

Environmental & EJ Parties –
Scattergood DEIR Comments
Exhibit 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.

XPP 3

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): LA CITY, DWP SCATTERGOOD GENERATING STATION	2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 800075
3. Owner's Business Name (If different from Business Name of Operator): Los Angeles Department of Water and Power	

Section B - Equipment Location Address

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

12700 Vista Del Mar
Street Address

Playa Del Rey, CA 90293
City Zip

Abdul Rehman Plant Manager
Contact Name Title

(310) 524-8500
Phone # Ext. Fax #

E-Mail: Abdul.Rehman@ladwp.com

Section C - Permit Mailing Address

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

111 North Hope St Room 1050
Address

Los Angeles, CA 90012
City State Zip

Andrea Villarin Manager of Air Quality
Contact Name Title

(213) 367-0409
Phone # Ext. Fax #

E-Mail: Andrea.Villarin@ladwp.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 *
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7b. Facility Permits:
☒ Title V Application or Amendment (Refer to Title V Matrix)
☐ 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)).

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): 08/26/2026	8b. Estimated End Date of Construction (mm/dd/yyyy): 12/31/2029	8c. Estimated Start Date of Operation (mm/dd/yyyy): 12/31/2029
9. Description of Equipment or Reason for Compliance Plan (list applicable rule): Application for Permit to Construct and Permit to Operate – Title V Significant Permit Revision	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) <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	

Section E - Facility Business Information

13. What type of business is being conducted at this equipment location? Utility	14. What is your business primary NAICS Code? (North American Industrial Classification System) 22111
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? <input type="radio"/> No <input checked="" type="radio"/> Yes	16. Are there any schools (K-12) within 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>Donald Treinen</i>	18. Title of Responsible Official: Manager of Steam Generation	19. I wish to review the permit prior to issuance. (This may cause a delay in the application process.) <input type="radio"/> No <input checked="" type="radio"/> Yes
20. Print Name: Donald Treinen	21. Date: 4/26/2024	22. Do you claim confidentiality of data? (If Yes, see instructions.) <input type="radio"/> No <input checked="" 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	APPLICATION TRACKING # 6523614 CHECK # 700534520 AMOUNT RECEIVED 63,212.81 PAYMENT TRACKING # 168073 VALIDATION 5/3/24/4
DATE APP REG	DATE APP REG CLASS BASIC EQUIPMENT CATEGORY CODE TEAM ENGINEER REASON/ACTION TAKEN

1043



South Coast Air Quality Management District

Form 400 - XPP

Express Permit Processing Request

Form 400-A, Form 400-CEQA and one or more 400-E-xx form(s) must accompany all submittals.

XPP

Mail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944

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

Section A - Operator Information

1. Facility Name (Business Name of Operator To Appear On The Permit):

LA CITY, DWP SCATTERGOOD GENERATING STATION

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

800075

Section B - Equipment Location Address

3. ☒ Fixed Location ☐ Various Location

(For equipment operated at various locations, provide address of initial site.)

12700 Vista Del Mar

Street Address

Playa Del Rey, CA 90293

City State Zip

Abdul Rehman Plant Manager

Contact Name Title

(310) 524-8500

Phone # Ext. Fax #

Abdul.Rehman@ladwp.com

E-Mail

Section C - Permit Mailing Address

4. Permit and Correspondence Information:

☐ Check here if same as equipment location address

111 North Hope St Room 1050

Address

Los Angeles, CA 90012

City State Zip

Andrea Villarin Manager of Air Quality

Contact Name Title

(213) 367-0409

Phone # Ext. Fax #

Andrea.Villarin@ladwp.com

E-Mail

Section D - Authorization/Signature

I understand that the Expedited Permit Processing fees must be submitted at the time of application submittal, and that the application may be subject to additional fees per Rule 301. I understand that requests for Express Permit Processing neither guarantees action by any specific date nor does it guarantee permit approval; that Express Permit Processing is subject to availability of qualified staff; and that once Express Permit Processing has commenced, the expedited fees will not be refunded. I hereby certify that all information contained herein and information submitted with the application are true and correct.

