



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): Irvine Ranch Water District
2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 003513
3. Owner's Business Name (If different from Business Name of Operator):

Section B - Equipment Location Address

4. Equipment Location Is: Fixed Location Various Location
4. Equipment Location Is: Fixed Location Various Location
(For equipment operated at various locations, provide address of initial site.)
3512 Michelson Dr
Street Address
Irvine CA 92612
City Zip
John Dayer Asst. Fac./Fleet Maint.
Contact Name Title
(949) 453-5725
Phone # Ext. Fax #
E-Mail: dayer@irwd.com

Section C - Permit Mailing Address

5. Permit and Correspondence Information:
Check here if same as equipment location address
P.O. Box 57000
Address
Irvine CA 92619-7000
City State Zip
John Dayer Asst. Fac./Fleet Maint.
Contact Name Title
(949) 453-5725
Phone # Ext. Fax #
E-Mail: dayer@irwd.com

Section D - Application Type

6. The Facility Is: Not In RECLAIM or Title V In RECLAIM In Title V In RECLAIM & Title V Programs
7. Reason for Submitting Application (Select only ONE):
7a. New Equipment or Process Application:
New Construction (Permit to Construct)
Equipment On-Site But Not Constructed or Operational
Equipment Operating Without A Permit *
Compliance Plan
Registration/Certification
Streamlined Standard Permit
7b. Facility Permits:
Title V Application or Amendment (Also submit Form 500-A-1)
RECLAIM Facility Permit Amendment
7c. Equipment or Process with an Existing/Previous Application or Permit:
Administrative Change
Alteration/Modification
Alteration/Modification without Prior Approval *
Change of Condition
Change of Condition without Prior Approval *
Change of Location
Change of Location without Prior Approval *
Equipment Operating with an Expired/Inactive Permit *
Existing or Previous Permit/Application
If you checked any of the items in 7c, you MUST provide an existing Permit or Application Number
* A Higher Permit Processing Fee and additional Annual Operating Fees (up to 3 full years) may apply. (Rule 301(c)(1)(D))

8a. Estimated Start Date of Construction (mm/dd/yyyy): 11/01/2012
8b. Estimated End Date of Construction (mm/dd/yyyy): 02/01/2015
8c. Estimated Start Date of Operation (mm/dd/yyyy): 05/01/2015

9. Description of Equipment or Reason for Compliance Plan (list applicable rule): HEAT DRYING SYSTEM (PUD-04)
10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each equipment / process)

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? If Yes, provide NOV/NC#: No Yes

Section E - Facility Business Information

13. What type of business is being conducted at this equipment location? Sewage treatment facility
14. What is your business primary NAICS Code? (North American Industrial Classification System) 221320
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? No Yes
16. Are there any schools (K-12) within 1000 feet of the facility property line? No Yes

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: Wayne Posey
18. Title of Responsible Official: Director, Wastewater Ops
19. I wish to review the permit prior to issuance. (This may cause a delay in the application process) No Yes
20. Print Name: Wayne Posey
21. Date: 4/2/12
22. Do you claim confidentiality of data? (If Yes, see instructions.) No Yes
23. Check List: [X] Authorized Signature/Date [X] Form 400-CEQA [X] Supplemental Form(s) (ie., Form 400-E-xx) [X] Fees Enclosed

AQMD USE ONLY: 535797 328974 51640.86 4/6/12 as

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South Coast Air Quality Management District

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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): Irvine Ranch Water District
2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 003513
3. Owner's Business Name (If different from Business Name of Operator):

Section B - Equipment Location Address
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3512 Michelson Dr.
Irvine, CA 92612
John Dayer, Asst. Fac./Fleet Maint.
(949) 453-5725
E-Mail: dayer@irwd.com

Section C - Permit Mailing Address
5. Permit and Correspondence Information:
P.O. Box 57000
Irvine, CA 92619-7000
John Dayer, Asst. Fac./Fleet Maint.
(949) 453-5725
E-Mail: dayer@irwd.com

Section D - Application Type

6. The Facility Is: Not In RECLAIM or Title V In RECLAIM In Title V In RECLAIM & Title V Programs
7. Reason for Submitting Application (Select only ONE):
7a. New Equipment or Process Application
7b. Facility Permits:
7c. Equipment or Process with an Existing/Previous Application or Permit:

8a. Estimated Start Date of Construction (mm/dd/yyyy): 11/01/2012
8b. Estimated End Date of Construction (mm/dd/yyyy): 02/01/2015
8c. Estimated Start Date of Operation (mm/dd/yyyy): 05/01/2015

9. Description of Equipment or Reason for Compliance Plan (list applicable rule): ODOR CONTROL SYSTEM, CONSISTING OF 3 SCRUBBERS IN SERIES (PUD-06)
10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each equipment / process)

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)
12. Has a Notice of Violation (NOV) or a Notice to Comply (NC) been issued for this equipment? If Yes, provide NOV/NC#:

Section E - Facility Business Information

13. What type of business is being conducted at this equipment location? Sewage treatment facility
14. What is your business primary NAICS Code? (North American Industrial Classification System): 221320
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator?
16. Are there any schools (K-12) within 1000 feet of the facility property line?

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

17. Signature of Responsible Official: Wayne W Posey
18. Title of Responsible Official: Director, Wastewater Ops
19. I wish to review the permit prior to issuance. (This may cause a delay in the application process.)
20. Print Name: Wayne Posey
21. Date: 4/2/12
22. Do you claim confidentiality of data? (If Yes, see instructions.)
23. Check List: [X] Authorized Signature/Date [X] Form 400-CEQA [X] Supplemental Form(s) (ie., Form 400-E-xx) [X] Fees Enclosed

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4/6/12 at

117 101318

6/16



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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): Irvine Ranch Water District	2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD) 003513
3. Owner's Business Name (If different from Business Name of Operator)	

Section B - Equipment Location Address

4. Equipment Location Is: Fixed Location Various Location
 (For equipment operated at various locations, provide address of initial site.)

