



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.

XPP

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): Frito-Lay, Inc.
2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 000346
3. Owner's Business Name (If different from Business Name of Operator):

Section B - Equipment Location Address
4. Equipment Location Is: Fixed Location
9535 Archibald Ave
Rancho Cucamonga, CA 91730-5735
Bob Biacsi, E&M Director
(909) 941-6203
E-Mail: bob.biacsi@pepsico.com
Section C - Permit Mailing Address
5. Permit and Correspondence Information:
9535 Archibald Ave
Rancho Cucamonga, CA 91730-5735
Bob Biacsi, E&M Director
(909) 941-6203
E-Mail: bob.biacsi@pepsico.com

Section D - Application Type
6. The Facility Is: In RECLAIM & Title V Programs

7. Reason for Submitting Application (Select only ONE):
7a. New Equipment or Process Application:
7b. Facility Permits: Title V Application or Amendment
7c. Equipment or Process with an Existing/Previous Application or Permit:
Existing or Previous Permit/Application
If you checked any of the items in 7c., you MUST provide an existing Permit or Application Number.

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 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? Snack Food Production
14. What is your business primary NAICS Code? 311919
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: Bob Biacsi
18. Title of Responsible Official: Director
19. I wish to review the permit prior to issuance.
20. Print Name: Bob Biacsi
21. Date: 9/28/12
22. Do you claim confidentiality of data? (If Yes, see instructions.)

23. Check List: Authorized Signature/Date, Form 400-CEQA, Supplemental Form(s), Fees Enclosed
AQMD USE ONLY: APPLICATION TRACKING # 543116, CHECK # 132503, AMOUNT RECEIVED \$ 3,779.05, PAYMENT TRACKING # 104775, VALIDATION 10/2/12
DATE, APP REJ, DATE, APP REJ, CLASS I III, BASIC CONTROL, EQUIPMENT CATEGORY CODE, TEAM, ENGINEER, REASON/ACTION TAKEN

SCAQMD
REVENUE & RECEIVING

12 SEP 28 P1:40

S.C. ENGINEERING

12 OCT -2 A8:29



South Coast Air Quality Management District

Form 400-CEQA

California Environmental Quality Act (CEQA) Applicability

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

The SCAQMD is required by state law, the California Environmental Quality Act (CEQA), to review discretionary permit project applications for potential air quality and other environmental impacts. This form is a screening tool to assist the SCAQMD in clarifying whether or not the project has the potential to generate significant adverse environmental impacts that might require preparation of a CEQA document [CEQA Guidelines §15060(a)].

Section A - Facility Information
1. Facility Name (Business Name of Operator To Appear On The Permit): Frito-Lay, Inc.
2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 000346
3. Project Description: Title V Permit Renewal

Section B - Review For Exemption From Further CEQA Action

Table with 3 columns: Yes, No, Is this application for:
1. A CEQA and/or NEPA document previously or currently prepared that specifically evaluates this project?
2. A request for a change of permittee only (without equipment modifications)?
3. A functionally identical permit unit replacement with no increase in rating or emissions?
4. A change of daily VOC permit limit to a monthly VOC permit limit?
5. Equipment damaged as a result of a disaster during state of emergency?
6. A Title V (i.e., Regulation XXX) permit renewal (without equipment modifications)?
7. A Title V administrative permit revision?
8. The conversion of an existing permit into an initial Title V permit?

If "Yes" is checked for any question in Section B, your application does not require additional evaluation for CEQA applicability. Skip to Section D - Signatures on page 2 and sign and date this form.

Section C - Review of Impacts Which May Trigger CEQA

Complete Parts I-VI by checking "Yes" or "No" as applicable. To avoid delays in processing your application(s), explain all "Yes" responses on a separate sheet and attach it to this form.

Table with 3 columns: Yes, No, Part I - General / Part II - Air Quality
1. Has this project generated any known public controversy regarding potential adverse impacts that may be generated by the project?
2. Is this project part of a larger project?
3. Will there be any demolition, excavating, and/or grading construction activities that encompass an area exceeding 20,000 square feet?
4. Does this project include the open outdoor storage of dry bulk solid materials that could generate dust?