5. Signature of Responsible Official:

Donald Treinen

6. Title of Responsible Official:

Manager of Steam Generation

7. Print Name of Responsible Official:

Donald Treinen

8. Date:

4/26/2024

9. Phone #:

(213) 367-4372

10. Fax #:

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



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): LA CITY, DWP SCATTERGOOD GENERATING STATION	2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 800075
3. Owner's Business Name (If different from Business Name of Operator): Los Angeles Department of Water and Power	

Section B - Equipment Location Address

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

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Abdul Rehman Plant Manager
Contact Name Title

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City State Zip

Andrea Villarin Manager of Air Quality
Contact Name Title

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E-Mail: Andrea.Villarin@ladwp.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> <p><input checked="" type="radio"/> New Construction (Permit to Construct) 10</p> <p><input type="radio"/> Equipment On-Site But Not Constructed or Operational</p> <p><input type="radio"/> Equipment Operating Without A Permit *</p> <p><input type="radio"/> Compliance Plan</p> <p><input type="radio"/> Registration/Certification</p> <p><input type="radio"/> Streamlined Standard Permit</p>	<p>7c. Equipment or Process with an Existing/Previous Application or Permit:</p> <p><input type="radio"/> Administrative Change</p> <p><input type="radio"/> Alteration/Modification</p> <p><input type="radio"/> Alteration/Modification without Prior Approval *</p> <p><input type="radio"/> Change of Condition</p> <p><input type="radio"/> Change of Condition without Prior Approval *</p> <p><input type="radio"/> Change of Location</p> <p><input type="radio"/> Change of Location without Prior Approval *</p> <p><input type="radio"/> Equipment Operating with an Expired/Inactive Permit *</p>
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7b. Facility Permits:

☐ Title V Application or Amendment (Refer to Title V Matrix)

☐ 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): 08/26/2026	8b. Estimated End Date of Construction (mm/dd/yyyy): 12/31/2029	8c. Estimated Start Date of Operation (mm/dd/yyyy): 12/31/2029
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9. Description of Equipment or Reason for Compliance Plan (list applicable rule):
Application for Permit to Construct and Permit to Operate, Combined Cycle Combustion Turbine Unit 8

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) ☒ 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

Existing or Previous Permit/Application

If you checked any of the items in 7c., you MUST provide an existing Permit or Application Number:

Section E - Facility Business Information

13. What type of business is being conducted at this equipment location? Utility	14. What is your business primary NAICS Code? (North American Industrial Classification System) 22111
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? <input type="radio"/> No <input checked="" type="radio"/> Yes	16. Are there any schools (K-12) within 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>Donald Treinen</i>	18. Title of Responsible Official: Manager of Steam Generation	19. I wish to review the permit prior to issuance. (This may cause a delay in the application process.) <input type="radio"/> No <input checked="" type="radio"/> Yes
20. Print Name: Donald Treinen	21. Date: 4/26/2024	22. Do you claim confidentiality of data? (If Yes, see instructions.) <input type="radio"/> No <input checked="" 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	
<p>AQMD USE ONLY</p> <p>APPLICATION TRACKING # 652362-700534520</p> <p>CHECK # 63212.81</p> <p>AMOUNT RECEIVED 165079</p> <p>PAYMENT TRACKING # 5/3/24</p>	<p>DATE APP DATE APP CLASS BASIC EQUIPMENT CATEGORY CODE TEAM ENGINEER REASON/ACTION TAKEN</p> <p>REJ REJ I III CONTROL</p>

2013

SCAGMT
PERMIT PROCESSING

'24 MAY -3 P5:10



South Coast Air Quality Management District

Form 400-CEQA**California Environmental Quality Act (CEQA) Applicability**

5 of 59

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 ¹ has the potential to generate significant adverse environmental impacts that might require preparation of a CEQA document [CEQA Guidelines § 15060(a)]. Form 400-CEQA and the instructions for guidance on completing this form are available at <http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms> or <http://www.aqmd.gov/home/permits/permit-application-forms>. 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 Form 400-CEQA is necessary for the entire project. If you need assistance completing this form, contact Permit Services at (909) 396-3385.

