



South Coast Air Quality Management District

Form 400-A

Application Form for Permit or Plan Approval

List only one piece of equipment or process per form.

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

Section A - Operator Information
1. Facility Name (Business Name of Operator to Appear on the Permit): Harbor Cogeneration Company, LLC (Title V Permit Renewal)
2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 156741
3. Owner's Business Name (If different from Business Name of Operator):

Section B - Equipment Location Address
4. Equipment Location is: Fixed Location (For equipment operated at various locations, provide address of initial site.)
505 Pier B Ave.
Street Address
Wilmington, CA 90744
City Zip
Randy Fox Director ESS
Contact Name Title
(303) 623-3013 (303) 825-3341
Phone # Ext Fax #
E-Mail: foxr@southwestgen.com

Section C - Permit Mailing Address
5. Permit and Correspondence Information:
Check here if same as equipment location address
P.O. Box 550
Address
Wilmington, CA 90748
City State Zip
Randy Fox Director-ESS
Contact Name Title
(303) 623-3013 (303) 825-3341
Phone # Ext Fax #
E-Mail: foxr@southwestgen.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 (Refer to Title V Matrix)
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): Gas turbine, 19080 mmbtu/hr, NG fired
10. For identical equipment, how many additional applications are being submitted with this application? 0
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? Electricity production
14. What is your business primary NAICS Code? 221112
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? No
16. Are there any schools (K-12) within 1000 feet of the facility property line? No

Section F - Authorization/Signature
I hereby certify that all information contained herein and information submitted with this application are true and correct.
17. Signature of Responsible Official: Randy Fox
18. Title of Responsible Official: Director-ESS
19. I wish to review the permit prior to issuance. Yes
20. Print Name: Randy Fox
21. Date: 09/30/2012
22. Do you claim confidentiality of data? Yes

23. Check List: Authorized Signature/Date, Form 400-CEQA, Fees Enclosed
AQMD USE ONLY
APPLICATION TRACKING # 544455
CHECK 13/43
AMOUNT RECEIVED \$ 2031.86
PAYMENT TRACKING # 105548
VALIDATION 10/31/12
DATE APP DATE APP CLASS BASIC EQUIPMENT CATEGORY CODE TEAM ENGINEER REASON/ACTION TAKEN



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<sup>1</sup> has the potential to generate significant adverse environmental impacts that might require preparation of a CEQA document [CEQA Guidelines §15060(a)].<sup>2</sup> Refer to the attached instructions for guidance in completing this form.<sup>3</sup> For each Form 400-A application, also complete and submit one Form 400-CEQA. If submitting multiple Form 400-A applications for the same project at the same time, only one 400-CEQA form is necessary for the entire project. If you need assistance completing this form, contact Permit Services at (909) 396-3385 or (909) 396-2668.

Section A - Facility Information	
1. Facility Name (Business Name of Operator To Appear On The Permit): <u>Harbor Cogeneration Company, LLC</u>	2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): <u>156741</u>
3. Project Description: <u>Title V Permit Renewal Application</u>	

Section B - Review For Exemption From Further CEQA Action			
Check "Yes" or "No" as applicable			
	Yes	No	
1.	<input type="radio"/>	<input checked="" type="radio"/>	Is this application for: A CEQA and/or NEPA document previously or currently prepared that specifically evaluates this project? If yes, attach a copy of the signed Notice of Determination to this form.
2.	<input type="radio"/>	<input checked="" type="radio"/>	A request for a change of permittee only (without equipment modifications)?
3.	<input type="radio"/>	<input checked="" type="radio"/>	A functionally identical permit unit replacement with no increase in rating or emissions?
4.	<input type="radio"/>	<input checked="" type="radio"/>	A change of daily VOC permit limit to a monthly VOC permit limit?
5.	<input type="radio"/>	<input checked="" type="radio"/>	Equipment damaged as a result of a disaster during state of emergency?
6.	<input checked="" type="radio"/>	<input type="radio"/>	A Title V (i.e., Regulation XXX) permit renewal (without equipment modifications)?
7.	<input type="radio"/>	<input checked="" type="radio"/>	A Title V administrative permit revision?
8.	<input type="radio"/>	<input checked="" type="radio"/>	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.			
	Yes	No	
<b>Part I - General</b>			
1.	<input type="radio"/>	<input type="radio"/>	Has this project generated any known public controversy regarding potential adverse impacts that may be generated by the project? Controversy may be construed as concerns raised by local groups at public meetings; adverse media attention such as negative articles in newspapers or other periodical publications, local news programs, environmental justice issues, etc.
2.	<input type="radio"/>	<input type="radio"/>	Is this project part of a larger project? If yes, attach a separate sheet to briefly describe the larger project.
<b>Part II - Air Quality</b>			
3.	<input type="radio"/>	<input type="radio"/>	Will there be any demolition, excavating, and/or grading construction activities that encompass an area exceeding 20,000 square feet?
4.	<input type="radio"/>	<input type="radio"/>	Does this project include the open outdoor storage of dry bulk solid materials that could generate dust? If Yes, include a plot plan with the application package.

