



South Coast Air Quality Management District

Form 400-A

Application For Permit To Construct and Permit To Operate

(XPP) (13)

Mail Application To: P.O. Box 4944 Diamond Bar, CA 91765

Tel: (909) 396-3385 www.aqmd.gov

Section A: Operator Information

1. Business Name of Operator To Appear On The Permit:
LA City, DWP Haynes Generating Station

2. Valid AQMD Facility ID (Available on Permit or Invoice issued by AQMD): 800074

3. Owner's Business Name (only if different from Business Name of Operator):
Los Angeles Department of Water & Power

<p>Section B: Equipment Location</p> <p>4. Equipment Location Address: For equipment operated at various locations in AQMD's jurisdiction, provide address of initial site</p> <p>6801 2nd Street Street Address</p> <p>Long Beach CA 90803 City State Zip Code</p> <p>County: <input checked="" type="radio"/> Los Angeles <input type="radio"/> Orange <input type="radio"/> San Bernardino <input type="radio"/> Riverside</p> <p>Contact Name: Char-Li Dong Contact Title: Plant Manager Phone: (310) 522-7500 Fax: (310) 522-7524 E-Mail: Charli.Dong@LADWP.Com</p>	<p>Section C: Permit Mailing Address</p> <p>5. Permit and Correspondence Information: <input type="checkbox"/> Check here if same as equipment location address</p> <p>111 North Hope Street, Room 1050 Street Address</p> <p>Los Angeles CA 90012 City State Zip Code</p> <p>Contact Name: Mark Sedlacek Contact Title: Director of Env. Services Phone: (213) 367-0403 Fax: (213) 367-4710 E-Mail: Mark.Sedlacek@ladwp.com</p>
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Section D: Application Type The facility is in RECLAIM Title V RECLAIM & Title V Program (please check if applicable)

6. Reason for Submitting Application (Select only ONE):

<input checked="" type="radio"/> New Construction (Permit to Construct) (D) <input type="radio"/> Equipment Operating Without A Permit or Expired Permit* <input type="radio"/> Administrative Change <input type="radio"/> Equipment On-Site But Not Constructed or Operational <input type="radio"/> Title V Application (Initial, Revisions, Modifications, etc.) <input type="radio"/> Compliance Plan <input type="radio"/> Facility Permit Amendment <input type="radio"/> Registration/Certification <input type="radio"/> Streamlined Standard Permit	<input type="radio"/> Permitted Equipment Altered/ Modified Without Permit Approval* <input type="radio"/> Proposed Alteration/Modification to Permitted Equipment <input type="radio"/> Change of Condition For Permit To Operate <input type="radio"/> Change of Condition For Permit To Construct <input type="radio"/> Change of Location—Moving to New Site <p>Existing Or Previous Permit/Application Number: (If you checked any of the items in this column, you MUST provide a existing Permit/ Application Number)</p>
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7. Estimated Start Date of Operation/Construction (MM/DD/YYYY): 06/01/2010

8. Description of Equipment:
Title V Significant Permit Revision

9. Is this equipment portable AND will it be operated at different locations within AQMD's jurisdiction? No Yes

10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each) 0

11. Are you a Small Business as per AQMD's Rule 102 definition? (10 employees or less and total gross receipts are \$500,000 or less, or a not-for-profit training center?) No Yes

12. Has a Notice of Violation (NOV) or a Notice To Comply (NC) been issued for this equipment? No Yes If yes, provide NOV/NC #:

* A Higher Permit Processing Fee applies to those items with an asterisk (Rule 301 (c) (1) (D))

Section E: Facility Business Information

13. What type of business is being conducted at this equipment location?
Power Generation

14. What is your businesses primary NAICS Code (North American Industrial Classification System)? 221112

15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? No Yes

16. Are there any schools (K-12) within a 1000-ft. radius of the equipment physical location? No Yes

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

17. Signature of Responsible Official:

18. Title: Sr. Asst. Gen. Manager

19. Print Name: Aram Benyamin

20. Date: FEB - 5 2009

Check List

- Form(s) signed and dated by authorized official
- Supplemental Equipment Form (400-E-XX or 400-E-GEN)
- CEQA Form (400-CEQA) attached
- Payment for permit processing fee attached

Your application will be rejected if any of the above items are missing.

AQMD USE ONLY		APPLICATION/TRACKING # 495663	TYPE B C D	EQUIPMENT CATEGORY CODE:	FEE SCHEDULE: \$	VALIDATION 2/17/09
ENG. A R	ENG. A R	CLASS I III IV	ASSIGNMENT Unit Engineer	CHECK/MONEY ORDER # 1036	AMOUNT \$ 1538.64	Tracking #

9 FEB 13 11:25

RECEIVED

09 FEB 17 08:43

ENGIN 10 1/2



South Coast Air Quality Management District

Form 400-A

Application For Permit To Construct and Permit To Operate

Mail Application To: P.O. Box 4944 Diamond Bar, CA 91765

Tel: (909) 396-3385 www.aqmd.gov

Section A: Operator Information

1. Business Name of Operator To Appear On The Permit:
LA City, DWP Haynes Generating Station

2. Valid AQMD Facility ID (Available on Permit or Invoice issued by AQMD): 800074

3. Owner's Business Name (only if different from Business Name of Operator):
Los Angeles Department of Water & Power

Section B: Equipment Location

4. Equipment Location Address:
For equipment operated at various locations in AQMD's jurisdiction, provide address of initial site

6801 2nd Street
Street Address

Long Beach CA 90803
City State Zip Code

County: Los Angeles Orange San Bernardino Riverside

Contact Name: Char-Li Dong
Contact Title: Plant Manager Phone: (310) 522-7500
Fax: (310) 522-7524 E-Mail: Charli.Dong@LADWP.Com

Section C: Permit Mailing Address

5. Permit and Correspondence Information:
 Check here if same as equipment location address

111 North Hope Street, Room 1050
Street Address

Los Angeles CA 90012
City State Zip Code

Contact Name: Mark Sedlacek
Contact Title: Director of Env. Services Phone: (213) 367-0403
Fax: (213) 367-4710 E-Mail: Mark.Sedlacek@ladwp.com

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

6. Reason for Submitting Application (Select only ONE):

- New Construction (Permit to Construct) 10
- Equipment Operating Without A Permit or Expired Permit*
- Administrative Change
- Equipment On-Site But Not Constructed or Operational
- Title V Application (Initial, Revisions, Modifications, etc.)
- Compliance Plan
- Facility Permit Amendment
- Registration/Certification
- Streamlined Standard Permit

Permitted Equipment Altered/ Modified Without Permit Approval*

Proposed Alteration/Modification to Permitted Equipment

Change of Condition For Permit To Operate

Change of Condition For Permit To Construct

Change of Location—Moving to New Site

Existing Or Previous Permit/Application Number:
(If you checked any of the items in this column, you MUST provide a existing Permit/ Application Number)

7. Estimated Start Date of Operation/Construction (MM/DD/YYYY): 06/01/2010

8. Description of Equipment:
Simple Cycle Combustion Turbine Unit 12

9. Is this equipment portable AND will it be operated at different locations within AQMD's jurisdiction? No Yes

10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each) 5

11. Are you a Small Business as per AQMD's Rule 102 definition? (10 employees or less and total gross receipts are \$500,000 or less, or a not-for-profit training center?) No Yes

12. Has a Notice of Violation (NOV) or a Notice To Comply (NC) been issued for this equipment?
 No Yes If yes, provide NOV/NC #:

* A Higher Permit Processing Fee applies to those items with an asterisk (Rule 301 (c) (1) (D))

Section E: Facility Business Information

13. What type of business is being conducted at this equipment location?
Power Generation

14. What is your businesses primary NAICS Code (North American Industrial Classification System)? 221112

15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? No Yes

16. Are there any schools (K-12) within a 1000-ft. radius of the equipment physical location? No Yes

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

17. Signature of Responsible Official:

18. Title: Sr. Asst. Gen. Manager

19. Print Name: Aram Benyamin

20. Date: FEB - 5 2009

Check List

- Form(s) signed and dated by authorized official
- Supplemental Equipment Form (400-E-XX or 400-E-GEN)
- CEQA Form (400-CEQA) attached
- Payment for permit processing fee attached

Your application will be rejected if any of the above items are missing.