Section A – Facility Information**1. Facility Name** (Business Name of Operator to Appear on the Permit):

LA CITY, DWP SCATTERGOOD GENERATING STATION

2. SCAQMD Facility ID:

800075

3. Project Description:

Combined Cycle Combustion Turbine, Unit 8

Section B – Review For Exemption From Further CEQA Action

Check "Yes" or "No" as applicable. If "Yes" is checked for any question in Section B, skip Section C and proceed to page 2 and complete Section D - Signatures.

	Yes	No	Is this application for:
1.	<input type="radio"/>	<input checked="" type="radio"/>	A request for a change of operator only (without equipment or process change modifications)?
2.	<input type="radio"/>	<input checked="" type="radio"/>	A functionally identical permit unit replacement with no increase in equipment unit rating or emissions?
3.	<input type="radio"/>	<input checked="" type="radio"/>	A change of daily VOC permit limit to a monthly VOC permit limit?
4.	<input type="radio"/>	<input checked="" type="radio"/>	Equipment damaged as a result of a disaster during state of emergency?
5.	<input type="radio"/>	<input checked="" type="radio"/>	A Title V (e.g., SCAQMD Regulation XXX) permit renewal without equipment or process change modifications?
6.	<input type="radio"/>	<input checked="" type="radio"/>	A Title V administrative permit revision?
7.	<input type="radio"/>	<input checked="" type="radio"/>	The conversion of an existing permit into an initial Title V permit?

Section C – Review of Impacts Which May Trigger Further CEQA Review

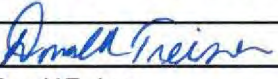
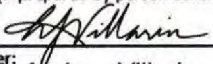
Check "Yes" or "No" as applicable. To avoid delays in processing your application(s), explain all "Yes" responses on a separate sheet and attach it to this form.

	Yes	No	
1.	<input type="radio"/>	<input checked="" type="radio"/>	Is this project specifically evaluated in a previously certified or adopted CEQA document? If "Yes" is checked, attach a copy of the signed Notice of Determination to this form.
2.	<input type="radio"/>	<input checked="" type="radio"/>	Is this project specifically exempted from CEQA by another entity (e.g., city or agency)? If "Yes" is checked, attach a copy of the signed Notice of Exemption or other documentation from the entity to this form.
3.	<input type="radio"/>	<input checked="" type="radio"/>	Is this project part of a larger project? If "Yes" is checked, attach a separate sheet to briefly describe the larger project.
4.	<input type="radio"/>	<input checked="" type="radio"/>	Will the 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 listed on Form 400-CEQA, Table 1 - Regulated Substances List and Threshold Quantities for Accidental Release Prevention [http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms]? If "Yes" is checked, attach a separate sheet to identify each hazardous material and corresponding quantity to be transported, stored, or used.
5.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project emit any air toxic listed on Form 400-CEQA, Table 2 - Other Air Toxics and Their Screening Levels [http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms]? ² If "Yes" is checked, attach a separate sheet to identify each air toxic and corresponding quantity to be emitted.
6.	<input checked="" type="radio"/>	<input type="radio"/>	Will the project require any demolition, excavation, and/or grading construction activities that encompass an area exceeding 20,000 square feet?

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 Form 400-CEQA, Table 2 - Other Air Toxics and Their Screening Levels, contains a list of air toxics that either do not have a cancer potency (CP) or reference exposure level (REL) approved by the Office of Environmental Health Hazards Assessment (OEHA) or have a combination of OEHA-approved and non-approved CPs or RELs.