<sup>1</sup> 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. For example, a project might include installation of a new, or modification of an existing internal combustion engine, dry-cleaning facility, boiler, gas turbine, spray coating booth, solvent cleaning tank, etc.

<sup>2</sup> To download the CEQA guidelines, visit [http://ceres.ca.gov/env\\_law/state.html](http://ceres.ca.gov/env_law/state.html).

<sup>3</sup> To download this form and the instructions, visit <http://www.aqmd.gov/ceqa> or <http://www.aqmd.gov/permit>

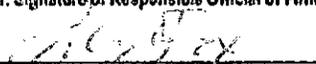
**Section C - Review of Impacts Which May Trigger CEQA (cont.)**

	Yes	No	Part II - Air Quality (cont.)
5.	<input type="radio"/>	<input type="radio"/>	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.
6.	<input type="radio"/>	<input type="radio"/>	Does this project cause an increase of emissions from marine vessels, trains and/or airplanes?
7.	<input type="radio"/>	<input type="radio"/>	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 <sup>4</sup>
<b>Part III - Water Resources</b>			
8.	<input type="radio"/>	<input type="radio"/>	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.
9.	<input type="radio"/>	<input type="radio"/>	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.
<b>Part IV - Transportation/Circulation</b>			
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?
<b>Part V - Noise</b>			
11.	<input type="radio"/>	<input type="radio"/>	Will the project include equipment that will generate noise GREATER THAN 90 decibels (dB) at the property line?
<b>Part VI - Public Services</b>			
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-ESS	
3. Print Name of Responsible Official of Firm: Randy Fox		4. Date Signed: 09/30/2012	
5. Phone # of Responsible Official of Firm: (303) 623-3013	6. Fax # of Responsible Official of Firm: (303) 825-3341	7. Email of Responsible Official of Firm: foxr@southwestgen.com	
8. Signature of Preparer, (if prepared by person other than responsible official of firm): 		9. Title of Preparer: PRESIDENT	
10. Print Name of Preparer: GREGORY DARVIN		11. Date Signed: 9-30-2012	
12. Phone # of Preparer: 831 620 0481	13. Fax # of Preparer:	14. Email of Preparer: DARVIN@ATMOSPHERICDYNAMICS.COM	

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

<sup>4</sup> Table 1 - Regulated Substances List and Threshold Quantities for Accidental Release Prevention can be found in the Instructions for Form 400-CEQA



South Coast Air Quality Management District

**Form 500-A1**

**Title V Permit Application Supplemental**

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):

Harbor Cogeneration Company, LLC

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

156741

3. Facility Is Located In Title V Area:

1 All other zip codes not listed below

<input type="radio"/> 2	92201	92202	92203	92210	92211	92234	92235	92236	92239*	92240	92241	92247	92248
	92253	92254	92255	92258	92260	92261	92262	92263	92264	92270	92274	92275	92276
	92282	92292	92561										

3 92239\*

\* If your zip code is 92239, please call (909) 396-3385 to verify your Title V area.

**Section II - Title V Application**

1. This is an application for a(n) (Check all applicable boxes and provide the requested information as appropriate):

- a.  Initial Title V Permit
- b.  Permit Renewal: (Provide current permit expiration date) 05/14/2013
- c.  Administrative Change (check all that apply)
  - Change of Operator. (Complete and attach equipment-specific Form 400-E-XX series forms)
  - Change of Facility Information
  - Other, Please specify: \_\_\_\_\_
- d.  Title V Permit Revision
- e.  Title V Exemption Plan
- f.  MACT Part 1
- g.  Permit Shield

Complete and attach equipment specific Form 400-E-XX series form(s) to this form if your application involves permit action for new construction, change of location, non-administrative permit revision, alternative operating scenario (AOS), permit shield, streamlined permit conditions, or temporary source permit.

