkbox"/> zoned for residential use	<input type="checkbox"/> zoned for mixed residential and commercial/industrial use
<input checked="" type="checkbox"/> zoned for commercial and/or industrial use	<input type="checkbox"/> zoned for agricultural use
- Distance from source (stack or building) to nearest facility property line = 80 feet OR _____ meters
- Distance from source (stack or building) to the property line of the nearest residence = 3900 feet OR _____ meters
- Describe the nearest nonresidential property (check one): Industrial/Commercial OR Other _____
- Distance from source (stack or building) to property line of nearest nonresidential site = 250 feet OR _____ meters
- Distance from source to property line of nearest school* (or school site) = _____ feet OR Greater than 1,000 feet

[Note: Helpful website with California Dept. of Education data: www.greatschools.net]

Provide the names and addresses of all schools* that have property line(s) within 1,000 feet of the source:

None.

*K-12 and more than twelve children only

SECTION C (Building Dimensions)

Provide building dimensions. Use Line B1 only for building with source/stack on the roof or with fugitive emissions inside building. Use Lines B2-B9 for buildings surrounding the source (within 300 feet). Distance and direction are optional if map and/or aerial photo are adequately labeled with locations of buildings. Check one for units: feet OR meters

B#	Building name or description	Height	Width	Length	Distance To Source	Direction To Source
B1	Building with source:				n/a	n/a
B2	please see application support					
B3	document for building details					
B4						
B5						
B6						
B7						
B8						
B9						

NOTE: Label buildings by B# on plot plan, map and/or aerial photo. Provide comments below for any details that need additional clarification (e.g., list buildings that are co-occupied by your employees and other workers, residents, students, etc).

(Go on to Section D)

SECTION D (Receptor Locations)

NOTE: Indicate on maps or aerial photos the residential and nonresidential areas surrounding your facility.

- Indicate the area where the source is located (check one):

<input type="checkbox"/> zoned for residential use	<input type="checkbox"/> zoned for mixed residential and commercial/industrial use
<input checked="" type="checkbox"/> zoned for commercial and/or industrial use	<input type="checkbox"/> zoned for agricultural use
- Distance from source (stack or building) to nearest facility property line = 80 feet OR _____ meters
- Distance from source (stack or building) to the property line of the nearest residence = 3700 feet OR _____ meters
- Describe the nearest nonresidential property (check one): Industrial/Commercial OR Other _____
- Distance from source (stack or building) to property line of nearest nonresidential site = 500 feet OR _____ meters
- Distance from source to property line of nearest school* (or school site) = _____ feet OR Greater than 1,000 feet

[Note: Helpful website with California Dept. of Education data: www.greatschools.net]

Provide the names and addresses of all schools* that have property line(s) within 1,000 feet of the source:

None.

*K-12 and more than twelve children only

BAY AREA AIR QUALITY MANAGEMENT DISTRICT

939 Ellis Street . . . San Francisco, CA 94109. . . (415) 749-4990 . . . FAX (415) 749-5030 OR 4949
WEBSITE: WWW.BAAQMD.GOV

Health Risk Screening Analysis

IMPORTANT: For any permit application that requires a Health Risk Screening Analysis, fill out one form for each source that emits a Toxic Air Contaminant(s) [or for a group of sources that exhaust through a common stack]. Emissions can be from a discrete point source (with stack) or a source with fugitive emissions (area or volume source). You must provide a plot plan (drawn to scale, if possible) and a local map (aerial photos are recommended), which clearly demonstrate the location of your site, the source(s), property lines, and any surrounding buildings [see attached example]. Label streets, schools, residences, and other businesses. List major dimensions of all buildings surrounding the source in Section C.