Section C – Review of Impacts Which May Trigger Further CEQA (concluded)			
	Yes	No	
7.	<input checked="" type="radio"/>	<input type="radio"/>	Will the project utilize a boiler, engine, or other combustion equipment that uses fuel (e.g., gasoline, diesel, natural gas, liquefied petroleum gas (LPG), or landfill gas)? If "Yes" is checked, then the applicant will need to calculate the amount of GHGs from fuel use via on the Greenhouse Gas (GHG) online estimator [http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms], and attaching the printout or by conducting hand calculations and providing the documentation. Refer to the Instructions for Form 400-CEQA for guidance.
8.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project utilize other types of equipment not addressed in Question 7 that require the use of, or will generate, any chemicals listed on Form 400-CEQA, Table 3 - Greenhouse Gases [http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms]? If "Yes" is checked, attach a separate sheet to identify each equipment unit, the chemical name(s), and the quantity of each chemical identified.
9.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project include the open outdoor storage of dry bulk solid materials that could generate dust? If "Yes" is checked, include a plot plan with the application package.
10.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project result in or make worse noticeable off-site odors from activities that may not be subject to SCAQMD permit requirements? For example, landfills, materials recovery/recycling facilities (MRF), and compost materials or other types of greenwaste (e.g., lawn clippings, tree trimmings, etc.) have the potential to generate odor complaints subject to SCAQMD Rule 402 – Nuisance.
11.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project cause an increase of emissions from marine vessels, trains and/or airplanes?
12.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project increase demand for potable water at the facility by more than 262,820 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) a project that generates steam; 2) a project that uses water as part of operating air pollution control equipment; 3) a project that requires water as part of the production process; 4) a project that requires a new, or the expansion of an existing, sewage treatment facility, new water lines, sewage lines, sewage hook-ups etc.; 5) a project where the water demand exceeds the capacity of the local water purveyor to supply sufficient water for the project; 6) a project that requires new or the expansion of existing, water supply and conveyance facilities; and, 7) a project that requires water to hydrotest pipelines, storage tanks etc. for structural integrity.
13.	<input checked="" type="radio"/>	<input type="radio"/>	Will the project create an increase in the mass inflow of effluents to a public wastewater treatment facility that would require a new, or revision to an existing, National Pollutant Discharge Elimination System (NPDES) or other related permit at the facility?
14.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project result in the need for more than 350 new employees?
15.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project result in an increase in heavy-duty transport truck traffic to and/or from the facility by more than 350 truck round-trips per day?
16.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project result in an increase in customer traffic by more than 700 visits per day?
17.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project result in temporary or permanent noise or vibration in excess of what is allowed by the applicable local noise ordinance?
18.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project create a permanent need for new or additional solid waste disposal? Check "No" if the projected potential amount of solid waste to be generated by the project is less than five tons per day.
19.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project create a permanent need for new or additional hazardous waste disposal? Check "No" if the projected potential amount of hazardous wastes to be generated by the project is less than 42 cubic yards per day (or equivalent in pounds).
20.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project include equipment that after installation or modification will change the visual character of the site and its surroundings or block views?
21.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project have equipment that will create a new source of external lighting that will be visible at the property line?

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: Manager of Steam Generation
3. Print Name of Responsible Official of Firm: Donald Treinen		4. Date Signed: 4/26/2024
5. Phone # of Responsible Official of Firm: (213) 367-4372	6. Fax # of Responsible Official of Firm:	7. Email of Responsible Official of Firm: Donald.Treinen@ladwp.com
8. Signature of Preparer, (if prepared by person other than responsible official of firm): 		9. Title of Preparer: Manager of Air Quality
10. Print Name of Preparer: Andrea Villarin		11. Date Signed: 04/26/2024
12. Phone # of Preparer: (213) 367-0409	13. Fax # of Preparer:	14. Email of Preparer: Andrea.Villarin@ladwp.com

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

Equipment Description	Equipment Type	Fuel Type	Equipment Rating (MMBtu/hr)	Operating Schedule			Greenhouse Gas Emissions			
				Hours/day	Days/wk	Weeks/yr	CO ₂ (lbs/yr)	CH ₄ (lbs/yr)	N ₂ O (lbs/yr)	CO ₂ eq (MT/yr)
Total							2.40E+09	4.53E+04	4.53E+03	1.09E+06

Emission Factor
(same emission factor
for all combustion
equipment types)