2. Is this facility required to prepare a Risk Management Plan (RMP) for another agency?  Yes  No

**Section III - Title V Submittal Checklist**

1. Enter the quantity of each type form submitted in the space provided:

<u>1</u> 400-A (REQUIRED)	<u>1</u> 500-C1 (REQUIRED)	_____ 500-F1	<u>1</u> 500-H (REQUIRED)
<u>1</u> 400-CEQA (REQUIRED)	_____ 500-C2	_____ 500-F2	_____ 500-MACT PART 1
<u>1</u> 500-A2 (REQUIRED)	_____ 500-D	_____ 500-F3	_____ OTHER (SPECIFY): _____
<u>1</u> 500-B (REQUIRED)	_____ 500-E	_____ 500-F4	

2. Additional information referenced in this application submitted:

- 1. copy of current Title V permit issued 05/15/2008.
- 2. list of pending applications



South Coast Air Quality Management District  
**Form 500-A2**  
**Title V Application Certification**

Mail To:  
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**Section I - Operator Information**

1. Facility Name (Business Name of Operator That Appears On Permit):  
 Harbor Cogeneration Company, LLC

2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD):  
 156741

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-ESS
3. Print Name: Randy Fox	4. Date: 09/30/2012
5. Phone #: (303) 623-3013	6. Fax #: (303) 825-3341
7. Address of Responsible Official: 1200 Seventeenth St, suite 700	
Street #	City State Zip Denver CO 80202

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: n/a
3. Print Name of Designated Representative or Alternate: n/a	4. Date:
5. Phone #:	6. Fax #:
7. Address of Designated Representative or Alternate: n/a _____ n/a _____ CA _____ Street # _____ City _____ State _____ Zip _____	





South Coast Air Quality Management District

**Form 500-C1**

**Title V Compliance Status Report**

To provide the compliance status of your facility with applicable federally enforceable requirements and identify other local-only requirements, complete this form and attach it to a completed compliance certification Form 500-A2. As appropriate, all submittals of Form 500-C2 as appropriate should also be attached to this form.

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**Section I Operator Information**

**1. Facility Name (Business Name of Operator That Appears On Permit):**  
Harbor Cogeneration Company, LLC

**2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD):**  
156741

**PROCEDURES FOR DETERMINING COMPLIANCE STATUS**

1. **Equipment verification:** Review the list of pending applications, and either the preliminary Title V facility permit or the list of current permits to operate that the AQMD provided you, to determine if they completely and accurately describe all equipment operating at the facility. Attach a statement to describe any discrepancies.
2. **Identify applicable requirements\*:** Use the checklist in Section II to identify all applicable and federally-enforceable local, state, and federal rules and regulations, test methods, and monitoring, recordkeeping and reporting (MRR) requirements that apply to any equipment or process (including equipment exempt from a permit by Rule 219) at your facility. The potential applicable requirements, test methods and MRR requirements are identified and listed adjacent to each given equipment/process description. Check off each box adjacent to the corresponding requirement as it applies to your particular equipment/process.  
Note: Even if there is only one piece of equipment that is subject to a particular requirement, the appropriate box should be checked.
3. **Identify additional applicable requirements\*:** Use Section III to identify any additional requirements not found in Section II. Section II is not a complete list of all applicable requirements. It does not include recently adopted NESHAP regulations by EPA or recent amendments to AQMD rules. Do not add rules listed in Section V here.
4. **Identify any requirements that do not apply to a specific piece of equipment or process:** Also use Section III to identify any requirements that are listed in Section II but that do not apply to a specific piece of equipment or process. Fill out Section III of this form and attach a separate sheet to explain the reason(s) why the identified rules do not apply. Note: Listing any requirement that does not apply to a specific piece of equipment will not provide the facility with a permit shield unless one is specifically requested by completing Form 500-D and is approved by AQMD.
5. **Identify SIP-approved rules that are not current AQMD rules:** Use Section IV to identify older versions of current AQMD rules that are the EPA-approved versions in the State Implementation Plan (SIP), and that are still applicable requirements as defined by EPA. The facility is not required to certify compliance with the items checked in Section IV provided that the non-SIP approved rule in Section II is at least as stringent as the older SIP-approved version in Section IV. \*\*
6. **Identify Local-Only Enforceable Regulatory Requirements:** Use Section V to identify AQMD rules that are not SIP-approved and are not federally enforceable.
7. **Determine compliance:** Determine if all equipment and processes are complying with all requirements identified in Sections II and III. If each piece of equipment complies with all applicable requirements, complete and attach Form 500-A2 to certify the compliance status of the facility. If any piece of equipment is not in compliance with any of the applicable requirements, complete and attach Form 500-C2 in addition to Form 500-A2.