Plant Name: Gateway Generating Station Plant No.: 18143
Source Description: natural gas-fired dewpoint heater
Source No.: S- 45 Emission Point No.: P- 13
(if known) (if known)

SECTION A (Point Source)

- 1. Does the source exhaust at clearly defined emission point; i.e., a stack or exhaust pipe? YES OR NO
2. Does the stack (or exhaust pipe) stand alone or is it located on the roof of a building? alone OR on roof
3. What is the height of the stack outlet above ground level? 15 feet OR meters?
4. What is the inside diameter of the stack outlet? inches OR 0.67 feet OR meters
5. What is the direction of the exhaust from the stack outlet? horizontal OR vertical
6. Is the stack outlet: open or hinged rain flap OR rain capped (deflects exhaust downward or horizontally)
7. What is the exhaust flowrate during normal operation? 1964 cfm (cubic feet/min) OR meters3/second
8. What is the typical temperature of the exhaust gas? 300 degrees Fahrenheit OR degrees Celsius

SECTION B (Area/Volume Source)

This section applies to fugitive emissions that are NOT captured by a collection system nor directly emitted through a stack or other emission point. Volume sources have fugitive emissions generally released within a building or other defined space (e.g., dry cleaner, gasoline station canopy). Area sources are generally flat areas of release (e.g., landfill, quarry).

- 1. Is the emission source located within a building? YES (go to #2) OR NO (go to #3)
2. If YES (source inside building), provide building dimensions on line B1 in Section C
a. Does the building have a ventilation system that is vented to the outside? YES OR NO
b. If NO (ventilation), are the building's doors & windows kept open during hours of operation? YES OR NO
3. If NO (source not inside building), provide a description of the source, dimensions, & indicate location on plot plan.

(Go on to Section C)

SECTION C (Building Dimensions)

Provide building dimensions. Use Line B1 only for building with source/stack on the roof or with fugitive emissions inside building. Use Lines B2-B9 for buildings surrounding the source (within 300 feet). Distance and direction are optional if map and/or aerial photo are adequately labeled with locations of buildings. Check one for units: feet OR meters

B#	Building name or description	Height	Width	Length	Distance To Source	Direction To Source
B1	Building with source:				n/a	n/a
B2	please see application support					
B3	document for building details					
B4						
B5						
B6						
B7						
B8						
B9						

NOTE: Label buildings by B# on plot plan, map and/or aerial photo. Provide comments below for any details that need additional clarification (e.g., list buildings that are co-occupied by your employees and other workers, residents, students, etc).

(Go on to Section D)

SECTION D (Receptor Locations)

NOTE: Indicate on maps or aerial photos the residential and nonresidential areas surrounding your facility.

- Indicate the area where the source is located (check one):

<input type="checkbox"/> zoned for residential use	<input type="checkbox"/> zoned for mixed residential and commercial/industrial use
<input checked="" type="checkbox"/> zoned for commercial and/or industrial use	<input type="checkbox"/> zoned for agricultural use
- Distance from source (stack or building) to nearest facility property line = 80 feet OR _____ meters
- Distance from source (stack or building) to the property line of the nearest residence = 3600 feet OR _____ meters
- Describe the nearest nonresidential property (check one): Industrial/Commercial OR Other _____
- Distance from source (stack or building) to property line of nearest nonresidential site = 700 feet OR _____ meters
- Distance from source to property line of nearest school* (or school site) = _____ feet OR Greater than 1,000 feet

[Note: Helpful website with California Dept. of Education data: www.greatschools.net]

Provide the names and addresses of all schools* that have property line(s) within 1,000 feet of the source:

None.

*K-12 and more than twelve children only

BAY AREA AIR QUALITY MANAGEMENT DISTRICT

939 Ellis Street . . . San Francisco, CA 94109. . . (415) 749-4990 . . . FAX (415) 749-5030 OR 4949
WEBSITE: WWW.BAAQMD.GOV

Health Risk Screening Analysis

IMPORTANT: For any permit application that requires a Health Risk Screening Analysis, fill out one form for each source that emits a Toxic Air Contaminant(s) [or for a group of sources that exhaust through a common stack]. Emissions can be from a discrete point source (with stack) or a source with fugitive emissions (area or volume source). You must provide a plot plan (drawn to scale, if possible) and a local map (aerial photos are recommended), which clearly demonstrate the location of your site, the source(s), property lines, and any surrounding buildings [see attached example]. Label streets, schools, residences, and other businesses. List major dimensions of all buildings surrounding the source in Section C.