1 A "project" means the whole of an action which has a potential for resulting in physical change to the environment, including construction activities, clearing or grading of land, improvements to existing structures, and activities or equipment involving the issuance of a permit.
2 To download the CEQA guidelines, visit http://ceres.ca.gov/env_law/state.html.
3 To download this form and the instructions, visit http://www.aqmd.gov/ceqa or http://www.aqmd.gov/permit

Section C - Review of Impacts Which May Trigger CEQA (cont.)		
Yes	No	Part II - Air Quality (cont.)
<input type="radio"/>	<input type="radio"/>	5. Would this project result in noticeable off-site odors from activities that may not be subject to SCAQMD permit requirements? For example, compost materials or other types of greenwaste (i.e., lawn clippings, tree trimmings, etc.) have the potential to generate odor complaints subject to Rule 402 - Nuisance
<input type="radio"/>	<input type="radio"/>	6. Does this project cause an increase of emissions from marine vessels, trains and/or airplanes?
<input type="radio"/>	<input type="radio"/>	7. Will the proposed project increase the QUANTITY of hazardous materials stored aboveground onsite or transported by mobile vehicle to or from the site by greater than or equal to the amounts associated with each compound on the attached Table 17 ⁴
Part III - Water Resources		
<input type="radio"/>	<input type="radio"/>	8. Will the project increase demand for water at the facility by more than 5,000,000 gallons per day? The following examples identify some, but not all, types of projects that may result in a "yes" answer to this question: 1) projects that generate steam; 2) projects that use water as part of the air pollution control equipment; 3) projects that require water as part of the production process; 4) projects that require new or expansion of existing sewage treatment facilities; 5) projects where water demand exceeds the capacity of the local water purveyor to supply sufficient water for the project; and 6) projects that require new or expansion of existing water supply facilities.
<input type="radio"/>	<input type="radio"/>	9. Will the project require construction of new water conveyance infrastructure? Examples of such projects are when water demands exceed the capacity of the local water purveyor to supply sufficient water for the project, or require new or modified sewage treatment facilities such that the project requires new water lines, sewage lines, sewage hook-ups, etc.
Part IV - Transportation/Circulation		
<input type="radio"/>	<input type="radio"/>	10. Will the project result in (Check all that apply):
<input type="radio"/>	<input type="radio"/>	a. the need for more than 350 new employees?
<input type="radio"/>	<input type="radio"/>	b. an increase in heavy-duty transport truck traffic to and/or from the facility by more than 350 truck round-trips per day?
<input type="radio"/>	<input type="radio"/>	c. increase customer traffic by more than 700 visits per day?
Part V - Noise		
<input type="radio"/>	<input type="radio"/>	11. Will the project include equipment that will generate noise GREATER THAN 90 decibels (dB) at the property line?
Part VI - Public Services		
<input type="radio"/>	<input type="radio"/>	12. Will the project create a permanent need for new or additional public services in any of the following areas (Check all that apply):
<input type="radio"/>	<input type="radio"/>	a. Solid waste disposal? Check "No" if the projected potential amount of wastes generated by the project is less than five tons per day.
<input type="radio"/>	<input type="radio"/>	b. Hazardous waste disposal? Check "No" if the projected potential amount of hazardous wastes generated by the project is less than 42 cubic yards per day (or equivalent in pounds).
REMINDER: For each "Yes" response in Section C, attach all pertinent information including but not limited to estimated quantities, volumes, weights, etc.		