\* The following AQMD rules and regulations are not required to be included in Section II and do not have to be added to Section III: Regulation I, List and Criteria in Regulation II, Rule 201, Rule 201.1, Rule 202, Rule 203, Rule 205, Rule 206, Rule 207, Rule 208, Rule 209, Rule 210, Rule 212, Rule 214, Rule 215, Rule 216, Rule 217, Rule 219, Rule 220, Rule 221, Regulation III, Regulation V, Regulation VIII, Regulation XII, Regulation XV, Regulation XVI, Regulation XIX, Regulation XXI, Regulation XXII, and Regulation XXX.

\*\* Emission units adversely affected by the gap between current and SIP-approved versions of rules may initially be placed in a non-Title V portion of the permit

Section II - Applicable Requirements, Test Methods, & MRR Requirements			
Equipment/Process	Applicable Requirement	Test Method	MRR Requirement
<input type="checkbox"/> All Air Pollution Control Equipment Using Combustion (RECLAIM & non-RECLAIM sources)	<input type="checkbox"/> Rule 480 (10/07/77)	N/A	N/A
<input type="checkbox"/> All Coating Operations (12/15/00)	<input type="checkbox"/> Rule 442	<input type="checkbox"/> Rule 442(f)	<input type="checkbox"/> Rule 442(g)
<input type="checkbox"/> All Combustion Equipment, ≥ 555 Mmbtu/Hr (except for NOx RECLAIM sources)	<input type="checkbox"/> Rule 474 (12/04/81)	<input type="checkbox"/> AQMD TM 7.1 or 100.1	
<input checked="" type="checkbox"/> All Combustion Equipment Except Internal Combustion Engines (RECLAIM & non-RECLAIM sources)	<input checked="" type="checkbox"/> Rule 407 (04/02/82) <input checked="" type="checkbox"/> Rule 409 (08/07/81)	<input checked="" type="checkbox"/> AQMD TM 100.1 or 10.1, 307-91 <input checked="" type="checkbox"/> AQMD TM 5.1, 5.2, or 5.3	
<input checked="" type="checkbox"/> All Combustion Equipment Using Gaseous Fuel (except SOx RECLAIM sources)	<input checked="" type="checkbox"/> Rule 431.1 (06/12/98)	<input checked="" type="checkbox"/> Rule 431.1(f)	<input checked="" type="checkbox"/> Rule 431.1(d) & (e)
<input type="checkbox"/> All Combustion Equipment Using Liquid Fuel (except SOx RECLAIM sources)	<input type="checkbox"/> Rule 431.2 (09/15/00)	<input type="checkbox"/> Rule 431.2(g)	<input type="checkbox"/> Rule 431.2(f)
<input type="checkbox"/> All Combustion Equipment Using Fossil Fuel (except SOx RECLAIM sources)	<input type="checkbox"/> Rule 431.3 (05/07/76)		
<input checked="" type="checkbox"/> All Equipment	<input checked="" type="checkbox"/> Rule 401 (11/09/01) <input type="checkbox"/> Rule 405 (02/07/86) <input checked="" type="checkbox"/> Rule 408 (05/07/76) <input checked="" type="checkbox"/> Rule 430 (07/12/96) <input type="checkbox"/> Rule 701 (06/13/97) <input checked="" type="checkbox"/> New Source Review, BACT <input type="checkbox"/> Rule 1703 (10/07/88) <input checked="" type="checkbox"/> 40 CFR68 - Accidental Release Prevention	<input checked="" type="checkbox"/> California Air Resources Board Visible Emission Evaluation <input type="checkbox"/> AQMD TM 5.1, 5.2, or 5.3  N/A  See Applicable Subpart	<input checked="" type="checkbox"/> Rule 430(b)      See Applicable Subpart
<input type="checkbox"/> All Equipment Processing Solid Materials	<input type="checkbox"/> Rule 403 (06/03/05)	<input type="checkbox"/> Rule 403(d)(3)	<input type="checkbox"/> Rule 403(f)
<input type="checkbox"/> All Equipment With Exhaust Stack (except cement kilns subject to Rule 1112.1)	<input type="checkbox"/> Rule 404 (02/07/86)	<input type="checkbox"/> AQMD TM 5.1, 5.2, or 5.3	
<input type="checkbox"/> All Facilities Using Solvents to Clean Various Items or Equipment	<input type="checkbox"/> Rule 109 (05/02/03) <input type="checkbox"/> Rule 1171 (05/01/09) <input type="checkbox"/> 40 CFR63 SUBPART T	<input type="checkbox"/> Rule 109(g) <input type="checkbox"/> Rule 1171(e) See Applicable Subpart	<input type="checkbox"/> Rule 109(c) <input type="checkbox"/> Rule 1171(c)(6) See Applicable Subpart
<input checked="" type="checkbox"/> All RECLAIM Equipment (NOx & SOx)	<input checked="" type="checkbox"/> Reg. XX - RECLAIM	<input type="checkbox"/> Rule 2011, App. A (05/06/05) <input checked="" type="checkbox"/> Rule 2012, App. A (05/06/05)	<input type="checkbox"/> Rule 2011, App. A (05/06/05) <input checked="" type="checkbox"/> Rule 2012, App. A (05/06/05)
<input type="checkbox"/> Abrasive Blasting	<input type="checkbox"/> Rule 1140 (08/02/85)	<input type="checkbox"/> Rule 1140(d) & (e), AQMD Visible Emission Method	