AQMD USE ONLY		APPLICATION/TRACKING # 495665	TYPE B C D	EQUIPMENT CATEGORY CODE:	FEE SCHEDULE: \$	VALIDATION 2/17/09 aa
ENG. A R	ENG. A R	CLASS I III IV	ASSIGNMENT Unit <input checked="" type="checkbox"/> Engineer	CHECK/MONEY ORDER # 1036	AMOUNT \$ 538.00	Tracking #
DATE	DATE					

871957 113.648.08

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South Coast Air Quality Management District

Form 400-A

Application For Permit To Construct and Permit To Operate

Mail Application To: P.O. Box 4944 Diamond Bar, CA 91765

Tel: (909) 396-3385 www.aqmd.gov

Section A: Operator Information

1. Business Name of Operator To Appear On The Permit: LA City, DWP Haynes Generating Station
2. Valid AQMD Facility ID (Available on Permit or Invoice issued by AQMD): 800074
3. Owner's Business Name (only if different from Business Name of Operator): Los Angeles Department of Water & Power

Section B: Equipment Location

4. Equipment Location Address: 6801 2nd Street, Long Beach, CA 90803
County: [X] Los Angeles [] Orange [] San Bernardino [] Riverside
Contact Name: Char-Li Dong, Contact Title: Plant Manager, Phone: (310) 522-7500, Fax: (310) 522-7524, E-Mail: Charli.Dong@LADWP.Com

Section C: Permit Mailing Address

5. Permit and Correspondence Information: 111 North Hope Street, Room 1050, Los Angeles, CA 90012
Contact Name: Mark Sedlacek, Contact Title: Director of Env. Services, Phone: (213) 367-0403, Fax: (213) 367-4710, E-Mail: Mark.Sedlacek@ladwp.com

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

6. Reason for Submitting Application (Select only ONE): [X] New Construction (Permit to Construct)
7. Estimated Start Date of Operation/Construction (MM/DD/YYYY): 06/01/2010
8. Description of Equipment: Simple Cycle Combustion Turbine Unit 13
9. Is this equipment portable AND will it be operated at different locations within AQMD's jurisdiction? [X] No [] Yes
10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each) 5
11. Are you a Small Business as per AQMD's Rule 102 definition? [X] No [] Yes
12. Has a Notice of Violation (NOV) or a Notice To Comply (NC) been issued for this equipment? [X] No [] Yes

Section E: Facility Business Information

13. What type of business is being conducted at this equipment location? Power Generation
14. What is your business primary NAICS Code (North American Industrial Classification System)? 221112
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? [] No [X] Yes
16. Are there any schools (K-12) within a 1000-ft. radius of the equipment physical location? [X] No [] Yes

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

17. Signature of Responsible Official: [Signature]
18. Title: Sr. Asst. Gen. Manager
19. Print Name: Aram Benyamini
20. Date: FEB - 5 2009
Check List: [X] Form(s) signed and dated by authorized official, [X] Supplemental Equipment Form (400-E-XX or 400-E-GEN), [X] CEQA Form (400-CEQA) attached, [X] Payment for permit processing fee attached

Table with columns: AQMD USE ONLY, APPLICATION/TRACKING #, TYPE B C D, EQUIPMENT CATEGORY CODE, FEE SCHEDULE, VALIDATION, ENG. A R, ASSIGNMENT, CHECK/MONEY ORDER, AMOUNT, Tracking #

4/13

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RESEARCH CENTER
UNIVERSITY OF CALIFORNIA

09 FEB 17 18:46

ENGINEERING



South Coast Air Quality Management District

Form 400-A

Application For Permit To Construct and Permit To Operate

Mail Application To: P.O. Box 4944 Diamond Bar, CA 91765

Tel: (909) 396-3385 www.aqmd.gov

Section A: Operator Information

1. Business Name of Operator To Appear On The Permit: LA City, DWP Haynes Generating Station
2. Valid AQMD Facility ID (Available on Permit or Invoice issued by AQMD): 800074
3. Owner's Business Name (only if different from Business Name of Operator): Los Angeles Department of Water & Power

Section B: Equipment Location

4. Equipment Location Address: 6801 2nd Street, Long Beach, CA, 90803
County: Los Angeles
Contact Name: Char-Li Dong
Contact Title: Plant Manager
Phone: (310) 522-7500
Fax: (310) 522-7524
E-Mail: Charli.Dong@LADWP.Com

Section C: Permit Mailing Address

5. Permit and Correspondence Information: 111 North Hope Street, Room 1050, Los Angeles, CA, 90012
Contact Name: Mark Sedlacek
Contact Title: Director of Env. Services
Phone: (213) 367-0403
Fax: (213) 367-4710
E-Mail: Mark.Sedlacek@ladwp.com

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

6. Reason for Submitting Application (Select only ONE):
New Construction (Permit to Construct)
Equipment Operating Without A Permit or Expired Permit*
Administrative Change
Equipment On-Site But Not Constructed or Operational
Title V Application (Initial, Revisions, Modifications, etc.)
Compliance Plan
Facility Permit Amendment
Registration/Certification
Streamlined Standard Permit

7. Estimated Start Date of Operation/Construction (MM/DD/YYYY): 06/01/2010
8. Description of Equipment: Simple Cycle Combustion Turbine Unit 14
9. Is this equipment portable AND will it be operated at different locations within AQMD's jurisdiction? No
10. For identical equipment, how many additional applications are being submitted with this application? 5
11. Are you a Small Business as per AQMD's Rule 102 definition? No
12. Has a Notice of Violation (NOV) or a Notice To Comply (NC) been issued for this equipment? No

Section E: Facility Business Information

13. What type of business is being conducted at this equipment location? Power Generation
14. What is your business primary NAICS Code (North American Industrial Classification System)? 221112
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? No
16. Are there any schools (K-12) within a 1000-ft. radius of the equipment physical location? No

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

17. Signature of Responsible Official: [Signature]
18. Title: Sr. Asst. Gen. Manager
19. Print Name: Aram Benyamin
20. Date: FEB - 5 2009
Check List:
[X] Form(s) signed and dated by authorized official
[X] Supplemental Equipment Form (400-E-XX or 400-E-GEN)
[X] CEQA Form (400-CEQA) attached
[X] Payment for permit processing fee attached
Your application will be rejected if any of the above items are missing.