Fuel Type	kg/mmBtu			lb/mmBtu		
	CO ₂	CH ₄	N ₂ O	CO ₂	CH ₄	N ₂ O
Diesel	73.96	0.003	0.0006	163.01	6.61E-03	1.32E-03
Gasoline	70.22	0.003	0.0006	154.76	6.61E-03	1.32E-03
Landfill Gas	52.07	0.0032	0.00063	114.76	7.05E-03	1.39E-03
LPG	61.71	0.003	0.0006	136.01	6.61E-03	1.32E-03
Natural Gas	53.06	0.001	0.0001	116.94	2.20E-03	2.20E-04

Note

From Distillate Fuel Oil No.2
From Motor Gasoline

Data Source: https://www.ecfr.gov/cgi-bin/text-idx?SID=1d653629ba1ed0a9fee443920aa261e0&mc=true&node=ap40.23.98_138.1&rgn=div9
https://www.ecfr.gov/cgi-bin/text-idx?SID=5d2c6b432404dc9cfd5fb33ac1becb5b&mc=true&node=ap40.23.98_138.2&rgn=div9

40 CFR Subpart 98: Table C-1 to Subpart C of Part 98—Default CO₂ Emission Factors and High Heat Values for Various Types of Fuel [78 FR 71950, Nov. 29, 2013]
Table C-2 to Subpart C of Part 98—Default CH₄ and N₂O Emission Factors for Various Types of Fuel [78 FR 71952, Nov. 29, 2013]

Equipment Type	Fuel Type
Boiler-Commercial	Diesel
Boiler-Industrial	Gasoline
Engine-Agricultural	Landfill Gas
Engine-Emergency	LPG
Engine-Prime Power	Natural Gas
Other Combustion Equipment	



South Coast Air Quality Management District

Form 400-PS

Plot Plan And Stack Information Form

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Form 400A and Form 400-CEQA.

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

Section A - Operator Information

Facility Name (Business Name of Operator To Appear On The Permit): LA CITY, DWP SCATTERGOOD GENERATING STATION	Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 800075
Address where the equipment will be operated (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site): 12700 Vista Del Mar, Playa Del Rey, CA 90293	
<input checked="" type="radio"/> Fixed Location <input type="radio"/> Various Locations	

Section B - Location Data

Plot Plan	Please attach a site map for the project with distances and scales. Identify and locate the proposed equipment on the map. A copy of the appropriate Thomas Brothers page, a web-based map, or a sketch that shows the major streets and location of the equipment is acceptable.
Location of Schools Nearby	<p>Is the facility located within a 1/4 mile radius (1,320 feet) of the outer boundary of a school? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If yes, please provide name(s) of school(s) below:</p> <p>School Name: _____ School Name: _____</p> <p>School Address: _____ School Address: _____</p> <p>Distance from stack or equipment vent to the outer boundary of the school: _____ feet Distance from stack or equipment vent to the outer boundary of the school: _____ feet</p> <p><small>CA Health & Safety Code 42301.9: "School" means any public or private school used for purposes of the education of more than 12 children in kindergarten or any of grades 1 to 12, inclusive, but does not include any private school in which education is primarily conducted in private homes.</small></p>
Population Density	<input checked="" type="radio"/> Urban <input type="radio"/> Rural (<50% of land within 3 km radius accounted for by urban land use categories, i.e., multi-family dwelling or industrial.)
Zoning Classification	<input checked="" type="radio"/> Mixed Use Residential Commercial Zone (M-U) <input type="radio"/> Service and Professional Zone (C-S) <input type="radio"/> Medium Commercial (C-3) <input type="radio"/> Heavy Commercial (C-4) <input type="radio"/> Commercial Manufacturing (C-M)

