South Coast Air Quality Management District
P. O. Box 4944
Diamond Bar, CA 91765
(909) 396-2000

# APPLICATION FOR PERMIT TO CONSTRUCT AND PERMIT TO OPERATE
# FORM 400 - A

**Non-Title V Facilities:** This form must be accompanied by one or more 400-E-xx series form(s). Complete this side of form only.
**Title V Facilities:** Complete both sides of this form. Include additional forms as necessary.

**NC/NOV NUMBER:**
**INSPECTOR** **SECTOR**
**ISSUE DATE**

## Section I - Company Information

LEGAL NAME OF OPERATOR: **Quemetco, Inc.**
☒ IRS OR ☐ S. S. NUMBER: 95-2669352

PERMIT TO BE ISSUED TO (SEE INSTRUCTIONS): Quemetco, Inc.

BUSINESS MAILING ADDRESS: 720 S. 7th Ave. City of Industry, CA 91746

PERMIT MAILING ADDRESS, IF DIFFERENT FROM BUSINESS MAILING ADDRESS:

TYPE OF ORGANIZATION
☒ Corporation ☐ Limited Partnership ☐ Government Entity
☐ Individual ☐ General Partnership ☐ Other (Fill in):

ARE YOU A SMALL BUSINESS? (SEE INSTRUCTIONS) ☐ Yes ☒ No
AVERAGE ANNUAL GROSS RECEIPTS $
NUMBER OF EMPLOYEES 189
IS YOUR BUSINESS 51 % OR MORE WOMAN/MINORITY OWNED? ☐ Yes ☒ No

**THIS SECTION IS REQUIRED FOR ALL APPLICATIONS FOR NEW CONSTRUCTION OR MAJOR MODIFICATIONS.**
ARE ALL MAJOR SOURCES UNDER SAME OWNERSHIP IN CALIFORNIA IN COMPLIANCE WITH FEDERAL, STATE, AND LOCAL AIR POLLUTION CONTROL RULES? ☒ Yes ☐ No
ARE YOU THE OWNER OF THE EQUIPMENT UNDER THIS APPLICATION? ☐ Yes ☒ No ☒ IRS OR ☐ S. S. NUMBER OF OWNER
IF NO, ENTER THE LEGAL NAME OF OWNER: Quemetco West, LLC 75-2951080

## Section II - Facility Information

EQUIPMENT ADDRESS/LOCATION
720 S. 7th Ave. (NUMBER/STREET)
City of Industry (CITY OR COMMUNITY) CA, 91746 (ZIP CODE)

FACILITY NAME: Quemetco, Inc.
FACILITY ID NUMBER: 008547

PRINT NAME OF CONTACT PERSON: Neal Lyon
TITLE OF CONTACT PERSON: Environmental, Health and Safety Compliance Manager

TYPE OF BUSINESS AT THIS FACILITY: Secondary Lead Smelting
PRIMARY SIC CODE FOR THIS FACILITY: 3341
NUMBER OF EMPLOYEES AT THIS FACILITY: 189

CONTACT PERSON'S TELEPHONE NUMBER: (626) 330-2294, ext. 242
CONTACT PERSON'S FAX NUMBER: (626) 330-2502
CONTACT PERSON'S E-MAIL ADDRESS: nlyon@rsrcorp.com

## Section III - Application Type

DESCRIPTION OF EQUIPMENT:
PREVIOUS PERMIT #(S):

APPLICATION FOR (SEE INSTRUCTIONS):
☐ NEW CONSTRUCTION ☐ MODIFICATION ☐ CHANGE OF LOCATION
☐ EXISTING EQUIPMENT WITHOUT PERMIT ☐ CHANGE OF PERMITTEE ☒ CHANGE OF PERMIT CONDITION
☐ EXISTING EQUIPMENT WITH EXPIRED PERMIT

ARE YOU SUBMITTING MULTIPLE APPLICATIONS FOR EQUIPMENT IDENTICAL TO THAT DESCRIBED ABOVE? ☐ Yes ☒ No

☐ **APPLICATION FOR NON-TITLE V EQUIPMENT PERMIT. CHECK THE SUPPLEMENTAL SERIES 400-E-xx FORM(S) SUBMITTED WITH THIS 400-A FORM:**