Table with columns: AQMD USE ONLY, APPLICATION/TRACKING #, TYPE, EQUIPMENT CATEGORY CODE, FEE SCHEDULE, VALIDATION, ENG. A R, CLASS, ASSIGNMENT, CHECK/MONEY ORDER, AMOUNT, Tracking #

9 FEB 13 10:33

RESEARCH CENTER

09 FEB 17 18:46

ENGINEERING



South Coast Air Quality Management District

Form 400-A

Application For Permit To Construct and Permit To Operate

Mail Application To: P.O. Box 4944 Diamond Bar, CA 91765

Tel: (909) 396-3385 www.aqmd.gov

Section A: Operator Information

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LA City, DWP Haynes Generating Station

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3. Owner's Business Name (only if different from Business Name of Operator):
Los Angeles Department of Water & Power

Section B: Equipment Location

4. Equipment Location Address:
For equipment operated at various locations in AQMD's jurisdiction, provide address of initial site

6801 2nd Street
Street Address

Long Beach CA 90803
City State Zip Code

County: Los Angeles Orange San Bernardino Riverside

Contact Name: Char-Li Dong
Contact Title: Plant Manager Phone: (310) 522-7500
Fax: (310) 522-7524 E-Mail: Charli.Dong@LADWP.Com

Section C: Permit Mailing Address

5. Permit and Correspondence Information:
 Check here if same as equipment location address

111 North Hope Street, Room 1050
Street Address

Los Angeles CA 90012
City State Zip Code

Contact Name: Mark Sedlacek
Contact Title: Director of Env. Services Phone: (213) 367-0403
Fax: (213) 367-4710 E-Mail: Mark.Sedlacek@ladwp.com

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

6. Reason for Submitting Application (Select only ONE):

- New Construction (Permit to Construct)
- Equipment Operating Without A Permit or Expired Permit*
- Administrative Change
- Equipment On-Site But Not Constructed or Operational
- Title V Application (Initial, Revisions, Modifications, etc.)
- Compliance Plan
- Facility Permit Amendment
- Registration/Certification
- Streamlined Standard Permit

Permitted Equipment Altered/ Modified Without Permit Approval*

Proposed Alteration/Modification to Permitted Equipment

Change of Condition For Permit To Operate

Change of Condition For Permit To Construct

Change of Location—Moving to New Site

Existing Or Previous Permit/Application Number:
(If you checked any of the items in this column, you MUST provide a existing Permit/ Application Number)

7. Estimated Start Date of Operation/Construction (MM/DD/YYYY): 06/01/2010

8. Description of Equipment:
Simple Cycle Combustion Turbine Unit 15

9. Is this equipment portable AND will it be operated at different locations within AQMD's jurisdiction? No Yes

10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each) 5

11. Are you a Small Business as per AQMD's Rule 102 definition? (10 employees or less and total gross receipts are \$500,000 or less, or a not-for-profit training center?) No Yes

12. Has a Notice of Violation (NOV) or a Notice To Comply (NC) been issued for this equipment?
 No Yes If yes, provide NOV/NC #:

* A Higher Permit Processing Fee applies to those items with an asterisk (Rule 301 (c) (1) (D))

Section E: Facility Business Information

13. What type of business is being conducted at this equipment location?
Power Generation

14. What is your businesses primary NAICS Code (North American Industrial Classification System)? 221112

15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? No Yes

16. Are there any schools (K-12) within a 1000-ft. radius of the equipment physical location? No Yes

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18. Title: Sr. Asst. Gen. Manager

19. Print Name: Aram Benyamin

20. Date: FEB - 5 2009

Check List

- Form(s) signed and dated by authorized official
- Supplemental Equipment Form (400-E-XX or 400-E-GEN)
- CEQA Form (400-CEQA) attached
- Payment for permit processing fee attached

Your application will be rejected if any of the above items are missing.

AQMD USE ONLY		APPLICATION/TRACKING # 495668	TYPE B C D	EQUIPMENT CATEGORY CODE:	FEE SCHEDULE: \$	VALIDATION 2/17/09 at
ENG. A R	ENG. A R	CLASS I III IV	ASSIGNMENT Unit E Engineer	CHECK/MONEY ORDER # 1036	AMOUNT 1538.64	Tracking #
DATE	DATE					

FEB 13 12:11

FEB 13 12:11

09 FEB 17 18:46

ENGINEERS



South Coast Air Quality Management District

Form 400-A

Application For Permit To Construct and Permit To Operate

Mail Application To: P.O. Box 4944 Diamond Bar, CA 91765

Tel: (909) 396-3385 www.aqmd.gov

Section A: Operator Information

1. Business Name of Operator To Appear On The Permit: LA City, DWP Haynes Generating Station
2. Valid AQMD Facility ID (Available on Permit or Invoice issued by AQMD): 800074
3. Owner's Business Name (only if different from Business Name of Operator): Los Angeles Department of Water & Power

Section B: Equipment Location

4. Equipment Location Address: 6801 2nd Street, Long Beach, CA, 90803
County: [X] Los Angeles [] Orange [] San Bernardino [] Riverside
Contact Name: Char-Li Dong
Contact Title: Plant Manager
Phone: (310) 522-7500
Fax: (310) 522-7524
E-Mail: Charli.Dong@LADWP.Com

Section C: Permit Mailing Address

5. Permit and Correspondence Information:
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111 North Hope Street, Room 1050
Los Angeles, CA, 90012
Contact Name: Mark Sedlacek
Contact Title: Director of Env. Services
Phone: (213) 367-0403
Fax: (213) 367-4710
E-Mail: Mark.Sedlacek@ladwp.com

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

6. Reason for Submitting Application (Select only ONE):
[X] New Construction (Permit to Construct)
[] Equipment Operating Without A Permit or Expired Permit*
[] Administrative Change
[] Equipment On-Site But Not Constructed or Operational
[] Title V Application (Initial, Revisions, Modifications, etc.)
[] Compliance Plan
[] Facility Permit Amendment
[] Registration/Certification
[] Streamlined Standard Permit
Existing Or Previous Permit/Application Number: (If you checked any of the items in this column, you MUST provide a existing Permit/ Application Number)

7. Estimated Start Date of Operation/Construction (MM/DD/YYYY): 06/01/2010
8. Description of Equipment: Simple Cycle Combustion Turbine Unit 16
9. Is this equipment portable AND will it be operated at different locations within AQMD's jurisdiction? [X] No [] Yes
10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each) 5
11. Are you a Small Business as per AQMD's Rule 102 definition? (10 employees or less and total gross receipts are \$500,000 or less, or a not-for-profit training center?) [X] No [] Yes
12. Has a Notice of Violation (NOV) or a Notice To Comply (NC) been issued for this equipment? [X] No [] Yes If yes, provide NOV/NC #:

Section E: Facility Business Information

13. What type of business is being conducted at this equipment location? Power Generation
14. What is your businesses primary NAICS Code (North American Industrial Classification System)? 221112
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? [] No [X] Yes
16. Are there any schools (K-12) within a 1000-ft. radius of the equipment physical location? [X] No [] Yes

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

17. Signature of Responsible Official: [Signature]
18. Title: Sr. Asst. Gen. Manager
19. Print Name: Aram Benyamini
20. Date: FEB - 5 2009
Check List:
[X] Form(s) signed and dated by authorized official
[X] Supplemental Equipment Form (400-E-XX or 400-E-GEN)
[X] CEQA Form (400-CEQA) attached
[X] Payment for permit processing fee attached
Your application will be rejected if any of the above items are missing.