3512 Michelson Dr.
 Street Address
 Irvine, CA 92612
 City State Zip
 John Dayer, Asst. Fac./Fleet Maint.
 Contact Name Title
 (949) 453-5725
 Phone # Ext Fax #
 E-Mail: dayer@irwd.com

Section C - Permit Mailing Address

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

P.O. Box 57000
 Address
 Irvine, CA 92619-7000
 City State Zip
 John Dayer, Asst. Fac./Fleet Maint.
 Contact Name Title
 (949) 453-5725
 Phone # Ext Fax #
 E-Mail: dayer@irwd.com

Section D - Application Type

6. The Facility Is: Not In RECLAIM or Title V In RECLAIM In Title V In RECLAIM & Title V Programs

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

<p>7a. New Equipment or Process Application:</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> New Construction (Permit to Construct) <input type="radio"/> Equipment On-Site But Not Constructed or Operational <input type="radio"/> Equipment Operating Without A Permit * <input type="radio"/> Compliance Plan <input type="radio"/> Registration/Certification <input type="radio"/> Streamlined Standard Permit 	<p>7c. Equipment or Process with an Existing/Previous Application or Permit:</p> <ul style="list-style-type: none"> <input type="radio"/> Administrative Change <input type="radio"/> Alteration/Modification <input type="radio"/> Alteration/Modification without Prior Approval * <input type="radio"/> Change of Condition <input type="radio"/> Change of Condition without Prior Approval * <input type="radio"/> Change of Location <input type="radio"/> Change of Location without Prior Approval * <input type="radio"/> Equipment Operating with an Expired/Inactive Permit * 	<p>Existing or Previous Permit/Application</p> <p>If you checked any of the items in 7c, you MUST provide an existing Permit or Application Number</p>
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7b. Facility Permits:
 Title V Application or Amendment (Also submit Form 500-A1)
 RECLAIM Facility Permit Amendment

* A Higher Permit Processing Fee and additional Annual Operating Fees (up to 3 full years) may apply (Rule 301(c)(1)(D)(i))

8a. Estimated Start Date of Construction (mm/dd/yyyy): 11/01/2012	8b. Estimated End Date of Construction (mm/dd/yyyy): 02/01/2015	8c. Estimated Start Date of Operation (mm/dd/yyyy): 05/01/2015
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9. Description of Equipment or Reason for Compliance Plan (list applicable rule): RTO SYSTEM (PUD-08)	10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each equipment / process)
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11. Are you a Small Business as per AQMD's Rule 102 definition? (13 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	12. Has a Notice of Violation (NOV) or a Notice to Comply (NC) been issued for this equipment? If Yes, provide NOV/NC# <input checked="" type="radio"/> No <input type="radio"/> Yes
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Section E - Facility Business Information

13. What type of business is being conducted at this equipment location? Sewage treatment facility	14. What is your business primary NAICS Code? (North American Industrial Classification System) 221320
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? <input checked="" type="radio"/> No <input type="radio"/> Yes	16. Are there any schools (K-12) within 1000 feet of the facility property line? <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 are true and correct.

17. Signature of Responsible Official: <i>Wayne Posey</i>	18. Title of Responsible Official: Director, Wastewater Ops	19. I wish to review the permit prior to issuance. (This may cause a delay in the application process) <input checked="" type="radio"/> No <input type="radio"/> Yes
20. Print Name: Wayne Posey	21. Date: 4/2/12	22. Do you claim confidentiality of data? (If Yes see instructions) <input checked="" type="radio"/> No <input type="radio"/> Yes
23. Check List: <input checked="" type="checkbox"/> Authorized Signature/Date <input checked="" type="checkbox"/> Form 400-CEQA <input checked="" type="checkbox"/> Supplemental Form(s) (i.e., Form 400-E-xx) <input checked="" type="checkbox"/> Fees Enclosed		

AQMD USE ONLY: **535102 328974 51,640.86** **4/6/12 at**

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South Coast Air Quality Management District

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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): Irvine Ranch Water District
2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 003513
3. Owner's Business Name (If different from Business Name of Operator):

Section B - Equipment Location Address and Section C - Permit Mailing Address
4. Equipment Location Is: Fixed Location Various Location
3512 Michelson Dr
Irvine, CA 92612
John Dayer, Asst. Fac./Fleet Maint.
(949) 453-5725
E-Mail: dayer@irwd.com
5. Permit and Correspondence Information:
P.O. Box 57000
Irvine, CA 92619-7000
John Dayer, Asst. Fac./Fleet Maint.
(949) 453-5725
E-Mail: dayer@irwd.com

Section D - Application Type
6. The Facility Is: Not In RECLAIM or Title V In RECLAIM In Title V In RECLAIM & Title V Programs
7. Reason for Submitting Application (Select only ONE):
7a. New Equipment or Process Application:
New Construction (Permit to Construct)
Equipment On-Site But Not Constructed or Operational
Equipment Operating Without A Permit
Compliance Plan
Registration/Certification
Streamlined Standard Permit
7b. Facility Permits:
Title V Application or Amendment (Also submit Form 500-A1)
RECLAIM Facility Permit Amendment
7c. Equipment or Process with an Existing/Previous Application or Permit:
Administrative Change
Alteration/Modification
Alteration/Modification without Prior Approval
Change of Condition
Change of Condition without Prior Approval
Change of Location
Change of Location without Prior Approval
Equipment Operating with an Expired/Inactive Permit

8a. Estimated Start Date of Construction (mm/dd/yyyy): 11/01/2012
8b. Estimated End Date of Construction (mm/dd/yyyy): 02/01/2015
8c. Estimated Start Date of Operation (mm/dd/yyyy): 05/01/2015
9. Description of Equipment or Reason for Compliance Plan (list applicable rule):
MICROTURBINE NO. 1, DIGESTER GAS AND NATURAL GAS (PUD-09)
10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each equipment / process): 3
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? If Yes, provide NOV/NC#: No Yes

Section E - Facility Business Information
13. What type of business is being conducted at this equipment location? Sewage treatment facility
14. What is your business primary NAICS Code? (North American Industrial Classification System): 221320
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? No Yes
16. Are there any schools (K-12) within 1000 feet of the facility property line? No Yes