Section D - Signatures		
I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS FORM IS A SCREENING TOOL AND THAT THE SCAQMD RESERVES THE RIGHT TO CONSIDER OTHER PERTINENT INFORMATION IN DETERMINING CEQA APPLICABILITY.		
1. Signature of Responsible Official of Firm: 		2. Title of Responsible Official of Firm: Director, Maintenance and Engineering
3. Print Name of Responsible Official of Firm: Bob Biacsi		4. Date Signed: 9/28/12
5. Phone # of Responsible Official of Firm: (909) 941-6203	6. Fax # of Responsible Official of Firm:	7. Email of Responsible Official of Firm: bob.biacsi@pepsico.com
8. Signature of Preparer. (If prepared by person other than responsible official of firm):		9. Title of Preparer: Consultant to Applicant
10. Print Name of Preparer: M. Scott Weaver		11. Date Signed:
12. Phone # of Preparer: (626) 773-7553	13. Fax # of Preparer:	14. Email of Preparer: scott.weaver@erm.com

THIS CONCLUDES FORM 400-CEQA. INCLUDE THIS FORM AND ANY ATTACHMENTS WITH FORM 400-A.

⁴ Table 1 - Regulated Substances List and Threshold Quantities for Accidental Release Prevention can be found in the Instructions for Form 400-CEQA.
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South Coast Air Quality Management District

Form 500-A2

Title V Application Certification

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

Section I - Operator Information

1. **Facility Name** (Business Name of Operator That Appears On Permit): Frito-Lay, Inc.

2. **Valid AQMD Facility ID** (Available On Permit Or Invoice Issued By AQMD): 000346

3. This Certification is submitted with a (Check one):

- a. Title V Application (Initial, Revision or Renewal)
- b. Supplement/Correction to a Title V Application
- c. MACT Part 1

4. Is Form 500-C2 included with this Certification? Yes No

Section II - Responsible Official Certification Statement

Read each statement carefully and check each that applies - You must check 3a or 3b.

1. **For Initial, Permit Renewal, and Administrative Application Certifications:**

- a. The facility, including equipment that are exempt from written permit per Rule 219, is currently operating and will continue to operate in compliance with all applicable requirement(s) identified in Section II and Section III of Form 500-C1.
 - i. except for those requirements that do not specifically pertain to such devices or equipment and that have been identified as "Remove" on Section III of Form 500-C1.
 - ii. except for those devices or equipment that have been identified on the completed and attached Form 500-C2 that will not be operating in compliance with the specified applicable requirement(s).
- b. The facility, including equipment that are exempt from written permit per Rule 219, will meet in a timely manner, all applicable requirements with future effective dates.

2. **For Permit Revision Application Certifications:**

- a. The equipment or devices to which this permit revision applies, will in a timely manner comply with all applicable requirements identified in Section II and Section III of Form 500-C1.

3. **For MACT Hammer Certifications:**

- a. The facility is subject to Section 112(j) of the Clean Air Act (Subpart B of 40 CFR part 63), also known as the MACT "hammer." The following information is submitted with a Title V application to comply with the Part 1 requirements of Section 112(j).
- b. The facility is not subject to Section 112(j) of the Clean Air Act (Subpart B of 40 CFR part 63).

Section III - Authorization/Signature

I certify under penalty of law that I am the responsible official for this facility as defined in AQMD Regulation XXX and that based on information and belief formed after reasonable inquiry, the statement and information in this document and in all attached application forms and other materials are true, accurate, and complete.

1. Signature of Responsible Official: 	2. Title of Responsible Official: Director, Maintenance & Engineering
3. Print Name: Robert Biacsi	4. Date: 02/27/2013
5. Phone #: (909) 941-6203	6. Fax #:
7. Address of Responsible Official: 9535 Archibald Avenue, Rancho Cucamonga CA 91730	
Street #	City State Zip

Acid Rain Facilities Only: Please Complete Section IV

Acid Rain facilities must certify their compliance status of the devices subject to applicable requirements under Title IV by an individual who meets the definition of Designated (or Alternate) Representative in 40 CFR Part 72.

Section IV - Designated Representative Certification Statement

For Acid Rain Facilities Only: I am authorized to make this submission on behalf of the owners and operators of the affected source or affected units for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

1. Signature of Designated Representative or Alternate:	2. Title of Designated Representative or Alternate:
3. Print Name of Designated Representative or Alternate:	4. Date:
5. Phone #:	6. Fax #:
7. Address of Designated Representative or Alternate: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> Street # _____ City _____ State <u>CA</u> Zip _____ </div>	