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FEB 13 1976

FEB 13 1976

09 FEB 17 18:46

ENGINEERING



South Coast Air Quality Management District

Form 400-A

Application For Permit To Construct and Permit To Operate

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3. Owner's Business Name (only if different from Business Name of Operator): Los Angeles Department of Water & Power

Section B: Equipment Location

4. Equipment Location Address: 6801 2nd Street, Long Beach, CA, 90803
County: Los Angeles
Contact Name: Char-Li Dong
Contact Title: Plant Manager
Phone: (310) 522-7500
Fax: (310) 522-7524
E-Mail: Charli.Dong@LADWP.Com

Section C: Permit Mailing Address

5. Permit and Correspondence Information: 111 North Hope Street, Room 1050, Los Angeles, CA, 90012
Contact Name: Mark Sedlacek
Contact Title: Director of Env. Services
Phone: (213) 367-0403
Fax: (213) 367-4710
E-Mail: Mark.Sedlacek@ladwp.com

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

6. Reason for Submitting Application (Select only ONE): New Construction (Permit to Construct)
7. Estimated Start Date of Operation/Construction (MM/DD/YYYY): 06/01/2010
8. Description of Equipment: Standby Power Generator 1
9. Is this equipment portable AND will it be operated at different locations within AQMD's jurisdiction? No
10. For identical equipment, how many additional applications are being submitted with this application? 1
11. Are you a Small Business as per AQMD's Rule 102 definition? No
12. Has a Notice of Violation (NOV) or a Notice To Comply (NC) been issued for this equipment? No

Section E: Facility Business Information

13. What type of business is being conducted at this equipment location? Power Generation
14. What is your business primary NAICS Code (North American Industrial Classification System)? 221112
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? No
16. Are there any schools (K-12) within a 1000-ft. radius of the equipment physical location? No

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

17. Signature of Responsible Official: [Signature]
18. Title: Sr. Asst. Gen. Manager
19. Print Name: Aram Benyamin
20. Date: FEB - 5 2009
Check List: [X] Form(s) signed and dated by authorized official, [X] Supplemental Equipment Form (400-E-XX or 400-E-GEN), [X] CEQA Form (400-CEQA) attached, [X] Payment for permit processing fee attached

Table with columns: AQMD USE ONLY, APPLICATION/TRACKING #, TYPE, EQUIPMENT CATEGORY CODE, FEE SCHEDULE, VALIDATION, ENG. A R, EFG. A R, CLASS, ASSIGNMENT, CHECK/MONEY ORDER, AMOUNT, Tracking #

Handwritten notes: 871957 113,648.08, 8/13

FEB 13 1969

RECEIVED

09 FEB 17 18:46

ENGINEERING



South Coast Air Quality Management District

Form 400-A

Application For Permit To Construct and Permit To Operate

Mail Application To: P.O. Box 4944 Diamond Bar, CA 91765

Tel: (909) 396-3385 www.aqmd.gov

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LA City, DWP Haynes Generating Station

2. Valid AQMD Facility ID (Available on Permit or Invoice issued by AQMD): 800074

3. Owner's Business Name (only if different from Business Name of Operator):
Los Angeles Department of Water & Power

<p>Section B: Equipment Location</p> <p>4. Equipment Location Address: For equipment operated at various locations in AQMD's jurisdiction, provide address of initial site</p> <p>6801 2nd Street Street Address</p> <p>Long Beach CA, 90803 City State Zip Code</p> <p>County: <input checked="" type="radio"/> Los Angeles <input type="radio"/> Orange <input type="radio"/> San Bernardino <input type="radio"/> Riverside</p> <p>Contact Name: Char-Li Dong Contact Title: Plant Manager Phone: (310) 522-7500 Fax: (310) 522-7524 E-Mail: Charli.Dong@LADWP.Com</p>	<p>Section C: Permit Mailing Address</p> <p>5. Permit and Correspondence Information: <input type="checkbox"/> Check here if same as equipment location address</p> <p>111 North Hope Street, Room 1050 Street Address</p> <p>Los Angeles CA 90012 City State Zip Code</p> <p>Contact Name: Mark Sedlacek Contact Title: Director of Env. Services Phone: (213) 367-0403 Fax: (213) 367-4710 E-Mail: Mark.Sedlacek@ladwp.com</p>
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Section D: Application Type The facility is in RECLAIM Title V RECLAIM & Title V Program (please check if applicable)

6. Reason for Submitting Application (Select only ONE):

<input checked="" type="radio"/> New Construction (Permit to Construct)	<input type="radio"/> Permitted Equipment Altered/ Modified Without Permit Approval*	
<input type="radio"/> Equipment Operating Without A Permit or Expired Permit*	<input type="radio"/> Proposed Alteration/Modification to Permitted Equipment	
<input type="radio"/> Administrative Change	<input type="radio"/> Change of Condition For Permit To Operate	
<input type="radio"/> Equipment On-Site But Not Constructed or Operational	<input type="radio"/> Change of Condition For Permit To Construct	
<input type="radio"/> Title V Application (Initial, Revisions, Modifications, etc.)	<input type="radio"/> Change of Location—Moving to New Site	
<input type="radio"/> Compliance Plan	Existing Or Previous Permit/Application Number: <i>(If you checked any of the items in this column, you MUST provide a existing Permit/ Application Number)</i>	
<input type="radio"/> Facility Permit Amendment		
<input type="radio"/> Registration/Certification		
<input type="radio"/> Streamlined Standard Permit		

* A Higher Permit Processing Fee applies to those items with an asterisk (Rule 301 (c) (1) (D))

7. Estimated Start Date of Operation/Construction (MM/DD/YYYY): 06/01/2010

8. Description of Equipment:
Standby Power Generator 2

9. Is this equipment portable AND will it be operated at different locations within AQMD's jurisdiction? No Yes

10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each) 1

11. Are you a Small Business as per AQMD's Rule 102 definition? (10 employees or less and total gross receipts are \$500,000 or less, or a not-for-profit training center?) No Yes

12. Has a Notice of Violation (NOV) or a Notice To Comply (NC) been issued for this equipment?
 No Yes If yes, provide NOV/NC #:

Section E: Facility Business Information

13. What type of business is being conducted at this equipment location?
Power Generation

14. What is your business primary NAICS Code (North American Industrial Classification System)? 221112

15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? No Yes

16. Are there any schools (K-12) within a 1000-ft. radius of the equipment physical location? No Yes

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

17. Signature of Responsible Official:

18. Title: Sr. Asst. Gen. Manager

19. Print Name: Aram Benyamin

20. Date: FEB - 5 2009

Check List

- Form(s) signed and dated by authorized official
- Supplemental Equipment Form (400-E-XX or 400-E-GEN)
- CEQA Form (400-CEQA) attached
- Payment for permit processing fee attached

Your application will be rejected if any of the above items are missing.

AQMD USE ONLY	APPLICATION/TRACKING # 495671	TYPE B C D	EQUIPMENT CATEGORY CODE:	FEE SCHEDULE: \$	VALIDATION 2/17/09
ENG. A R DATE	ENG. A R DATE	CLASS I III IV	ASSIGNMENT Unit Engineer	CHECK/MONEY ORDER # 1036	AMOUNT \$538.64
				Tracking # 871957 113,648.08	

9/13

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ENGINEERING

09 FEB 17 18:46

ENGINEERING



South Coast Air Quality Management District

Form 400-A

Application For Permit To Construct and Permit To Operate

Mail Application To: P.O. Box 4944 Diamond Bar, CA 91765

Tel: (909) 396-3385 www.aqmd.gov

Section A: Operator Information

1. Business Name of Operator To Appear On The Permit: LA City, DWP Haynes Generating Station
2. Valid AQMD Facility ID (Available on Permit or Invoice Issued by AQMD): 800074
3. Owner's Business Name (only if different from Business Name of Operator): Los Angeles Department of Water & Power

Section B: Equipment Location

4. Equipment Location Address: For equipment operated at various locations in AQMD's jurisdiction, provide address of initial site
6801 2nd Street
Street Address
Long Beach CA 90803
City State Zip Code
County: [X] Los Angeles [] Orange [] San Bernardino [] Riverside
Contact Name: Char-Li Dong
Contact Title: Plant Manager Phone: (310) 522-7500
Fax: (310) 522-7524 E-Mail: Charli.Dong@LADWP.Com

Section C: Permit Mailing Address

5. Permit and Correspondence Information:
[] Check here if same as equipment location address
111 North Hope Street, Room 1050
Street Address
Los Angeles CA 90012
City State Zip Code
Contact Name: Mark Sedlacek
Contact Title: Director of Env. Services Phone: (213) 367-0403
Fax: (213) 367-4710 E-Mail: Mark.Sedlacek@ladwp.com