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: Wayne Posey
18. Title of Responsible Official: Director, Wastewater Ops
19. I wish to review the permit prior to issuance (This may cause a delay in the application process): No Yes
20. Print Name: Wayne Posey
21. Date: 4/2/12
22. Do you claim confidentiality of data? (If Yes, see instructions): No Yes
23. Check List: [X] Authorized Signature/Date [X] Form 400-CEQA [X] Supplemental Form(s) (ie., Form 400-E-xx) [X] Fees Enclosed

AQMD USE ONLY
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4/6/12 as



South Coast Air Quality Management District

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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): Irvine Ranch Water District
2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 003513
3. Owner's Business Name (if different from Business Name of Operator):

Section B - Equipment Location Address
4. Equipment Location Is: Fixed Location Various Location
3512 Michelson Dr.
Irvine, CA 92612
John Dayer, Asst. Fac./Fleet Maint.
(949) 453-5725
E-Mail: dayer@irwd.com

Section C - Permit Mailing Address
5. Permit and Correspondence information:
P.O. Box 57000
Irvine, CA 92619-7000
John Dayer, Asst. Fac./Fleet Maint.
(949) 453-5725
E-Mail: dayer@irwd.com

Section D - Application Type

6. The Facility Is: Not In RECLAIM or Title V In RECLAIM In Title V In RECLAIM & Title V Programs
7. Reason for Submitting Application (Select only ONE):
7a. New Equipment or Process Application:
7b. Facility Permits:
7c. Equipment or Process with an Existing/Previous Application or Permit:

8a. Estimated Start Date of Construction (mm/dd/yyyy): 11/01/2012
8b. Estimated End Date of Construction (mm/dd/yyyy): 02/01/2015
8c. Estimated Start Date of Operation (mm/dd/yyyy): 05/01/2015
9. Description of Equipment or Reason for Compliance Plan (list applicable rule): MICROTURBINE, NO. 2, DIGESTER GAS AND NATURAL GAS (PUD-10)
10. For identical equipment, how many additional applications are being submitted with this application? 3
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? Sewage treatment facility
14. What is your business primary NAICS Code? 221320
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: Wayne Posey
18. Title of Responsible Official: Director, Wastewater Ops
19. I wish to review the permit prior to issuance? No
20. Print Name: Wayne Posey
21. Date: 4/2/12
22. Do you claim confidentiality of data? No
23. Check List: [X] Authorized Signature/Date [X] Form 400-CEQA [X] Supplemental Form(s) [X] Fees Enclosed

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4/6/12 at



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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): Irvine Ranch Water District
2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 003513
3. Owner's Business Name (If different from Business Name of Operator):

Section B - Equipment Location Address
4. Equipment Location Is: Fixed Location Various Location
3512 Michelson Dr.
Irvine, CA 92612
John Dayer, Asst. Fac./Fleet Maint
(949) 453-5725
E-Mail: dayer@irwd.com

Section C - Permit Mailing Address
5. Permit and Correspondence Information:
P.O. Box 57000
Irvine, CA 92619-7000
John Dayer, Asst. Fac./Fleet Maint
(949) 453-5725
E-Mail: dayer@irwd.com

Section D - Application Type

6. The Facility Is: Not In RECLAIM or Title V In RECLAIM In Title V In RECLAIM & Title V Programs
7. Reason for Submitting Application (Select only ONE):
7a. New Equipment or Process Application:
7b. Facility Permits:
7c. Equipment or Process with an Existing/Previous Application or Permit:

8a. Estimated Start Date of Construction (mm/dd/yyyy): 11/01/2012
8b. Estimated End Date of Construction (mm/dd/yyyy): 02/01/2015
8c. Estimated Start Date of Operation (mm/dd/yyyy): 05/01/2015

9. Description of Equipment or Reason for Compliance Plan (list applicable rule): MICROTURBINE, NO. 3, DIGESTER GAS AND NATURAL GAS (PUD-11)
10. For identical equipment, how many additional applications are being submitted with this application? 3

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? Sewage treatment facility
14. What is your business primary NAICS Code? 221320
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? No
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18. Title of Responsible Official: Director, Wastewater Ops
19. I wish to review the permit prior to issuance. No
20. Print Name: Wayne Posey
21. Date: 4/2/12
22. Do you claim confidentiality of data? No
23. Check List: [X] Authorized Signature/Date [X] Form 400-CEQA [X] Supplemental Form(s) [X] Fees Enclosed

AQMD USE ONLY: 535705 328974 51,640.86 4/6/12 at

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1. Facility Name (Business Name of Operator to Appear on the Permit): Irvine Ranch Water District
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3512 Michelson Dr. Street Address
Irvine, CA 92612 City, State, Zip
John Dayer Contact Name
(949) 453-5725 Phone #
E-Mail: dayer@irwd.com
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7. Reason for Submitting Application (Select only ONE):
7a. New Equipment or Process Application:
7c. Equipment or Process with an Existing/Previous Application or Permit:
7b. Facility Permits:
Title V Application or Amendment (Also submit Form 500-A1)
RECLAIM Facility Permit Amendment

8a. Estimated Start Date of Construction (mm/dd/yyyy): 11/01/2012
8b. Estimated End Date of Construction (mm/dd/yyyy): 02/01/2015
8c. Estimated Start Date of Operation (mm/dd/yyyy): 05/01/2015

9. Description of Equipment or Reason for Compliance Plan (list applicable rule): MICROTURBINE NO 4 DIGESTER GAS AND NATURAL GAS (PUD-12)
10. For identical equipment, how many additional applications are being submitted with this application? 3

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)
12. Has a Notice of Violation (NOV) or a Notice to Comply (NC) been issued for this equipment? If Yes, provide NOV/NC#:

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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): Irvine Ranch Water District
2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 003513
3. Owner's Business Name (If different from Business Name of Operator)

Section B - Equipment Location Address

4. Equipment Location Is: Fixed Location Various Location
3512 Michelson Dr.
Irvine, CA 92612
John Dayer, Asst. Fac./Fleet Maint.
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5. Permit and Correspondence Information:
P.O. Box 57000
Irvine, CA 92619-7000
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Section D - Application Type