| | | | |
|---|---|---|---|
| ____ 400-E-1 | • PARTICULATE MATTER ($PM_{10}$) CONTROL EQUIPMENT | ____ 400-E-13 | • INTERNAL COMBUSTION EQUIPMENT |
| ____ 400-E-2 | • VOLATILE ORGANIC COMPOUND (VOC) CONTROL EQUIPMENT | ____ 400-E-14 | • OPEN PROCESS TANK |
| ____ 400-E-3 | • SCRUBBER | ____ 400-E-14a | • OPEN PROCESS TANK; PROCESS LINE |
| ____ 400-E-4 | • ABRASIVE BLASTING EQUIPMENT | ____ 400-E-15 | • PRINTING EQUIPMENT |
| ____ 400-E-6 | • DEGREASER | ____ 400-E-16 | • SOLID MATERIALS STORAGE EQUIPMENT |
| ____ 400-E-7 | • DRY CLEANING EQUIPMENT | ____ 400-E-17 | • SPRAY BOOTH/OPEN SPRAY |
| ____ 400-E-8 | • ETHYLENE OXIDE STERILIZER | ____ 400-E-17a | • POWDER SPRAY BOOTH |
| ____ 400-E-9 | • EXTERNAL COMBUSTION EQUIPMENT | ____ 400-E-18 | • STORAGE TANK (LIQUID & GASEOUS MAT'L) |
| ____ 400-E-10 | • FOOD BROILER/FRYER | ____ 400-E-19 | • WAVE SOLDER MACHINE |
| ____ 400-E-11 | • FUEL DISPENSING AND STORAGE EQUIPMENT | ____ 400-E-20 | • ASBESTOS REMOVAL EQUIPMENT |
| ____ 400-E-12 | • GAS TURBINE | ____ NONE | • ADDITIONAL INFORMATION SUBMITTED AS REQUESTED ON FORM 400-E-GI |

☐ **APPLICATION FOR TITLE V FACILITY PERMIT. PROVIDE INFORMATION REQUESTED ON REVERSE SIDE OF THIS FORM.**

**I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.**
**SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM:**
**TITLE OF RESPONSIBLE OFFICIAL OF FIRM:** VICE PRESIDENT, CALIFORNIA OPERATIONS
**TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM:** MARK VONDERSAAR
RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER: (626) 330-2294, ext. 203
DATE SIGNED: 4/19/05

**I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.**
**SIGNATURE OF PREPARER,** IF PREPARED BY PERSON OTHER THAN RESPONSIBLE OFFICIAL OF FIRM:
TITLE OF PREPARER: ENVIRONMENTAL, HEALTH AND SAFETY COMPLIANCE MANAGER
**TYPE OR PRINT NAME OF PREPARER,** IF PREPARED BY PERSON OTHER THAN RESPONSIBLE OFFICIAL OF FIRM: NEAL I. LYON
PREPARER'S TELEPHONE NUMBER: (626) 330-2294, ext. 242
DATE SIGNED: 4/19/05

## TITLE V FACILITIES ONLY: COMPLETE OTHER SIDE

| AQMD USE ONLY | APPLICATION/TRACKING # | PROJECT # | TYPE | EQUIPMENT CATEGORY CODE: | FEE SCHEDULE: | VALIDATION |
|---|---|---|---|---|---|---|
| | 442948 | | (B) C D | 22 1 8 9 0 1 | $ D | 4-20-05 |

| ENG. A R | ENG. A R | CLASS | ASSIGNMENT | ENF. | CHECK/MONEY ORDER | AMOUNT |
|---|---|---|---|---|---|---|
| DATE 4-20-05 | DATE | I III IV | UNIT A ENGINEER | SECT. | # 900910 | $3198.74 |

(45030)

# TITLE V APPLICATION CERTIFICATION

## - TO BE COMPLETED BY TITLE V FACILITIES ONLY -

## Section IV – 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: ____/____/____
   c. ☒ Administrative Permit Revision (Check all that apply)
      ☐ Change of Ownership. (Complete and attach equipment-specific Form 400-E-xx series forms)
      ☐ Change of Facility Information
      ☒ Other, Please specify: Change to Permit Condition C1.7
   d. ☐ Other (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 V – Title V Submittal Checklist

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

| | | | |
|---|---|---|---|
| _____ | 500-A2 | _____ | 500-F1 |
| _____ | 500-B | _____ | 500-F2 |
| _____ | 500-C1 | _____ | 500-F3 |
| _____ | 500-C2 | _____ | 500-F4 |
| _____ | 500-D | _____ | Other (specify): _____ |