**KEY ABBREVIATIONS:**

 Reg. = AQMD Regulation  
 Rule = AQMD Rule

 App. = Appendix  
 AQMD TM = AQMD Test Method

 CFR = Code of Federal Regulations  
 CCR = California Code of Regulations

**Section II - Applicable Requirements, Test Methods, & MRR Requirements**

Equipment/Process	Applicable Requirement	Test Method	MRR Requirement
<input type="checkbox"/> Aggregate and Related Operations	<input type="checkbox"/> Rule 1157 (09/08/06)	<input type="checkbox"/> Rule 1157(f)	<input type="checkbox"/> Rule 1157(e)
<input checked="" type="checkbox"/> Appliances Containing Ozone Depleting Substances (except Motor Vehicle Air Conditioners): Manufacturing, Repair, Maintenance, Service, & Disposal	<input checked="" type="checkbox"/> 40 CFR82 SUBPART F	See Applicable Subpart	See Applicable Subpart
<input type="checkbox"/> Asphalt	See Manufacturing, Asphalt Processing & Asphalt Roofing		
<input type="checkbox"/> Asphalt Concrete/Batch Plants	<input type="checkbox"/> 40 CFR60 SUBPART I	See Applicable Subpart	See Applicable Subpart
<input type="checkbox"/> Benzene Emissions, Maleic Anhydride Plants, Ethylbenzene/Styrene Plants, Benzene Storage Vessels, Benzene Equipment Leaks, & Coke By-Product Recovery Plants	<input type="checkbox"/> Rule 1173 (02/06/09)	<input type="checkbox"/> Rule 1173(j)	<input type="checkbox"/> Rule 1173(i)
	<input type="checkbox"/> Rule 1176 (09/13/96)	<input type="checkbox"/> Rule 1176(h)	<input type="checkbox"/> Rule 1176(f) & (g)
	<input type="checkbox"/> 40 CFR61 SUBPART L	See Applicable Subpart	See Applicable Subpart
	<input type="checkbox"/> 40 CFR61 SUBPART Y	See Applicable Subpart	See Applicable Subpart
	<input type="checkbox"/> 40 CFR63 SUBPART R	See Applicable Subpart	See Applicable Subpart
<input type="checkbox"/> 40 CFR63 SUBPART CC	See Applicable Subpart	See Applicable Subpart	
<input type="checkbox"/> Benzene Transfer Operations	<input type="checkbox"/> Rule 1142 (07/19/91)	<input type="checkbox"/> Rule 1142(e)	<input type="checkbox"/> Rule 1142(h)
	<input type="checkbox"/> 40 CFR61 SUBPART BB	See Applicable Subpart	See Applicable Subpart
	<input type="checkbox"/> 40 CFR63 SUBPART Y	See Applicable Subpart	See Applicable Subpart
<input type="checkbox"/> Benzene Waste Operations	<input type="checkbox"/> Rule 1176 (09/13/96)	<input type="checkbox"/> Rule 1176(h)	<input type="checkbox"/> Rule 1176(f) & (g)
	<input type="checkbox"/> 40 CFR61 SUBPART FF	See Applicable Subpart	See Applicable Subpart
	<input type="checkbox"/> 40 CFR63 SUBPART CC	See Applicable Subpart	See Applicable Subpart
<input type="checkbox"/> Beryllium Emissions	<input type="checkbox"/> 40 CFR61 SUBPART C	See Applicable Subpart	See Applicable Subpart
<input type="checkbox"/> Beryllium Emissions, Rocket Motor Firing	<input type="checkbox"/> 40 CFR61 SUBPART D	See Applicable Subpart	See Applicable Subpart
<input type="checkbox"/> Boiler, < 5 Mmbtu/Hr (non-RECLAIM sources)	<input type="checkbox"/> Rule 1146.1 (09/05/06)	<input type="checkbox"/> Rule 1146.1(d)	<input type="checkbox"/> Rule 1146.1(c)(2) & (c)(3)
	<input type="checkbox"/> Rule 1146.2 (05/05/06)	N/A	N/A
	<input type="checkbox"/> 40 CFR63 SUBPART DDDDD	See Applicable Subpart	See Applicable Subpart
<input type="checkbox"/> Boiler, < 5 Mmbtu/Hr (RECLAIM sources)	<input type="checkbox"/> Rule 1146.1 (09/05/08) - excluding NOx requirements	<input type="checkbox"/> Rule 1146.1(d)	<input type="checkbox"/> Rule 1146.1(c)(2) & (c)(3)
	<input type="checkbox"/> 40 CFR63 SUBPART DDDDD	See Applicable Subpart	See Applicable Subpart