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

6. Reason for Submitting Application (Select only ONE):
[X] New Construction (Permit to Construct)
[] Equipment Operating Without A Permit or Expired Permit*
[] Administrative Change
[] Equipment On-Site But Not Constructed or Operational
[] Title V Application (Initial, Revisions, Modifications, etc.)
[] Compliance Plan
[] Facility Permit Amendment
[] Registration/Certification
[] Streamlined Standard Permit
* A Higher Permit Processing Fee applies to those items with an asterisk (Rule 301 (c) (1) (D))

7. Estimated Start Date of Operation/Construction (MM/DD/YYYY): 06/01/2010
8. Description of Equipment: Diesel Fuel Storage Tank
9. Is this equipment portable AND will it be operated at different locations within AQMD's jurisdiction? [X] No [] Yes
10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each) 0
11. Are you a Small Business as per AQMD's Rule 102 definition? (10 employees or less and total gross receipts are \$500,000 or less, or a not-for-profit training center?) [X] No [] Yes
12. Has a Notice of Violation (NOV) or a Notice To Comply (NC) been issued for this equipment? [X] No [] Yes If yes, provide NOV/NC #:

Section E: Facility Business Information

13. What type of business is being conducted at this equipment location? Power Generation
14. What is your business primary NAICS Code (North American Industrial Classification System)? 221112
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? [] No [X] Yes
16. Are there any schools (K-12) within a 1000-ft. radius of the equipment physical location? [X] No [] Yes

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

17. Signature of Responsible Official: [Signature]
18. Title: Sr. Asst. Gen. Manager
19. Print Name: Aram Benyamin
20. Date: FEB - 5 2009
Check List:
[X] Form(s) signed and dated by authorized official
[X] Supplemental Equipment Form (400-E-XX or 400-E-GEN)
[X] CEQA Form (400-CEQA) attached
[X] Payment for permit processing fee attached
Your application will be rejected if any of the above items are missing.

Table with columns: AQMD USE ONLY, APPLICATION/TRACKING #, TYPE, EQUIPMENT CATEGORY CODE, FEE SCHEDULE, VALIDATION, ENG. A R, DATE, CLASS, ASSIGNMENT, CHECK/MONEY ORDER, AMOUNT, tracking #

Handwritten numbers and dates: 871957, 113,648.08, 10/13

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ENGINEERING



South Coast Air Quality Management District

Form 400-A

Application For Permit To Construct and Permit To Operate

Mail Application To: P.O. Box 4944 Diamond Bar, CA 91765

Tel: (909) 396-3385 www.aqmd.gov

Section A: Operator Information

1. Business Name of Operator To Appear On The Permit: LA City, DWP Haynes Generating Station
2. Valid AQMD Facility ID (Available on Permit or Invoice issued by AQMD): 800074
3. Owner's Business Name (only if different from Business Name of Operator): Los Angeles Department of Water & Power

Section B: Equipment Location

4. Equipment Location Address: 6801 2nd Street, Long Beach, CA, 90803
County: Los Angeles
Contact Name: Char-Li Dong, Contact Title: Plant Manager, Phone: (310) 522-7500, Fax: (310) 522-7524, E-Mail: Charli.Dong@LADWP.Com

Section C: Permit Mailing Address

5. Permit and Correspondence Information: 111 North Hope Street, Room 1050, Los Angeles, CA, 90012
Contact Name: Mark Sedlacek, Contact Title: Director of Env. Services, Phone: (213) 367-0403, Fax: (213) 367-4710, E-Mail: Mark.Sedlacek@ladwp.com

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

6. Reason for Submitting Application (Select only ONE): New Construction (Permit to Construct)
7. Estimated Start Date of Operation/Construction (MM/DD/YYYY): 06/01/2010
8. Description of Equipment: Oil and Water Separator 1
9. Is this equipment portable AND will it be operated at different locations within AQMD's jurisdiction? No
10. For identical equipment, how many additional applications are being submitted with this application? 2
11. Are you a Small Business as per AQMD's Rule 102 definition? No
12. Has a Notice of Violation (NOV) or a Notice To Comply (NC) been issued for this equipment? No

Section E: Facility Business Information

13. What type of business is being conducted at this equipment location? Power Generation
14. What is your business primary NAICS Code (North American Industrial Classification System)? 221112
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? No
16. Are there any schools (K-12) within a 1000-ft. radius of the equipment physical location? No

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

17. Signature of Responsible Official: [Signature]
18. Title: Sr. Asst. Gen. Manager
19. Print Name: Aram Benyamir
20. Date: FEB - 5 2009
Check List: [X] Form(s) signed and dated by authorized official, [X] Supplemental Equipment Form (400-E-XX or 400-E-GEN), [X] CEQA Form (400-CEQA) attached, [X] Payment for permit processing fee attached

Table with columns: AQMD USE ONLY, APPLICATION/TRACKING # (495673), TYPE B C D, EQUIPMENT CATEGORY CODE, FEE SCHEDULE, VALIDATION (2/17/09), ASSIGNMENT (Engineer), CHECK/MONEY ORDER # (1036), AMOUNT (\$1538.64), TRACKING # (871957, 113,648.08)

11/13

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ENGINEERING



South Coast Air Quality Management District

Form 400-A

Application For Permit To Construct and Permit To Operate

Mail Application To: P.O. Box 4944 Diamond Bar, CA 91765

Tel: (909) 396-3385 www.aqmd.gov

Section A: Operator Information

1. Business Name of Operator To Appear On The Permit: LA City, DWP Haynes Generating Station
2. Valid AQMD Facility ID (Available on Permit or Invoice issued by AQMD): 800074
3. Owner's Business Name (only if different from Business Name of Operator): Los Angeles Department of Water & Power

Section B: Equipment Location

4. Equipment Location Address: 6801 2nd Street, Long Beach, CA, 90803
County: Los Angeles
Contact Name: Char-Li Dong, Plant Manager, Phone: (310) 522-7500, Fax: (310) 522-7524, E-Mail: Charli.Dong@LADWP.Com

Section C: Permit Mailing Address

5. Permit and Correspondence Information: 111 North Hope Street, Room 1050, Los Angeles, CA, 90012
Contact Name: Mark Sedlacek, Director of Env. Services, Phone: (213) 367-0403, Fax: (213) 367-4710, E-Mail: Mark.Sedlacek@ladwp.com

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

6. Reason for Submitting Application (Select only ONE): New Construction (Permit to Construct)
7. Estimated Start Date of Operation/Construction (MM/DD/YYYY): 06/01/2010
8. Description of Equipment: Oil and Water Separator 2
9. Is this equipment portable AND will it be operated at different locations within AQMD's jurisdiction? No
10. For identical equipment, how many additional applications are being submitted with this application? 2
11. Are you a Small Business as per AQMD's Rule 102 definition? No
12. Has a Notice of Violation (NOV) or a Notice To Comply (NC) been issued for this equipment? No

Section E: Facility Business Information

13. What type of business is being conducted at this equipment location? Power Generation
14. What is your business primary NAICS Code (North American Industrial Classification System)? 221112
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? No
16. Are there any schools (K-12) within a 1000-ft. radius of the equipment physical location? No

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

17. Signature of Responsible Official: Aram Benyamini
18. Title: Sr. Asst. Gen. Manager
19. Print Name: Aram Benyamini
20. Date: FEB - 5 2009
Check List: Form(s) signed and dated by authorized official, Supplemental Equipment Form (400-E-XX or 400-E-GEN), CEQA Form (400-CEQA) attached, Payment for permit processing fee attached