Section C - Emission Release Parameters - Stacks, Vents

Stack Data	Stack Height: <u>213.00</u> feet (above ground level)	What is the height of the closest building nearest the stack? <u>111</u> feet
	Stack Inside Diameter: _____ inches	Stack Flow: <u>1,265,633</u> acfm Stack Temperature: _____ °F
	Rain Cap Present: <input type="radio"/> Yes <input checked="" type="radio"/> No	Stack Orientation: <input checked="" type="radio"/> Vertical <input type="radio"/> Horizontal
	If the stack height is less than 2.5 times the closest building height (H), please provide information on any building within 5xH distance from the stack (attach additional sheet if necessary):	
	Building #/Name: <u>See attached sheet.</u>	Building #/Name: _____
	Building Height: _____ feet (above ground level)	Building Height: _____ feet (above ground level)
	Building Width: _____ feet	Building Width: _____ feet
	Building Length: _____ feet	Building Length: _____ feet
Receptor Distance From Equipment Stack or Roof Vents/Openings	Distance to nearest residence or sensitive receptor*: <u>1,270</u> feet	
	Distance to nearest business: <u>1,040</u> feet	
Building Information	Are the emissions released from vents and/or openings from a building? <input type="radio"/> Yes <input checked="" type="radio"/> No	
	If yes, please provide:	
	Building #/Name: _____	Building Width: _____ feet
	Building Height: _____ feet (above ground level)	Building Length: _____ feet

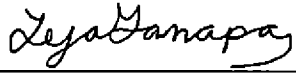
*AQMD Rule 1470 defines SENSITIVE RECEPTOR as meaning any residence including private homes, condominiums, apartments, and living quarters, schools as defined under paragraph (b)(57), preschools, daycare centers and health facilities such as hospitals or retirement and nursing homes. A sensitive receptor includes long term care hospitals, hospices, prisons, and dormitories or similar live-in housing.

South Coast Air Quality Management District

Form 400-PS

Plot Plan And Stack Information Form

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Form 400A and Form 400-CEQA.

Section D - Authorization/Signature			
I hereby certify that all information contained herein and information submitted with this application is true and correct.			
Signature of Preparer: 		Title of Preparer: Environ. Eng Assoc.	
		Preparer's Phone #: (213) 367-6332	
		Preparer's Email: Tejasree.Ganapa@ladwp.com	
Contact Person: Andrea Villarin		Contact's Phone#: 2133670409	
Contact's Email: Manager of Air Quality		Contact's Fax#:	
		Date Signed: 4/30/2024	
<p style="text-align: center;">THIS IS A PUBLIC DOCUMENT</p> <p>Pursuant to the California Public Records Act, your permit application and any supplemental documentation are public records and may be disclosed to a third party. If you wish to claim certain limited information as exempt from disclosure because it qualifies as a trade secret, as defined in the District's Guidelines for Implementing the California Public Records Act, you must make such claim <u>at the time of submittal</u> to the District.</p> <p>Check here if you claim that this form or its attachments contain confidential trade secret information: <input checked="" type="checkbox"/></p>			



South Coast Air Quality Management District

Form 400-E-12 **Gas Turbine**



This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Mail To:

SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944

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

Section A - Operator Information

Facility Name (Business Name of Operator That Appears On Permit): LA CITY, DWP SCATTERGOOD GENERATING STATION **Valid AQMD Facility ID** (Available On Permit Or Invoice Issued By AQMD): 800075

Address where the equipment will be operated (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site):
12700 Vista Del Mar, Playa Del Rey, CA 90293 ☒ **Fixed Location** ☐ **Various Locations**