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7. Reason for Submitting Application (Select only ONE):
7a. New Equipment or Process Application:
7b. Facility Permits:
7c. Equipment or Process with an Existing/Previous Application or Permit:

8a. Estimated Start Date of Construction (mm/dd/yyyy): 11/01/2012
8b. Estimated End Date of Construction (mm/dd/yyyy): 02/01/2015
8c. Estimated Start Date of Operation (mm/dd/yyyy): 05/01/2015

9. Description of Equipment or Reason for Compliance Plan (list applicable rule): BOILER, NO. 1, 6,000,000 BTU/HR. DIGESTER GAS AND NATURAL GAS-FIRED (PUD-13)
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? (10 employees or less and total gross receipts are \$500,000 or less OR a not-for-profit training center)
12. Has a Notice of Violation (NOV) or a Notice to Comply (NC) been issued for this equipment? No

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13. What type of business is being conducted at this equipment location? Sewage treatment facility
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Section F - Authorization/Signature

17. Signature of Responsible Official: Wayne Posey
18. Title of Responsible Official: Director, Wastewater Ops
19. I wish to review the permit prior to issuance. No
20. Print Name: Wayne Posey
21. Date: 4/2/12
22. Do you claim confidentiality of data? (If Yes, see instructions) No

23. Check List: [X] Authorized Signature/Date [X] Form 400-CEQA [X] Supplemental Form(s) [X] Fees Enclosed

AQMD USE ONLY: 535809 328974 51,640.86
APPROVED: [Signature] DATE: 4/6/12

CF 101318

13/16



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): Irvine Ranch Water District
2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 003513
3. Owner's Business Name (If different from Business Name of Operator)

Section B - Equipment Location Address
4. Equipment Location Is: Fixed Location Various Location
3512 Michelson Dr.
Irvine, CA 92612
John Dayer, Asst. Fac./Fleet Maint.
(949) 453-5725
E-Mail: dayer@irwd.com

Section C - Permit Mailing Address
5. Permit and Correspondence Information:
P.O. Box 57000
Irvine, CA 92619-7000
John Dayer, Asst. Fac./Fleet Maint.
(949) 453-5725
E-Mail: dayer@irwd.com

Section D - Application Type

6. The Facility Is: Not In RECLAIM or Title V In RECLAIM In Title V In RECLAIM & Title V Programs
7. Reason for Submitting Application (Select only ONE):
7a. New Equipment or Process Application:
7b. Facility Permits:
7c. Equipment or Process with an Existing/Previous Application or Permit:

8a. Estimated Start Date of Construction (mm/dd/yyyy): 11/01/2012
8b. Estimated End Date of Construction (mm/dd/yyyy): 02/01/2015
8c. Estimated Start Date of Operation (mm/dd/yyyy): 05/01/2015

9. Description of Equipment or Reason for Compliance Plan (list applicable rule): BOILER, NO. 2, 6,000,000 BTU/HR, DIGESTER GAS AND NATURAL GAS-FIRED (PUD-14)
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? Sewage treatment facility
14. What is your business primary NAICS Code? 221320
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

17. Signature of Responsible Official: Wayne Posey
18. Title of Responsible Official: Director, Wastewater Ops
19. I wish to review the permit prior to issuance. No
20. Print Name: Wayne Posey
21. Date: 4/2/12
22. Do you claim confidentiality of data? No
23. Check List: [X] Authorized Signature/Date [X] Form 400-CEQA [X] Supplemental Form(s) [X] Fees Enclosed

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14/16



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 91765-0544

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

Section A - Operator Information

1. Facility Name (Business Name of Operator to Appear on the Permit): Irvine Ranch Water District
2. Valid AQMD Facility ID (Available Or Permit Or Invoice Issued By AQMD): 003513
3. Owner's Business Name (if different from Business Name of Operator):

Section B - Equipment Location Address

4. Equipment Location Is: Fixed Location Various Location
3512 Michelson Dr.
Irvine, CA 92612
John Dayer, Asst. Fac./Fleet Maint.
(949) 453-5725
E-Mail: dayer@irwd.com

Section C - Permit Mailing Address

5. Permit and Correspondence Information:
P.O. Box 57000
Irvine, CA 92619-7000
John Dayer, Asst. Fac./Fleet Maint.
(949) 453-5725
E-Mail: dayer@irwd.com

Section D - Application Type

6. The Facility Is: Not In RECLAIM or Title V In RECLAIM In Title V In RECLAIM & Title V Programs
7. Reason for Submitting Application (Select only ONE):
7a. New Equipment or Process Application:
7b. Facility Permits:
7c. Equipment or Process with an Existing/Previous Application or Permit:

8a. Estimated Start Date of Construction (mm/dd/yyyy): 11/01/2012
8b. Estimated End Date of Construction (mm/dd/yyyy): 02/01/2015
8c. Estimated Start Date of Operation (mm/dd/yyyy): 05/01/2015

9. Description of Equipment or Reason for Compliance Plan (list applicable rule): ENCLOSED FLARE DIGESTER GAS (PUD-15)
10. For identical equipment, how many additional applications are being submitted with this application?

11. Are you a Small Business as per AQMD's Rule 102 definition?
12. Has a Notice of Violation (NOV) or a Notice to Comply (NC) been issued for this equipment?

Section E - Facility Business Information

13. What type of business is being conducted at this equipment location? Sewage treatment facility
14. What is your business primary NAICS Code? 221320
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator?
16. Are there any schools (K-12) within 1000 feet of the facility property line?

Section F - Authorization/Signature

17. Signature of Responsible Official: Wayne Posey
18. Title of Responsible Official: Director, Wastewater Ops
19. I wish to review the permit prior to issuance.
20. Print Name: Wayne Posey
21. Date: 4/2/12
22. Do you claim confidentiality of data? (If Yes, see instructions)

23. Check List: [X] Authorized Signature/Date [X] Form 400-CEQA [X] Supplemental Form(s) [X] Fees Enclosed

AQMD USE ONLY: 535212-328974 51,640.86 4/6/12

15/16



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): Irvine Ranch Water District	2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD) 003513
3. Owner's Business Name (if different from Business Name of Operator)	

Section B - Equipment Location Address

4. Equipment Location Is: Fixed Location Various Location
 (For equipment operated at various locations, provide address of initial site.)