2. Additional information referenced in this application submitted (Check **ALL** that apply):
   a. ☐ Existing Facility Permit
   b. ☐ Preliminary Facility Permit
   c. ☐ EFB Report for Year _____
   d ☒ None
   e. ☐ Other (Specify): _____
3. Supplemental information included with this application submittal (Check **ALL** that apply):
   a. ☐ Facility Plot Plan
   b. ☐ MSDS Sheet(s)
   c. ☐ None
   d. ☒ Other (Specify): Material Feed Recordkeeping Plan

| AQMD USE ONLY | APPLICATION TYPE | 30 DAY PUBLIC NOTICE START DATE | 30 DAY PUBLIC NOTICE END DATE | PUBLIC HEARING DATE | 45-DAY EPA REVIEW START DATE | 45-DAY EPA REVIEW END DATE |
|---|---|---|---|---|---|---|
| | INITIAL, RENEWAL & SIGNIFICANT | | | | | |
| | MINOR & DEMINIMUS | | | | | |
| | ESTABLISH GENERAL PERMIT | | | | | |

**USE THE SECTIONS BELOW FOR TITLE V INITIAL AND RENEWAL APPLICATIONS ONLY:**

| APPLICATION/TRACKING # | PROJECT # | 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 | ENF. SECT. | CHECK/MONEY ORDER # | AMOUNT $ |
|---|---|---|---|---|---|---|---|

FORM 400-A, Rev. 10/97

South Coast Air Quality
Management District
21865 East Copley Drive
Diamond Bar, CA 91765
(909) 396- 2000

# CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) APPLICABILITY FORM 400 - CEQA

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[1] has the potential to generate significant adverse environmental impacts that might require preparation of a CEQA document [CEQA Guidelines §15060(a)].[2] Refer to the attached instructions for guidance in completing this form.[3] 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 2668).

## FACILITY INFORMATION

**Facility Name:** Quemetco, Inc. **Facility ID** (6-Digit): 8547

**Project Description:** Change of Condition C1.7

## REVIEW TO DETERMINE EXEMPTION FROM FURTHER CEQA ACTION

Check "Yes" or "No" as applicable

| | Yes | No | Is this application for: |
|---|---|---|---|
| A. | ☐ | ☒ | **A CEQA and/or NEPA document previously or currently prepared that specifically evaluates this project?** If yes, a permit cannot be issued until a Final CEQA document and Notice of Determination is submitted. |
| B. | ☐ | ☒ | **A request for a change of permittee only (without equipment modifications)?** |
| C. | ☐ | ☒ | **A functionally identical permit unit replacement with no increase in rating or emissions?** |
| D. | ☐ | ☒ | **A change of daily VOC permit limit to a monthly VOC permit limit?** |
| E. | ☐ | ☒ | **Equipment damaged as a result of a disaster during state of emergency?** |
| F. | ☐ | ☒ | **A Title V** (i.e., Regulation XXX) **permit renewal (without equipment modifications)?** |
| G. | ☒ | ☐ | **A Title V administrative permit revision?** |
| H. | ☐ | ☒ | **The conversion of an existing permit into an initial Title V permit?** |

If **"Yes"** is checked for any question above, your application does not require additional evaluation for CEQA applicability. Skip to page 2, "SIGNATURES" and sign and date this form.

## REVIEW OF IMPACTS WHICH MAY TRIGGER CEQA

Complete Sections 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 | Section I – General |
|---|---|---|---|
| 1. | ☐ | ☐ | **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. | ☐ | ☐ | **Is this project part of a larger project?** |
| | | | **Section II – Air Quality** |
| 3. | ☐ | ☐ | **Will there be any demolition, excavating, and/or grading construction activities that encompass an area exceeding 20,000 square feet?** |
| 4. | ☐ | ☐ | **Does this project include the open outdoor storage of dry bulk solid materials that could generate dust?** If Yes, include a plot plan with the application package. |

[1] A "project" means the whole of an action which has a potential for resulting in physical change to the environment, including construction activities, clearing or grading of land, improvements to existing structures, and activities or equipment involving the issuance of a permit. 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.

[2] [illegible]

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

## 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.**

| SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM: | TITLE OF RESPONSIBLE OFFICIAL OF FIRM: Vice President, California Operations | |
|---|---|---|
| TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM: Mark Vondersaar | RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER: (626) 330-2294, ext. 203 | DATE Signed: *04/19/05* |
| SIGNATURE OF PREPARER, IF PREPARED BY PERSON OTHER THAN RESPONSIBLE OFFICIAL OF FIRM: | TITLE OF PREPARER: EH&S Compliance Manager | |
| TYPE OR PRINT NAME OF PREPARER: Neal Lyon | PREPARER'S TELEPHONE NUMBER: (626) 330-2294, ext. 242 | DATE Signed: *04/19/05* |

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