Section B - Equipment Description

Turbine	Manufacturer: <u>General Electric</u>	Model: <u>7F.05</u>	Serial No.: _____
	Size (based on Higher Heating Value - HHV):		
	Manufacturer Maximum Input Rating: _____ MMBTU/hr _____ kWh		
	Manufacturer Maximum Output Rating: <u>2,351.20</u> MMBTU/hr _____ kWh		
Function (Check all that apply)	<input checked="" type="checkbox"/> Electrical Generation <input type="checkbox"/> Driving Pump/Compressor <input type="checkbox"/> Emergency Peaking Unit <input type="checkbox"/> Steam Generation <input type="checkbox"/> Exhaust Gas Recovery <input type="checkbox"/> Other (specify): _____		
Cycle Type	<input type="radio"/> Simply Cycle <input type="radio"/> Regenerative Cycle <input checked="" type="radio"/> Combined Cycle <input type="radio"/> Other (specify): _____		
Combustion Type	<input type="radio"/> Tubular <input checked="" type="radio"/> Can-Annular <input type="radio"/> Annular		
Fuel (Turbine)	<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> LPG <input type="checkbox"/> Digester Gas* <input type="checkbox"/> Landfill Gas* <input type="checkbox"/> Propane <input type="checkbox"/> Refinery Gas* <input checked="" type="checkbox"/> Other*: <u>hydrogen</u> <small>* (If Digester Gas, Landfill Gas, Refinery Gas, and/or Other are checked, attach fuel analysis indicating higher heating value and sulfur content).</small>		
Heat Recovery Steam Generator (HRSG)	Steam Turbine Capacity: <u>121.5</u> MW Low Pressure Steam Output Capacity: _____ lb/hr @ _____ °F High Pressure Steam Output Capacity: _____ lb/hr @ _____ °F Superheated Steam Output Capacity: _____ lb/hr @ _____ °F		
Duct Burner	Manufacturer: _____ Model: _____ Number of burners: _____ Rating of each burner (HHV): _____ Type: <input type="radio"/> Low NOx (please attach manufacturer's specifications) <input type="radio"/> Other: _____ <small>Show all heat transfer surface locations with the HRSG and temperature profile</small>		
Fuel (Duct Burner)	<input type="radio"/> Natural Gas <input type="radio"/> LPG <input type="radio"/> Digester Gas* <input type="radio"/> Landfill Gas* <input type="radio"/> Propane <input type="radio"/> Refinery Gas* <input type="radio"/> Other*: _____ <small>* (If Digester Gas, Landfill Gas, Refinery Gas, and/or Other are checked, attach fuel analysis indicating higher heating value and sulfur content).</small>		

South Coast Air Quality Management District

Form 400-E-12

Gas Turbine

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Section B - Equipment Description (Cont.)					
Air Pollution Control	<input checked="" type="radio"/> Selective Catalytic Reduction (SCR)* <input type="radio"/> Selective Non-Catalytic Reduction (SNCR)* <input type="radio"/> Oxidation Catalyst* <input type="radio"/> Other (specify)*: _____ <input type="radio"/> Steam/Water Injection: Injection Rate: _____ lbs. water/lbs. fuel, or _____ mole water/mole fuel * Separate application is required. Capital Cost: _____ Installation Cost: _____ Annual Operating Cost: _____				
Oxidation Catalyst Data (If Applicable)	Manufacturer: <u>BASF or equal</u> Model: <u>TBD</u> Catalyst Dimensions: Length: _____ ft. _____ in. Width: _____ ft. _____ in. Height: _____ ft. _____ in. Catalyst Cell Density: _____ cells/sq.in. Pressure Drop Across Catalyst: _____ Manufacturer's Guarantee: CO Control Efficiency: _____ % Catalyst Life: <u>3</u> yrs VOC Control Efficiency: _____ % Operating Temp. Range: _____ °F Space Velocity (gas flow rate/catalyst volume): <u>48400</u> Area Velocity (gas flow/wetted catalyst surface area): _____ VOC Concentration into Catalyst: _____ PPMVD@ 15%O ₂ CO Concentration Inot Catalyst: _____ PPMVD@ 15%O ₂				
Section C - Operation Information					
On-line Emissions Data	Pollutants	Maximum Emissions Before Control *		Maximum Emissions After Control	
		PPM@15% O ₂ , dry	lb/hour	PPM@15% O ₂ , dry	lb/hour
	ROG			2	5.93
	NO _x			2	17.06
	CO			1.5	7.79
	PM ₁₀				8.22
	SO _x				1.64
	NH ₃			5	15.76
* Based on temperature, fuel consumption, and MW output.					
Reference (attach data):					
<input checked="" type="checkbox"/> Manufacturer Emission Data <input type="checkbox"/> EPA Emission Factors <input type="checkbox"/> AQMD Emission Factors <input type="checkbox"/> Source Test					
Stack or Vent Data	Stack Height: <u>213</u> ft. _____ in. Stack Diameter: <u>19</u> ft. _____ in. Exhaust Temperature: _____ °F Exhaust Pressure: _____ inches water column Exhaust Flow Rate: <u>1265633</u> CFM Oxygen Level: <u>12.31</u> %				