3512 Michelson Dr.
 Street Address
 Irvine, CA 92612
 City State Zip
 John Dayer
 Contact Name Asst. Fac./Fleet Maint.
 Title
 (949) 453-5725
 Phone # Ext Fax #
 E-Mail: dayer@irwd.com

Section C - Permit Mailing Address

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

P.O. Box 57000
 Address
 Irvine, CA 92619-7000
 City State Zip
 John Dayer
 Contact Name Asst. Fac./Fleet Maint.
 Title
 (949) 453-5725
 Phone # Ext Fax #
 E-Mail: dayer@irwd.com

Section D - Application Type

6. The Facility Is: Not In RECLAIM or Title V In RECLAIM In Title V In RECLAIM & Title V Programs

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

7a. New Equipment or Process Application: <input type="radio"/> New Construction (Permit to Construct) <input type="radio"/> Equipment On-Site But Not Constructed or Operational <input type="radio"/> Equipment Operating Without A Permit <input type="radio"/> Compliance Plan <input type="radio"/> Registration/Certification <input type="radio"/> Streamlined Standard Permit	7c. Equipment or Process with an Existing/Previous Application or Permit: <input type="radio"/> Administrative Change <input type="radio"/> Alteration/Modification <input type="radio"/> Alteration/Modification without Prior Approval <input type="radio"/> Change of Condition <input type="radio"/> Change of Condition without Prior Approval <input type="radio"/> Change of Location <input type="radio"/> Change of Location without Prior Approval <input type="radio"/> Equipment Operating with an Expired/Inactive Permit	Existing or Previous Permit/Application If you checked any of the items in 7c, you MUST provide an existing Permit or Application Number
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7b. Facility Permits:
 Title V Application or Amendment (Also submit Form 500-A-1)
 RECLAIM Facility Permit Amendment

* A Higher Permit Processing Fee and additional Annual Operating Fees (up to 3 years) may apply (Rule 301(c)(1)(D)).

8a. Estimated Start Date of Construction (mm/dd/yyyy): 11/01/2012	8b. Estimated End Date of Construction (mm/dd/yyyy): 02/01/2015	8c. Estimated Start Date of Operation (mm/dd/yyyy): 05/01/2015
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9. Description of Equipment or Reason for Compliance Plan (list applicable rule): EMERGENCY (STANDBY) GENERATOR (PUD-16)	10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each equipment / process)
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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	12. Has a Notice of Violation (NOV) or a Notice to Comply (NC) been issued for this equipment? If Yes, provide NOV/NC#: <input checked="" type="radio"/> No <input type="radio"/> Yes
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Section E - Facility Business Information

13. What type of business is being conducted at this equipment location? Sewage treatment facility	14. What is your business primary NAICS Code? (North American Industrial Classification System) 221320
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? <input checked="" type="radio"/> No <input type="radio"/> Yes	16. Are there any schools (K-12) within 1000 feet of the facility property line? <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 are true and correct.

17. Signature of Responsible Official: <i>Wayne Posey</i>	18. Title of Responsible Official: Director, Wastewater Ops	19. I wish to review the permit prior to issuance (This may cause a delay in the application process.) <input checked="" type="radio"/> No <input type="radio"/> Yes
20. Print Name: Wayne Posey	21. Date: 4/2/12	22. Do you claim confidentiality of data? (If Yes, see instructions) <input checked="" type="radio"/> No <input type="radio"/> Yes
23. Check List: <input checked="" type="checkbox"/> Authorized Signature/Date <input checked="" type="checkbox"/> Form 400-CEQA <input checked="" type="checkbox"/> Supplemental Form(s) (ie., Form 400-E-xx) <input checked="" type="checkbox"/> Fees Enclosed		

AQMD USE ONLY
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16/16

2



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): Irvine Ranch Water District
2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 003513
3. Owner's Business Name (If different from Business Name of Operator):

Section B - Equipment Location Address

4. Equipment Location Is: Fixed Location
3512 Michelson Drive
Irvine, CA 92612
Lyndy Lewis, Regulatory Compl. Mgr.
(949) 453-5832
E-Mail: Lewis@IRWD.Com

Section C - Permit Mailing Address

5. Permit and Correspondence Information:
3512 Michelson Drive
Irvine, CA 92612
Lyndy Lewis, Regulatory Compl. Mgr.
(949) 453-5832
E-Mail: Lewis@IRWD.Com

Section D - Application Type

6. The Facility Is: Not in RECLAIM or Title V
7. Reason for Submitting Application (Select only ONE):
7a. New Equipment or Process Application: Change of Condition
7b. Facility Permits: RECLAIM Facility Permit Amendment
7c. Equipment or Process with an Existing/Previous Application or Permit: Existing or Previous Permit/Application 464500

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): Change of condition for Cogeneration Engine No. 1
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? Municipal Water Distribution/Treatment
14. What is your business primary NAICS Code? 221310
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

17. Signature of Responsible Official: Lyndy Lewis
18. Title of Responsible Official: Regulatory Compliance Mgr.
19. I wish to review the permit prior to issuance. Yes
20. Print Name: Lyndy Lewis
21. Date: 5-8-2013
22. Do you claim confidentiality of data? No

23. Check List: Authorized Signature/Date, Form 400-CEQA, Fees Enclosed

Table with columns: AQMD USE ONLY, APPLICATION TRACKING #, AMOUNT RECEIVED, PAYMENT TRACKING #, APPLICATION DATE, APP. DATE, APP. CLASS, BASIC CONTROL, EQUIPMENT CATEGORY CODE, ENGINEER, REASON ACTION TAKEN

1/2

MR



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): Irvine Ranch Water District	2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 003513
3. Owner's Business Name (If different from Business Name of Operator)	