Table with columns: AQMD USE ONLY, APPLICATION/TRACKING #, TYPE, EQUIPMENT CATEGORY CODE, FEE SCHEDULE, VALIDATION, ENG. A R, CLASS, ASSIGNMENT, CHECK/MONEY ORDER, AMOUNT, Tracking #

Handwritten notes: 871957, 113,648.08, 12/13

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10:00 AM

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ENGINEERING



South Coast Air Quality Management District

Form 400-A

Application For Permit To Construct and Permit To Operate

Mail Application To:
P.O. Box 4944
Diamond Bar, CA 91765

Tel: (909) 396-3385
www.aqmd.gov

Section A: Operator Information

1. Business Name of Operator To Appear On The Permit:
LA City, DWP Haynes Generating Station

2. Valid AQMD Facility ID (Available on Permit or Invoice issued by AQMD): 800074

3. Owner's Business Name (only if different from Business Name of Operator):
Los Angeles Department of Water & Power

Section B: Equipment Location

4. Equipment Location Address:
For equipment operated at various locations in AQMD's jurisdiction, provide address of initial site

6801 2nd Street
Street Address

Long Beach CA 90803
City State Zip Code

County: Los Angeles Orange San Bernardino Riverside

Contact Name: Char-Li Dong
Contact Title: Plant Manager Phone: (310) 522-7500
Fax: (310) 522-7524 E-Mail: Charli.Dong@LADWP.Com

Section C: Permit Mailing Address

5. Permit and Correspondence Information:
 Check here if same as equipment location address

111 North Hope Street, Room 1050
Street Address

Los Angeles CA 90012
City State Zip Code

Contact Name: Mark Sedlacek
Contact Title: Director of Env. Services Phone: (213) 367-0403
Fax: (213) 367-4710 E-Mail: Mark.Sedlacek@ladwp.com

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

6. Reason for Submitting Application (Select only ONE):

- New Construction (Permit to Construct)
- Equipment Operating Without A Permit or Expired Permit*
- Administrative Change
- Equipment On-Site But Not Constructed or Operational
- Title V Application (Initial, Revisions, Modifications, etc.)
- Compliance Plan
- Facility Permit Amendment
- Registration/Certification
- Streamlined Standard Permit

Permitted Equipment Altered/ Modified Without Permit Approval*

Proposed Alteration/Modification to Permitted Equipment

Change of Condition For Permit To Operate

Change of Condition For Permit To Construct

Change of Location—Moving to New Site

Existing Or Previous Permit/Application Number:
(If you checked any of the items in this column, you MUST provide a existing Permit/ Application Number)

7. Estimated Start Date of Operation/Construction (MM/DD/YYYY): 06/01/2010

8. Description of Equipment:
Oil and Water Separator 3

9. Is this equipment portable AND will it be operated at different locations within AQMD's jurisdiction? No Yes

10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each) 2

11. Are you a Small Business as per AQMD's Rule 102 definition? (10 employees or less and total gross receipts are \$500,000 or less. or a not-for-profit training center?) No Yes

12. Has a Notice of Violation (NOV) or a Notice To Comply (NC) been issued for this equipment?
 No Yes If yes, provide NOV/NC #.

* A Higher Permit Processing Fee applies to those items with an asterisk (Rule 301 (c) (1) (D))

Section E: Facility Business Information

13. What type of business is being conducted at this equipment location?
Power Generation

14. What is your businesses primary NAICS Code (North American Industrial Classification System)? 221112

15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? No Yes

16. Are there any schools (K-12) within a 1000-ft. radius of the equipment physical location? No Yes

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

17. Signature of Responsible Official:

18. Title: Sr. Asst. Gen. Manager

19. Print Name: Aram Benyamini

20. Date: FEB - 5 2009

Check List

- Form(s) signed and dated by authorized official
- Supplemental Equipment Form (400-E-XX or 400-E-GEN)
- CEQA Form (400-CEQA) attached
- Payment for permit processing fee attached

Your application will be rejected if any of the above items are missing.

AQMD USE ONLY		APPLICATION TRACKING #		TYPE	EQUIPMENT CATEGORY CODE:	FEE SCHEDULE:	VALIDATION
ENG. A	R	ENG. A	R	B C D		\$	
							2/17/09
DATE		DATE		CLASS	ASSIGNMENT	CHECK/MONEY ORDER #	AMOUNT
				I III IV	Unit Engineer	1036	\$ 1538.64

(78849,50) 871957 113,648.08 13/13

09 FEB 17 18:47

ENGINEERING



South Coast Air Quality Management District

Form 400-A

Application For Permit To Construct and Permit To Operate

Mail Application To: P.O. Box 4944 Diamond Bar, CA 91765

Tel. (909) 396-3385 www.aqmd.gov

Section A: Operator Information

1. Business Name of Operator To Appear On The Permit: LA City, DWP Haynes Generating Station
2. Valid AQMD Facility ID (Available on Permit or Invoice issued by AQMD): 800074
3. Owner's Business Name (only if different from Business Name of Operator): Los Angeles Department of Water & Power

Section B: Equipment Location

4. Equipment Location Address: 6801 2nd Street, Long Beach, CA 90803
Contact Name: Char-Li Dong, Contact Title: Plant Manager, Phone: (310) 522-7500, Fax: (310) 522-7524, E-Mail: Charli.Dong@LADWP.Com

Section C: Permit Mailing Address

5. Permit and Correspondence Information: 111 North Hope Street, Room 1050, Los Angeles, CA 90012
Contact Name: Mark Sedlacek, Contact Title: Director of Env. Services, Phone: (213) 367-0403, Fax: (213) 367-4710, E-Mail: Mark.Sedlacek@ladwp.com

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

6. Reason for Submitting Application (Select only ONE): New Construction (Permit to Construct)
7. Estimated Start Date of Operation/Construction (MM/DD/YYYY): 06/01/2010
8. Description of Equipment: Simple Cycle Combustion Turbine SCR/CO Catalyst Unit 11
9. Is this equipment portable AND will it be operated at different locations within AQMD's jurisdiction? No
10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each) 5
11. Are you a Small Business as per AQMD's Rule 102 definition? No
12. Has a Notice of Violation (NOV) or a Notice To Comply (NC) been issued for this equipment? No

Section E: Facility Business Information

13. What type of business is being conducted at this equipment location? Power Generation
14. What is your businesses primary NAICS Code (North American Industrial Classification System)? 221112
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? No
16. Are there any schools (K-12) within a 1000-ft. radius of the equipment physical location? No

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

17. Signature of Responsible Official: [Signature]
18. Title: Senior Assistant General Manager-Power System
19. Print Name: Aram Benyamin
20. Date: FEB 24 2009
Check List: [X] Form(s) signed and dated by authorized official, [X] Supplemental Equipment Form (400-E-XX or 400-E-GEN), [X] CEQA Form (400-CEQA) attached, [X] Payment for permit processing fee attached

Table with columns: AQMD USE ONLY, APPLICATION/TRACKING # (495978), TYPE B C D, EQUIPMENT CATEGORY CODE, FEE SCHEDULE \$, VALIDATION (3/3/09), ENG. A R, DATE, CLASS I III IV, ASSIGNMENT Unit Engineer, CHECK/MONEY ORDER #, AMOUNT \$, Tracking #

(78849,50)

* 445264 10368871957

* Road by L. Chan
3/3/09



South Coast Air Quality Management District

Form 400-A

Application For Permit To Construct and Permit To Operate

Mail Application To:
P.O. Box 4944
Diamond Bar, CA 91765

Tel: (909) 396-3385
www.sqmd.gov

Section A: Operator Information

1. Business Name of Operator To Appear On The Permit: LA City, DWP Haynes Generating Station	
2. Valid AQMD Facility ID (Available on Permit or Invoice issued by AQMD): 800074	3. Owner's Business Name (only if different from Business Name of Operator): Los Angeles Department of Water & Power