**KEY ABBREVIATIONS:**

Reg. = AQMD Regulation  
Rule = AQMD Rule

App. = Appendix  
AQMD TM = AQMD Test Method

CFR = Code of Federal Regulations  
CCR = California Code of Regulations

**Form 500-C1**

**Pages 4 through 20, and pages 22 through 23, are not included  
as no applicable requirements were noted on these pages.**

**Section II - Applicable Requirements, Test Methods, & MRR Requirements**

Equipment/Process	Applicable Requirement	Test Method	MRR Requirement
<input type="checkbox"/> Storage Tank, Greater Than 19,815 Gallon Capacity	<input type="checkbox"/> Rule 463 (05/06/05) <input type="checkbox"/> Rule 1178 (04/07/06) <input type="checkbox"/> 40 CFR63 SUBPART F <input type="checkbox"/> 40 CFR63 SUBPART G <input type="checkbox"/> 40 CFR63 SUBPART H <input type="checkbox"/> 40 CFR63 SUBPART I <input type="checkbox"/> 40 CFR60 SUBPART K <input type="checkbox"/> 40 CFR60 SUBPART Ka <input type="checkbox"/> 40 CFR60 SUBPART Kb <input type="checkbox"/> 40 CFR63 SUBPART R <input type="checkbox"/> 40CFR63 SUBPART BBBB <input type="checkbox"/> 40 CFR63 SUBPART CC	<input type="checkbox"/> Rule 463(g) <input type="checkbox"/> Rule 1178(i) See Applicable Subpart See Applicable Subpart	<input type="checkbox"/> Rule 463(e)(5) <input type="checkbox"/> Rule 1178(h) See Applicable Subpart See Applicable Subpart
<input type="checkbox"/> Synthetic Fiber Production Facilities	<input type="checkbox"/> 40 CFR60 SUBPART HHH	See Applicable Subpart	See Applicable Subpart
<input type="checkbox"/> Taconite Iron Ore Processing Facilities	<input type="checkbox"/> 40 CFR63 SUBPART RRRRR	See Applicable Subpart	See Applicable Subpart
<input checked="" type="checkbox"/> Turbine, Stationary Gas-Fired	<input checked="" type="checkbox"/> Rule 1134 (08/08/97) <input checked="" type="checkbox"/> Rule 475 (08/07/78) <input checked="" type="checkbox"/> 40 CFR60 SUBPART GG <input type="checkbox"/> 40 CFR60 SUBPART KKKK <input type="checkbox"/> 40 CFR63 SUBPART YYYY	<input type="checkbox"/> Rule 1134(e) & (g) <input checked="" type="checkbox"/> AQMD TM 5.1, 5.2, or 5.3 See Applicable Subpart See Applicable Subpart See Applicable Subpart	<input type="checkbox"/> Rule 1134(d) & (f) See Applicable Subpart See Applicable Subpart See Applicable Subpart
<input type="checkbox"/> Turbine, Stationary Oil-Fired	<input type="checkbox"/> 40 CFR63 SUBPART YYYY	See Applicable Subpart	See Applicable Subpart
<input type="checkbox"/> Valves	See Fugitive Emissions or Petroleum Refineries, Fugitive Emissions		
<input type="checkbox"/> Vessel, Refinery Process	<input type="checkbox"/> Rule 1123 (12/07/90)	N/A	<input type="checkbox"/> Rule 1123(c)
<input type="checkbox"/> Vessels	See Petroleum Refineries, Fugitive Emissions		

**KEY ABBREVIATIONS:**

Reg. = AQMD Regulation  
 Rule = AQMD Rule

App. = Appendix  
 AQMD TM = AQMD Test Method

CFR = Code of Federal Regulations  
 CCR = California Code of Regulations

**Section IV - SIP-Approved Rules That Are Not The Most Current AQMD Rules**

Check off each SIP-Approved Rule as it applies to the facility. Use the blanks at the end of this form to fill-in new items.