Section B - Equipment Location Address	Section C - Permit Mailing Address
4. Equipment Location Is: <input checked="" type="radio"/> Fixed Location <input type="radio"/> Various Location (For equipment operated at various locations, provide address of initial site.) 3512 Michelson Drive Street Address Irvine, CA 92612 City, State, Zip Lyndy Lewis Contact Name (949) 453-5832 Phone # E-Mail: Lewis@IRWD.Com	5. Permit and Correspondence Information. <input checked="" type="checkbox"/> Check here if same as equipment location address. 3512 Michelson Drive Address Irvine, CA 92612 City, State, Zip Lyndy Lewis Contact Name (949) 453-5832 Phone # E-Mail: Lewis@IRWD.Com

Section D - Application Type

6. The Facility is: Not in RECLAIM or Title V In RECLAIM In Title V In RECLAIM & Title V Programs

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

7a. New Equipment or Process Application:

- New Construction (Permit to Construct)
- Equipment On-Site But Not Constructed or Operational
- Equipment Operating Without A Permit *
- Compliance Plan
- Registration/Certification
- Streamlined Standard Permit

7b. Facility Permits:

- Title V Application or Amendment (Refer to Title V Mail #)
- RECLAIM Facility Permit Amendment

7c. Equipment or Process with an Existing/Previous Application or Permit:

- Administrative Change
- Alteration/Modification
- Alteration/Modification without Prior Approval *
- Change of Condition **10**
- Change of Condition without Prior Approval *
- Change of Location
- Change of Location without Prior Approval *
- Equipment Operating with an Expired/Inactive Permit *

Existing or Previous Permit Application
 If you checked any of the items in 7c, you MUST provide an existing Permit or Application Number
464501

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): Change of condition for Cogeneration Engine No. 2		10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each equipment/process) 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) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	12. Has a Notice of Violation (NOV) or a Notice to Comply (NTC) been issued for this equipment? If Yes, provide NOV/NTC: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

Section E - Facility Business Information

13. What type of business is being conducted at this equipment location? Municipal Water Distribution/Treatment	14. What is your business primary NAICS Code? (North American Industrial Classification System) 221310
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	16. Are there any schools (K-12) within 1000 feet of the facility property line? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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: 	18. Title of Responsible Official: Regulatory Compliance Mgr	19. I wish to review the permit prior to issuance. (This may cause a delay in the application process.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
20. Print Name: Lyndy Lewis	21. Date: 5-29-2013	22. Do you claim confidentiality of data? (If Yes, see instructions) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

23. Check List: Authorized Signature/Date Form 400-CEQA Supplemental Form(s) (i.e., Form 400-E-xx) Fees Enclosed

AQMD USE ONLY	5/26/13	5/27/13	5/29/13	5/30/13	6/3/13	6/10/13	6/17/13	6/24/13	7/1/13	7/8/13	7/15/13	7/22/13	7/29/13	8/5/13	8/12/13	8/19/13	8/26/13	9/2/13	9/9/13	9/16/13	9/23/13	9/30/13	10/7/13	10/14/13	10/21/13	10/28/13	11/4/13	11/11/13	11/18/13	11/25/13	12/2/13	12/9/13	12/16/13	12/23/13	12/30/13
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A Reject rising 2/2



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): Irvine Ranch Water District
2. Valid AQMD Facility ID (Available On Permit Or Invoice issued By AQMD): 003513
3. Owner's Business Name (If different from Business Name of Operator):

Section B - Equipment Location Address
4. Equipment Location Is: Fixed Location (checked) Various Location
3512 Michelson Dr.
Irvine, CA 92612
Lyndy Lewis, Reg. Compliance Mgr.
(949) 453-5832, (949) 476-1187
E-Mail: lewis@irwd.com
Section C - Permit Mailing Address
5. Permit and Correspondence Information:
P.O. Box 57000
Irvine, CA 92619-7000
Lyndy Lewis, Reg. Compliance Mgr.
(949) 453-5832, (949) 476-1187
E-Mail: lewis@irwd.com

Section D - Application Type
6. The Facility Is: Not In RECLAIM or Title V (checked) In RECLAIM In Title V In RECLAIM & Title V Programs
7. Reason for Submitting Application (Select only ONE):
7a. New Equipment or Process Application: New Construction (Permit to Construct) (10)
7b. Facility Permits: RECLAIM Facility Permit Amendment
7c. Equipment or Process with an Existing/Previous Application or Permit:
Existing or Previous Permit/Application if you checked any of the items in 7c, you MUST provide an existing Permit or Application Number.

8a. Estimated Start Date of Construction (mm/dd/yyyy):
8b. Estimated End Date of Construction (mm/dd/yyyy):
8c. Estimated Start Date of Operation (mm/dd/yyyy):
9. Description of Equipment or Reason for Compliance Plan (list applicable rule): MICROTURBINE, NO. 5, DIGESTER GAS AND NATURAL GAS (PUD-17)
10. For identical equipment, how many additional applications are being submitted with this application? 4
11. Are you a Small Business as per AQMD's Rule 102 definition? No (checked) Yes
12. Has a Notice of Violation (NOV) or a Notice to Comply (NC) been issued for this equipment? No (checked) Yes

Section E - Facility Business Information
13. What type of business is being conducted at this equipment location? Sewage treatment facility
14. What is your business primary NAICS Code? 221320
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? No (checked) Yes
16. Are there any schools (K-12) within 1000 feet of the facility property line? No (checked) Yes

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: Wayne Posey
18. Title of Responsible Official: Director, Wastewater Ops
19. I wish to review the permit prior to issuance. Yes (checked) No
20. Print Name: Wayne Posey
21. Date: 5/30/13
22. Do you claim confidentiality of data? No (checked) Yes

23. Check List: Authorized Signature/Data (checked) Form 400-CEQA (checked) Supplemental Form(s) (checked) Fees Enclosed (checked)
AQMD USE ONLY: APPLICATION TRACKING # 552110, CHECK # 339698, AMOUNT RECEIVED \$68232, PAYMENT TRACKING #, VALIDATION 6/14/13 aw
DATE, APP, DATE, APP, CLASS, BASIC, EQUIPMENT CATEGORY CODE, TEAM, ENGINEER, REASON/ACTION TAKEN