Section B: Equipment Location

4. Equipment Location Address:
For equipment operated at various locations in AQMD's jurisdiction, provide address of initial site

6801 2nd Street
Street Address

Long Beach CA, 90803
City State Zip Code

County: Los Angeles Orange San Bernardino Riverside

Contact Name: Char-Li Dong
Contact Title: Plant Manager Phone: (310) 522-7500
Fax: (310) 522-7524 E-Mail: Charli.Dong@LADWP.Com

Section C: Permit Mailing Address

5. Permit and Correspondence Information:
 Check here if same as equipment location address

111 North Hope Street, Room 1050
Street Address

Los Angeles CA, 90012
City State Zip Code

Contact Name: Mark Sedlacek
Contact Title: Director of Env. Services Phone: (213) 367-0403
Fax: (213) 367-4710 E-Mail: Mark.Sedlacek@ladwp.com

Section D: Application Type

The facility is in RECLAIM Title V RECLAIM & Title V Program (please check if applicable)

6. Reason for Submitting Application (Select only ONE): <input checked="" type="radio"/> New Construction (Permit to Construct) <input type="radio"/> Equipment Operating Without A Permit or Expired Permit* <input type="radio"/> Administrative Change <input type="radio"/> Equipment On-Site But Not Constructed or Operational <input type="radio"/> Title V Application (Initial, Revisions, Modifications, etc.) <input type="radio"/> Compliance Plan <input type="radio"/> Facility Permit Amendment <input type="radio"/> Registration/Certification <input type="radio"/> Streamlined Standard Permit	<input type="radio"/> Permitted Equipment Altered/ Modified Without Permit Approval* <input type="radio"/> Proposed Alteration/Modification to Permitted Equipment <input type="radio"/> Change of Condition For Permit To Operate <input type="radio"/> Change of Condition For Permit To Construct <input type="radio"/> Change of Location—Moving to New Site Existing Or Previous Permit/Application Number: <i>(If you checked any of the items in this column, you MUST provide a existing Permit/ Application Number)</i>	7. Estimated Start Date of Operation/Construction (MM/DD/YYYY): 06/01/2010
		8. Description of Equipment: Simple Cycle Combustion Turbine SCR/CO Catalyst Unit 12
		9. Is this equipment portable AND will it be operated at different locations within AQMD's jurisdiction? <input checked="" type="radio"/> No <input type="radio"/> Yes
		10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each) 5
		11. Are you a Small Business as per AQMD's Rule 102 definition? (10 employees or less and total gross receipts are \$500,000 or less, or a not-for-profit training center?) <input checked="" type="radio"/> No <input type="radio"/> Yes
* A Higher Permit Processing Fee applies to those items with an asterisk (Rule 301 (c) (1) (D))		12. Has a Notice of Violation (NOV) or a Notice To Comply (NC) been issued for this equipment? <input checked="" type="radio"/> No <input type="radio"/> Yes If yes, provide NOV/NC #:

Section E: Facility Business Information

13. What type of business is being conducted at this equipment location? Power Generation	14. What is your businesses primary NAICS Code (North American Industrial Classification System)? 221112
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? <input type="radio"/> No <input checked="" type="radio"/> Yes	16. Are there any schools (K-12) within a 1000-ft. radius of the equipment physical location? <input checked="" type="radio"/> No <input type="radio"/> Yes

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

17. Signature of Responsible Official: 	18. Title: Senior Assistant General Manager-Power System	Check List <input checked="" type="checkbox"/> Form(s) signed and dated by authorized official <input checked="" type="checkbox"/> Supplemental Equipment Form (400-E-XX or 400-E-GEN) <input checked="" type="checkbox"/> CEQA Form (400-CEQA) attached <input checked="" type="checkbox"/> Payment for permit processing fee attached Your application will be rejected if any of the above items are missing.
19. Print Name: Aram Benyamin	20. Date: FEB 24 2009	

AQMD USE ONLY	APPLICATION/TRACKING # 495980	TYPE B C D	EQUIPMENT CATEGORY CODE:	FEE SCHEDULE: \$	VALIDATION
ENG. A R DATE	ENG. A R DATE	CLASS I III IV	ASSIGNMENT Unit Engineer	CHECK/MONEY ORDER #	AMOUNT \$ Tracking #



South Coast Air Quality Management District

Form 400-A

Application For Permit To Construct and Permit To Operate

Mail Application To: P.O. Box 4944 Diamond Bar, CA 91765

Tel: (909) 396-3385

www.aqmd.gov

Section A: Operator Information

1. Business Name of Operator To Appear On The Permit: LA City, DWP Haynes Generating Station

2. Valid AQMD Facility ID (Available on Permit or Invoice issued by AQMD): 800074

3. Owner's Business Name (only if different from Business Name of Operator): Los Angeles Department of Water & Power

Section B: Equipment Location

4. Equipment Location Address: For equipment operated at various locations in AQMD's jurisdiction, provide address of initial site

6801 2nd Street
Street Address
Long Beach CA, 90803
City State Zip Code

County: [X] Los Angeles [] Orange [] San Bernardino [] Riverside

Contact Name: Char-Li Dong

Contact Title: Plant Manager Phone: (310) 522-7500

Fax: (310) 522-7524 E-Mail: Chari.Dong@LADWP.Com

Section C: Permit Mailing Address

5. Permit and Correspondence Information: [] Check here if same as equipment location address

111 North Hope Street, Room 1050
Street Address
Los Angeles CA, 90012
City State Zip Code

Contact Name: Mark Sedlacek

Contact Title: Director of Env. Services Phone: (213) 367-0403

Fax: (213) 367-4710 E-Mail: Mark.Sedlacek@ladwp.com

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

6. Reason for Submitting Application (Select only ONE):

- New Construction (Permit to Construct)
Equipment Operating Without A Permit or Expired Permit*
Administrative Change
Equipment On-Site But Not Constructed or Operational
Title V Application (Initial, Revisions, Modifications, etc.)
Compliance Plan
Facility Permit Amendment
Registration/Certification
Streamlined Standard Permit

- Permitted Equipment Altered/ Modified Without Permit Approval*
Proposed Alteration/Modification to Permitted Equipment
Change of Condition For Permit To Operate
Change of Condition For Permit To Construct
Change of Location—Moving to New Site
Existing Or Previous Permit/Application Number: (If you checked any of the items in this column, you MUST provide a existing Permit/ Application Number)

* A Higher Permit Processing Fee applies to those items with an asterisk (Rule 301 (c) (1) (D))

7. Estimated Start Date of Operation/Construction (MM/DD/YYYY): 06/01/2010

8. Description of Equipment: Simple Cycle Combustion Turbine SCR/CO Catalyst Unit 13

9. Is this equipment portable AND will it be operated at different locations within AQMD's jurisdiction? [X] No [] Yes

10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each) 5

11. Are you a Small Business as per AQMD's Rule 102 definition? (10 employees or less and total gross receipts are \$500,000 or less, or a not-for-profit training center?) [X] No [] Yes

12. Has a Notice of Violation (NOV) or a Notice To Comply (NC) been issued for this equipment? [X] No [] Yes If yes, provide NOV/NC #:

Section E: Facility Business Information

13. What type of business is being conducted at this equipment location? Power Generation

14. What is your businesses primary NAICS Code (North American Industrial Classification System)? 221112

15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? [] No [X] Yes

16. Are there any schools (K-12) within a 1000-ft. radius of the equipment physical location? [X] No [] Yes

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

17. Signature of Responsible Official: [Signature]

18. Title: Senior Assistant General Manager - Power System

19. Print Name: Aram Benyamini

20. Date: FEB 24 2009

- Check List
[X] Form(s) signed and dated by authorized official
[X] Supplemental Equipment Form (400-E-XX or 400-E-GEN)
[X] CEQA Form (400-CEQA) attached
[X] Payment for permit processing fee attached
Your application will be rejected if any of the above items are missing.