SIP - Approved Rule	Adoption/ Amendment Date	Check (✓) If Applies	SIP - Approved Rule	Adoption/ Amendment Date	Check (✓) If Applies
401	03/02/84	<input checked="" type="checkbox"/>			<input type="checkbox"/>
431.2	05/04/90	<input type="checkbox"/>			<input type="checkbox"/>
461	6/3/05	<input type="checkbox"/>			<input type="checkbox"/>
466.1	05/02/80	<input type="checkbox"/>			<input type="checkbox"/>
469	04/07/76	<input type="checkbox"/>			<input type="checkbox"/>
475	10/08/76	<input checked="" type="checkbox"/>			<input type="checkbox"/>
1112	01/06/84	<input type="checkbox"/>			<input type="checkbox"/>
1112.1	2/7/86	<input type="checkbox"/>			<input type="checkbox"/>
1113	11/08/96	<input type="checkbox"/>			<input type="checkbox"/>
1117	1/6/83	<input type="checkbox"/>			<input type="checkbox"/>
1122	07/11/97	<input type="checkbox"/>			<input type="checkbox"/>
1132	03/05/04	<input type="checkbox"/>			<input type="checkbox"/>
1140	02/01/80	<input type="checkbox"/>			<input type="checkbox"/>
1146	11/17/00	<input type="checkbox"/>			<input type="checkbox"/>
1146.1	5/13/94	<input type="checkbox"/>			<input type="checkbox"/>
1151	12/11/98	<input type="checkbox"/>			<input type="checkbox"/>
1158	6/11/99	<input type="checkbox"/>			<input type="checkbox"/>
1162	11/17/00	<input type="checkbox"/>			<input type="checkbox"/>
1166	07/14/95	<input type="checkbox"/>			<input type="checkbox"/>
1171	11/07/03	<input type="checkbox"/>			<input type="checkbox"/>
1175	05/13/94	<input type="checkbox"/>			<input type="checkbox"/>
1186	09/10/99	<input type="checkbox"/>			<input type="checkbox"/>

**Section V - AQMD Rules That Are Not SIP-Approved (Continued on Following Page)**

Check off each AQMD Rule as it applies to the facility. Use the blanks at the end of this form to fill-in new items.

Non SIP - Approved Rule	Adoption/ Amendment Date	Check (✓) If Applies	Non SIP - Approved Rule	Adoption/ Amendment Date	Check (✓) If Applies
53 Los Angeles Co.	N/A	<input type="checkbox"/>	1192	06/16/00	<input type="checkbox"/>
53 Orange Co.	N/A	<input type="checkbox"/>	1193	07/09/10	<input type="checkbox"/>
53 Riverside Co.	N/A	<input type="checkbox"/>	1194	10/20/00	<input type="checkbox"/>
53 San Bernardino Co.	N/A	<input type="checkbox"/>	1195	05/05/06	<input type="checkbox"/>
53A San Bernardino Co.	N/A	<input type="checkbox"/>	1196	06/06/08	<input type="checkbox"/>
402	05/07/76	<input type="checkbox"/>	1401	09/10/10	<input checked="" type="checkbox"/>
429	12/21/90	<input type="checkbox"/>	1401.1	11/04/05	<input type="checkbox"/>
430	07/12/96	<input checked="" type="checkbox"/>	1402	03/04/05	<input type="checkbox"/>
441	05/07/76	<input type="checkbox"/>	1403	10/05/07	<input type="checkbox"/>
473	05/07/76	<input type="checkbox"/>	1404	04/06/90	<input type="checkbox"/>
477	04/03/81	<input type="checkbox"/>	1405	01/04/91	<input type="checkbox"/>
480	10/07/77	<input type="checkbox"/>	1406	07/08/94	<input type="checkbox"/>
1109	08/05/88	<input type="checkbox"/>	1407	07/08/94	<input type="checkbox"/>
1110.2	07/09/10	<input type="checkbox"/>	1411	03/01/91	<input type="checkbox"/>
1116.1	10/20/78	<input type="checkbox"/>	1414	05/03/91	<input type="checkbox"/>
1127	08/06/04	<input type="checkbox"/>	1415	10/14/94	<input checked="" type="checkbox"/>
1143	07/09/10	<input type="checkbox"/>	1418	09/10/99	<input checked="" type="checkbox"/>
1147	12/05/08	<input type="checkbox"/>	1420	09/11/92	<input type="checkbox"/>
1148.1	03/05/04	<input type="checkbox"/>	1420.1	11/05/10	<input type="checkbox"/>
1150	10/15/82	<input type="checkbox"/>	1421	12/06/02	<input type="checkbox"/>
1155	12/04/09	<input type="checkbox"/>	1425	03/16/01	<input type="checkbox"/>
1156	03/06/09	<input type="checkbox"/>	1426	05/02/03	<input type="checkbox"/>
1157	09/08/06	<input type="checkbox"/>			<input type="checkbox"/>
1163	06/07/85	<input type="checkbox"/>			<input type="checkbox"/>
1170	05/06/88	<input type="checkbox"/>			<input type="checkbox"/>
1183	03/12/93	<input type="checkbox"/>			<input type="checkbox"/>
1186.1	01/09/09	<input type="checkbox"/>			<input type="checkbox"/>
1191	06/16/00	<input type="checkbox"/>			<input type="checkbox"/>