Handwritten note: 09 109577



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) 396-3386, www.aqmd.gov

Section A - Operator Information
1. Facility Name (Business Name of Operator to Appear on the Permit): IRVINE RANCH WATER DISTRICT
2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 003513
3. Owner's Business Name (if different from Business Name of Operator):

Section B - Equipment Location Address
4. Equipment Location Is: (X) Fixed Location () Various Location
3512 MICHELSON DRIVE
IRVINE, CA 92612
LYNDY LEWIS, REG COMPLIANCE MGR.
(949) 453-5832
E-Mail: lewis@irwd.com

Section C - Permit Mailing Address
5. Permit and Correspondence Information:
(X) Check here if same as equipment location address
PO BOX 57000
IRVINE, CA 92619
LYNDY LEWIS, REG COMPLIANCE MGR.
(949) 453-5832
E-Mail: lewis@irwd.com

Section D - Application Type
6. The Facility Is: (X) Not in RECLAIM or Title V () In RECLAIM () In Title V () In RECLAIM & Title V Programs
7. Reason for Submitting Application (Select only ONE):
7a. New Equipment or Process Application:
() New Construction (Permit to Construct)
() Equipment On-Site But Not Constructed or Operational
() Equipment Operating Without A Permit *
() Compliance Plan
() Registration/Certification
() Streamlined Standard Permit
7b. Facility Permits:
() Title V Application or Amendment (Refer to Title V Matrix)
() RECLAIM Facility Permit Amendment
7c. Equipment or Process with an Existing/Previous Application or Permit:
() Administrative Change
() Alteration/Modification
(X) Alteration/Modification without Prior Approval
() Change of Condition
() Change of Condition without Prior Approval *
() Change of Location
() Change of Location without Prior Approval *
() Equipment Operating with an Expired/Inactive Permit *
Existing or Previous Permit/Application
If you checked any of the items in 7c, you MUST provide an existing Permit or Application Number.
370676
FHBT29
* A Higher Permit Processing Fee and additional Annual Operating Fees (up to 3 full years) may apply (Rule 301(c)(1)(D)(i)).

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):
PLASMA ARC CUTTER, VENTED TO APC SYSTEM W/O PRIOR APPROVAL
10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each equipment / process) 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? If Yes, provide NOV/NC#: (X) No () Yes

Section E - Facility Business Information
13. What type of business is being conducted at this equipment location? MUNICIPAL WATER DIST./TREATMENT
14. What is your business primary NAICS Code? (North American Industrial Classification System) 221310
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 1000 feet of the facility property line? (X) No () Yes

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: [Signature]
18. Title of Responsible Official: REG. COMPLIANCE MGR.
19. I wish to review the permit prior to issuance. (This may cause a delay in the application process.) () No (X) Yes
20. Print Name: LYNDY LEWIS
21. Date: 7-9-13
22. Do you claim confidentiality of data? (If Yes, see instructions.) (X) No () Yes

23. Check List:
[X] Authorized Signature/Date [X] Form 400-CEQA [X] Supplemental Form(s) (i.e., Form 400-E-xx) [X] Fees Enclosed
AQMD USE ONLY:
OPERATION TRACKING # = 554495
CHECK # = 341095
AMOUNT RECEIVED = \$10,526.58
PAYMENT TRACKING # =
VALIDATION = 7-23-13
DATE APP. DATE APP. CLASS BASIC EQUIPMENT CATEGORY CODE T & 4 ENG. NEER REASON ACTION TAKEN
REG. I III CONTROL A



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): IRVINE RANCH WATER DISTRICT
2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 003513
3. Owner's Business Name (If different from Business Name of Operator):

Section B - Equipment Location Address and Section C - Permit Mailing Address
4. Equipment Location Is: Fixed Location (checked) Various Location
3512 MICHELSON DRIVE, IRVINE, CA 92612
LYNDY LEWIS, REG COMPLIANCE MGR.
5. Permit and Correspondence Information:
PO BOX 57000, IRVINE, CA 92619
LYNDY LEWIS, REG COMPLIANCE MGR.
(949) 453-5832, (949) 476-1187

Section D - Application Type
6. The Facility Is: Not In RECLAIM or Title V (checked) In RECLAIM In Title V In RECLAIM & Title V Programs
7. Reason for Submitting Application (Select only ONE):
7a. New Equipment or Process Application: Equipment Operating Without A Permit (checked)
7b. Facility Permits: RECLAIM Facility Permit Amendment (checked)
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): APC SYSTEM VENTING PLASMA ARC CUTTER (A/N 370676)
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 (checked)
12. Has a Notice of Violation (NOV) or a Notice to Comply (NC) been issued for this equipment? No (checked)

Section E - Facility Business Information
13. What type of business is being conducted at this equipment location? MUNICIPAL WATER DIST./TREATMENT
14. What is your business primary NAICS Code? 221310
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? Yes (checked)
16. Are there any schools (K-12) within 1000 feet of the facility property line? No (checked)

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: [Signature]
18. Title of Responsible Official: REG. COMPLIANCE MGR
19. I wish to review the permit prior to issuance. Yes (checked)
20. Print Name: LYNDY LEWIS
21. Date: 7-9-13
22. Do you claim confidentiality of data? No (checked)

23. Check List: Authorized Signature/Date (checked), Form 400-CEQA (checked), Supplemental Form(s) (checked), Fees Enclosed (checked)
AQMD USE ONLY: APPLICATION TRACKING # 054496, CHECK # 341095, AMOUNT RECEIVED \$ 10,524.58, PAYMENT TRACKING #, VALIDATION 7-23-13
DATE, APP. REJ., DATE, APP. REJ., CLASS, BASIC CONTROL, EQUIPMENT CATEGORY CODE, TEAM, ENGINEER, REASON/ACTION TAKEN

(110513)

2/2



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): Irvine Ranch Water District
2. Valid AQMD Facility ID (Available on Permit Or Invoice Issued By AQMD): 003513
3. Owner's Business Name (If different from Business Name of Operator):