Plant Name: Gateway Generating Station Plant No.: 18143
Source Description: Diesel fire pump engine
Source No.: S- 48 Emission Point No.: P- 18
(if known) (if known)

SECTION A (Point Source)

- 1. Does the source exhaust at clearly defined emission point; i.e., a stack or exhaust pipe? YES OR NO
2. Does the stack (or exhaust pipe) stand alone or is it located on the roof of a building? alone OR on roof
3. What is the height of the stack outlet above ground level? 10.67 feet OR meters?
4. What is the inside diameter of the stack outlet? inches OR 0.5 feet OR meters
5. What is the direction of the exhaust from the stack outlet? horizontal OR vertical
6. Is the stack outlet: open or hinged rain flap OR rain capped (deflects exhaust downward or horizontally)
7. What is the exhaust flowrate during normal operation? 1740 cfm (cubic feet/min) OR meters3/second
8. What is the typical temperature of the exhaust gas? 770 degrees Fahrenheit OR degrees Celsius

SECTION B (Area/Volume Source)

This section applies to fugitive emissions that are NOT captured by a collection system nor directly emitted through a stack or other emission point. Volume sources have fugitive emissions generally released within a building or other defined space (e.g., dry cleaner, gasoline station canopy). Area sources are generally flat areas of release (e.g., landfill, quarry).

- 1. Is the emission source located within a building? YES (go to #2) OR NO (go to #3)
2. If YES (source inside building), provide building dimensions on line B1 in Section C
a. Does the building have a ventilation system that is vented to the outside? YES OR NO
b. If NO (ventilation), are the building's doors & windows kept open during hours of operation? YES OR NO
3. If NO (source not inside building), provide a description of the source, dimensions, & indicate location on plot plan.

(Go on to Section C)

SECTION C (Building Dimensions)

Provide building dimensions. Use Line B1 only for building with source/stack on the roof or with fugitive emissions inside building. Use Lines B2-B9 for buildings surrounding the source (within 300 feet). Distance and direction are optional if map and/or aerial photo are adequately labeled with locations of buildings. Check one for units: feet OR meters

B#	Building name or description	Height	Width	Length	Distance To Source	Direction To Source
B1	Building with source:				n/a	n/a
B2	please see application support					
B3	document for building details					
B4						
B5						
B6						
B7						
B8						
B9						

NOTE: Label buildings by B# on plot plan, map and/or aerial photo. Provide comments below for any details that need additional clarification (e.g., list buildings that are co-occupied by your employees and other workers, residents, students, etc).

(Go on to Section D)

SECTION D (Receptor Locations)

NOTE: Indicate on maps or aerial photos the residential and nonresidential areas surrounding your facility.

- Indicate the area where the source is located (check one):

<input type="checkbox"/> zoned for residential use	<input type="checkbox"/> zoned for mixed residential and commercial/industrial use
<input checked="" type="checkbox"/> zoned for commercial and/or industrial use	<input type="checkbox"/> zoned for agricultural use
- Distance from source (stack or building) to nearest facility property line = 120 feet OR _____ meters
- Distance from source (stack or building) to the property line of the nearest residence = 3600 feet OR _____ meters
- Describe the nearest nonresidential property (check one): Industrial/Commercial OR Other _____
- Distance from source (stack or building) to property line of nearest nonresidential site = 1100 feet OR _____ meters
- Distance from source to property line of nearest school* (or school site) = _____ feet OR Greater than 1,000 feet

[Note: Helpful website with California Dept. of Education data: www.greatschools.net]

Provide the names and addresses of all schools* that have property line(s) within 1,000 feet of the source:

None.

*K-12 and more than twelve children only