**Section V - AQMD Rules That Are Not SIP-Approved (Continued on Following Page)**

Check off each AQMD Rule as it applies to the facility. Use the blanks at the end of this form to fill-in new items.

Non SIP - Approved Rule	Adoption/ Amendment Date	Check (✓) If Applies	Non SIP - Approved Rule	Adoption/ Amendment Date	Check (✓) If Applies
1469	12/05/08	<input type="checkbox"/>	2009.1	05/11/01	<input checked="" type="checkbox"/>
1469.1	03/04/05	<input type="checkbox"/>	2501	05/09/97	<input type="checkbox"/>
1470	06/01/07	<input type="checkbox"/>	2506	12/10/99	<input type="checkbox"/>
1472	03/07/08	<input type="checkbox"/>			<input type="checkbox"/>
2009	01/07/05	<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>



South Coast Air Quality Management District

**Form 500-H**

**Title V - Compliance Assurance Monitoring (CAM) Applicability Determination for Initial, Renewal, & Significant Permit Revision**

This form is required as part of an initial, significant permit revision, or renewal Title V application. If your Title V facility has control devices in use, the CAM rule may apply. Follow the instructions on the reverse side of this form to determine whether your facility is subject to CAM requirements.

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): Harbor Cogeneration Company, LLC 2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 156741

**Section II - CAM Status Summary for Emission Units**

3. Based on the criteria in the instructions (check one and attach additional pages as necessary):  
a.  The emission units identified below are subject to the CAM rule<sup>1</sup> and a CAM plan<sup>2</sup> is attached for each affected emissions unit:  
b.  There are no emission units with control devices at this Title V facility that are subject to the CAM rule.

Emission Unit <sup>3</sup> (Application, Permit or Device No.)	Equipment Description <sup>4</sup>	Uncontrolled Emissions		Connected to Control Unit <sup>3</sup> (Application, Permit or Device No.)	Equipment Description <sup>4</sup>	Controlled Emissions	
		Pollutant	PTE <sup>5</sup> (tons/year)			Pollutant	PTE <sup>5</sup> (tons/year)

<sup>1</sup> For more detailed information regarding the CAM rule applicability, refer to Title 40, Chapter I, Part 64, Section 64.1 of the Code of Federal Regulations (40 CFR Part 64, Section 64.1). This also can be accessed via the internet at: [http://www.access.gpo.gov/nara/cfr/waisidx\\_99/40cfr64\\_99.html](http://www.access.gpo.gov/nara/cfr/waisidx_99/40cfr64_99.html).

<sup>2</sup> Only one CAM plan is required for a control device that is common to more than one emissions unit, or if an emissions unit is controlled by more than one control device similar in design and operation. If the control devices are not similar in design and operation, one plan is required for each control device.

<sup>3</sup> List all new and existing emission units and the connected control devices either by AQMD application, permit or device number. When the emission unit is new and has not yet been assigned an application number, leave this column blank.

<sup>4</sup> Provide a brief equipment description of the emission units and control devices by indicating equipment type, make, and model and serial numbers as appropriate.

<sup>5</sup> Potential to Emit