Section B - Equipment Location Address

4. Equipment Location is: [X] Fixed Location [] Various Location
3512 Michelson Drive
Irvine, CA 92620
Lyndy Lewis, Regulatory Comp. Mgr.
(949) 453-5832, (949) 476-1187
E-Mail: Lewis@IRWD.Com

Section C - Permit Mailing Address

5. Permit and Correspondence Information:
[X] Check here if same as equipment location address
3512 Michelson Drive
Irvine, CA 92620
Lyndy Lewis, Regulatory Comp. Mgr.
(949) 453-5832, (949) 476-1187
E-Mail: Lewis@IRWD.Com

Section D - Application Type

6. The Facility is: [X] Not in RECLAIM or Title V [] In RECLAIM [] In Title V [] In RECLAIM & Title V Programs
7. Reason for Submitting Application (Select only ONE):
7a. New Equipment or Process Application: [] New Construction (Permit to Construct) [] Equipment On-Site But Not Constructed or Operational [] Equipment Operating Without A Permit * [X] Compliance Plan [] Registration/Certification [] Streamlined Standard Permit
7b. Facility Permits: [] Title V Application or Amendment (Refer to Title V Matrix) [] RECLAIM Facility Permit Amendment
7c. Equipment or Process with an Existing/Previous Application or Permit: [] Administrative Change [] Alteration/Modification [] Alteration/Modification without Prior Approval * [] Change of Condition [] Change of Condition without Prior Approval * [] Change of Location [] Change of Location without Prior Approval * [] Equipment Operating with an Expired/Inactive Permit *

8a. Estimated Start Date of Construction (mm/dd/yyyy): 12/06/2013
8b. Estimated End Date of Construction (mm/dd/yyyy): 12/31/2013
8c. Estimated Start Date of Operation (mm/dd/yyyy): 12/31/2013

9. Description of Equipment or Reason for Compliance Plan (list applicable rule): Rule 1110.2 Inspection & Monitoring Plan
10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each equipment / process) 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

Section E - Facility Business Information

13. What type of business is being conducted at this equipment location? Municipal Water Distribution/Treatment
14. What is your business primary NAICS Code? (North American Industrial Classification System) 221310
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 1000 feet of the facility property line? [X] No [] Yes

Section F - Authorization/Signature

17. Signature of Responsible Official: [Signature]
18. Title of Responsible Official: Regulatory Compliance Mgr.
19. I wish to review the permit prior to issuance. (This may cause a delay in the application process.) [] No [X] Yes
20. Print Name: Lyndy Lewis
21. Date: 12-5-13
22. Do you claim confidentiality of data? (If Yes, see instructions.) [X] No [] Yes

23. Check List: [X] Authorized Signature/Date [X] Form 400-CEQA [] Supplemental Form(s) (i.e., Form 400-E-xx) [X] Fees Enclosed

Table with columns: AQMD USE ONLY, APPLICATION TRACKING #, CHECK #, AMOUNT RECEIVED, PAYMENT TRACKING #, VALIDATION, DATE, APP REJ, DATE, APP REJ, CLASS, BASIC CONTROL, EQUIPMENT CATEGORY CODE, TEAM, ENGINEER, REASON/ACTION TAKEN

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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) 398-3385 www.sqmd.gov

Section A - Operator Information
1. Facility Name (Business Name of Operator to Appear on the Permit): Irvine Ranch Water District
2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 003513
3. Owner's Business Name (If different from Business Name of Operator):

Section B - Equipment Location Address
4. Equipment Location Is: [X] Fixed Location [] Various Location
3512 Michelson Drive
Irvine, CA 92612-1799
Lyndy Lewis, Reg. Compliance Mgr.
(949) 453-5832
E-Mail: Lewis@irwd.com
Section C - Permit Mailing Address
5. Permit and Correspondence Information:
[X] Check here if same as equipment location address
3512 Michelson Drive
Irvine, CA 92612-1799
Lyndy Lewis, Reg. Compliance Mgr.
(949) 453-5832
E-Mail: Lewis@irwd.com

Section D - Application Type
6. The Facility Is: [X] Not in RECLAIM or Title V [] in RECLAIM [] in Title V [] in RECLAIM & Title V Programs
7. Reason for Submitting Application (Select only ONE):
7a. New Equipment or Process Application: [] New Construction (Permit to Construct) [] Equipment On-Site But Not Constructed or Operational [] Equipment Operating Without A Permit * [X] Compliance Plan [] Registration/Certification [] Streamlined Standard Permit
7b. Facility Permits: [] Title V Application or Amendment (Refer to Title V Matrix) [] RECLAIM Facility Permit Amendment
7c. Equipment or Process with an Existing/Previous Application or Permit: [] Administrative Change [] Alteration/Modification [] Alteration/Modification without Prior Approval * [] Change of Condition [] Change of Condition without Prior Approval * [] Change of Location [] Change of Location without Prior Approval * [] Equipment Operating with an Expired/Inactive Permit *
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): Compliance Assurance Monitoring (CAM) Plan
10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each equipment / process)
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? If Yes, provide NOV/NC: [X] No [] Yes

Section E - Facility Business Information
13. What type of business is being conducted at this equipment location? Sewage Treatment Facility
14. What is your business primary NAICS Code? (North American Industrial Classification System) 221320
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 1000 feet of the facility property line? [X] No [] Yes

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: [Signature]
18. Title of Responsible Official: General Manger
19. I wish to review the permit prior to issuance. (This may cause a delay in the application process.) [] No [X] Yes
20. Print Name: Paul Cook
21. Date: 9 MAY 2014
22. Do you claim confidentiality of data? (If Yes, see instructions.) [] No [X] Yes

23. Check List: [X] Authorized Signature/Date [X] Form 400-CEQA [X] Supplemental Form(s) (ie., Form 400-E-xxx) [X] Fees Enclosed
AQMD USE ONLY APPLICATION TRACKING # 564175 CHECK # 34905 AMOUNT RECEIVED \$ 546.46 PAYMENT TRACKING # 115792 VALIDATION 07/13/14
DATE APP DATE APP CLASS BASIC EQUIPMENT CATEGORY CODE TEAM ENGINEER REASON/ACTION TAKEN