Table with columns: AQMD USE ONLY, APPLICATION TRACKING # (495488), TYPE B C D, EQUIPMENT CATEGORY CODE, FEE SCHEDULE \$, VALIDATION, ENG. A R DATE, ASSIGNMENT Unit Engineer, CHECK/MONEY ORDER #, AMOUNT \$, Tracking #



South Coast Air Quality Management District

Form 400-A

Application For Permit To Construct and Permit To Operate

Mail Application To: P.O. Box 4944 Diamond Bar, CA 91765

Tel: (909) 396-3385 www.aqmd.gov

Section A: Operator Information

1. Business Name of Operator To Appear On The Permit: LA City, DWP Haynes Generating Station

2. Valid AQMD Facility ID (Available on Permit or Invoice issued by AQMD): 800074

3. Owner's Business Name (only if different from Business Name of Operator): Los Angeles Department of Water & Power

Section B: Equipment Location

4. Equipment Location Address: For equipment operated at various locations in AQMD's jurisdiction, provide address of initial site

6801 2nd Street Street Address Long Beach CA 90803 City State Zip Code

County: Los Angeles Orange San Bernardino Riverside

Contact Name: Char-Li Dong

Contact Title: Plant Manager Phone: (310) 522-7500

Fax: (310) 522-7524 E-Mail: Charli.Dong@LADWP.Com

Section C: Permit Mailing Address

5. Permit and Correspondence Information: Check here if same as equipment location address

111 North Hope Street, Room 1050 Street Address Los Angeles CA 90012 City State Zip Code

Contact Name: Mark Sedlacek

Contact Title: Director of Env. Services Phone: (213) 367-0403

Fax: (213) 367-4710 E-Mail: Mark.Sedlacek@ladwp.com

Section D: Application Type

The facility is in RECLAIM Title V RECLAIM & Title V Program (please check if applicable)

6. Reason for Submitting Application (Select only ONE):

- New Construction (Permit to Construct)
Equipment Operating Without A Permit or Expired Permit*
Administrative Change
Equipment On-Site But Not Constructed or Operational
Title V Application (Initial, Revisions, Modifications, etc.)
Compliance Plan
Facility Permit Amendment
Registration/Certification
Streamlined Standard Permit

- Permitted Equipment Altered/ Modified Without Permit Approval*
Proposed Alteration/Modification to Permitted Equipment
Change of Condition For Permit To Operate
Change of Condition For Permit To Construct
Change of Location—Moving to New Site

Existing Or Previous Permit/Application Number: (If you checked any of the items in this column, you MUST provide a existing Permit/ Application Number)

* A Higher Permit Processing Fee applies to those items with an astensik (Rule 301 (c) (1) (D))

7. Estimated Start Date of Operation/Construction (MM/DD/YYYY): 06/01/2010

8. Description of Equipment: Simple Cycle Combustion Turbine SCR/CO Catalyst Unit 14

9. Is this equipment portable AND will it be operated at different locations within AQMD's jurisdiction? No Yes

10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each) 5

11. Are you a Small Business as per AQMD's Rule 102 definition? (10 employees or less and total gross receipts are \$500,000 or less, or a not-for-profit training center?) No Yes

12. Has a Notice of Violation (NOV) or a Notice To Comply (NC) been issued for this equipment? No Yes If yes, provide NOV/NC #:

Section E: Facility Business Information

13. What type of business is being conducted at this equipment location? Power Generation

14. What is your businesses primary NAICS Code (North American Industrial Classification System)? 221112

15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? No Yes

16. Are there any schools (K-12) within a 1000-ft. radius of the equipment physical location? No Yes

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

17. Signature of Responsible Official: [Signature]

18. Title: Senior Assistant General Manager-Power System

19. Print Name: Aram Benyamin

20. Date: FEB 24 2009

- Check List
Form(s) signed and dated by authorized official
Supplemental Equipment Form (400-E-XX or 400-E-GEN)
CEQA Form (400-CEQA) attached
Payment for permit processing fee attached

Your application will be rejected if any of the above items are missing.

Table with columns: AQMD USE ONLY, APPLICATION TRACKING #, TYPE, EQUIPMENT CATEGORY CODE, FEE SCHEDULE, VALIDATION, ENG. A, R, ENG. A, CLASS, ASSIGNMENT, CHECK/MONEY ORDER, AMOUNT, Tracking #



South Coast Air Quality Management District

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Tel: (909) 396-3385 www.aqmd.gov

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2. Valid AQMD Facility ID (Available on Permit or Invoice issued by AQMD): 800074
3. Owner's Business Name (only if different from Business Name of Operator): Los Angeles Department of Water & Power

Section B: Equipment Location and Section C: Permit Mailing Address
4. Equipment Location Address: 6801 2nd Street, Long Beach, CA 90803
5. Permit and Correspondence Information: 111 North Hope Street, Room 1050, Los Angeles, CA 90012

Section D: Application Type and Reason for Submitting Application
6. Reason for Submitting Application (Select only ONE): New Construction (Permit to Construct)
7. Estimated Start Date of Operation/Construction (MM/DD/YYYY): 06/01/2010
8. Description of Equipment: Simple Cycle Combustion Turbine SCR/CO Catalyst Unit 15

Section E: Facility Business Information
13. What type of business is being conducted at this equipment location? Power Generation
14. What is your businesses primary NAICS Code (North American Industrial Classification System)? 221112

Section F: Authorization/Signature
17. Signature of Responsible Official: [Signature]
18. Title: Senior Assistant General Manager-Power System
19. Print Name: Aram Benyamin
20. Date: FEB 24 2009

Table with columns: AQMD USE ONLY, APPLICATION/TRACKING #, TYPE B C D, EQUIPMENT CATEGORY CODE, FEE SCHEDULE, VALIDATION, ENG. A R, CLASS I II IV, ASSIGNMENT Unit Engineer, CHECK/MONEY ORDER #, AMOUNT \$, Tracking #



South Coast Air Quality Management District

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3. Owner's Business Name (only if different from Business Name of Operator): Los Angeles Department of Water & Power

Section B: Equipment Location Section C: Permit Mailing Address

4. Equipment Location Address: 6801 2nd Street, Long Beach, CA 90803
5. Permit and Correspondence Information: 111 North Hope Street, Room 1050, Los Angeles, CA 90012

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

6. Reason for Submitting Application (Select only ONE): New Construction (Permit to Construct)
7. Estimated Start Date of Operation/Construction (MM/DD/YYYY): 06/01/2010
8. Description of Equipment: Simple Cycle Combustion Turbine SCR/CO Catalyst Unit 16

Section E: Facility Business Information

13. What type of business is being conducted at this equipment location? Power Generation
14. What is your businesses primary NAICS Code (North American Industrial Classification System)? 221112

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

17. Signature of Responsible Official: [Signature]
18. Title: Senior Assistant General Manager-Power System
19. Print Name: Aram Benyamin
20. Date: FEB 24 2009

Table with columns: AQMD USE ONLY, APPLICATION/TRACKING #, TYPE, EQUIPMENT CATEGORY CODE, FEE SCHEDULE, VALIDATION, ASSIGNMENT, CHECK/MONEY ORDER, AMOUNT, Tracking #