ATTACHMENT 1

Form 400-PS Attachment

Details of Buildings Included in Building Downwash Calculations

Scattergood Generating Station

Units 1 and 2 Green Hydrogen-Ready Modernization Project

GE Option

	Building Name	Building ID	Height, ft	Length, ft	Width, ft
1	GE -7FA Heat Recovery Steam Generator	HRSG45	91.0	28.0	87.1
2	Air Cooled Condenser- Units 4 and 5	ACC45	113.5	134.5	219.2
3	Unit 7 (LMS100 SCR/CO Catalyst Housing)	SCR7	38.0	25.0	23.0
4	Unit 7 (ACHE Electrical Module)	AEM7	20.0	14.0	31.0
5	Unit 7 (Power Control Module)	PCM7	20.0	50.3	15.4
6	Unit 6 (LMS100 SCR/CO Catalyst Housing)	SCR6	38.0	25.0	23.0
7	Unit 6 (ACHE Electrical Module)	AEM6	22.5	31.0	14.0
8	Unit 6 (Power Control Module)	PCM6	20.0	50.3	15.3
9	Medium Voltage PDC	MVPDC	24.7	29.0	70.0
10	Plant Control Room (New Building)	PCR	75.7	137.9	30.2
11	Warehouse (New Building)	WHSE	35.0	44.0	149.9
12	Unit 6 (LMS100)- ACHE Intercooler	ACHE6A	25.0	100.4	58.7
13	Unit 6 (Uv1S100)- ACHE Aux Cooling	ACHE6B	25.0	40.5	58.8
14	Unit 7 (LMS100)- ACHE Intercooler	ACHE7A	25.0	47.6	118.8
15	Unit 7 (LMS100)- ACHE Aux Cooling	ACHE7B	25.0	42.6	58.8
16	Wet Surface Air Cooler- Units 4 & 5	WSAC45	22.0	25.8	28.1
17	Black Start Generator- Enclosure	EGD	13.0	52.2	11.5
18	New Wastewater Storage Tanks (T9)	T9	44.0	-	45 Dia.
19	New Wastewater Storage Tanks (T10)	T10	44.0	-	45 Dia.
20	Admin Building - Office Bay	FF	29.3	101.9	40.0
21	Unit 1& 2 Turbine Generator Bay	TGB	56.5	383.0	78.2
22	Unit 1&2 Boiler Bay	AA_BB	103.0	233.5	88.1
23	Machine Shop - Service Bay	WAREHOUSE	32.6	60.0	139.2
24	Electric, Carpenter & Instrument Shops, Offices, Lab & Parts Service - Service Bay	SHOPS	18.1	60.2	139.2
25	NN Building 2 (existing cooling tower)	NN	45.0	29.9	36.0
26	Tank 1	T1	38.1	-	75 Dia.
27	Tank 2	T2	38.1	-	75 Dia.
28	Tank 3	T3	37.5	-	90 Dia.
29	Tank 4	T4	24.0	-	60 Dia.
30	Tank 5	T5	48.0	-	162 Dia.
31	New Switchyard Building	NSYB	14.7	35.3	49.3
32	Old Switchyard Building	OSYB	12.7	20.4	16.0
33	GE -7FA Heat Recovery Steam Generator	HRSG89	91.0	40.0	82.0
34	Air Cooled Condenser- Units 8 & 9	ACC89	111.0	134.0	265.0
35	Wet Surface Air Cooler - Units 8 & 9	WSAC89	22.0	26.0	40.0

Form 400-E-12

Gas Turbine

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

[illegible]

Section D - Authorization/Signature

I hereby certify that all information contained herein and information submitted with this application is true and correct.

Preparer Info	Signature: <u>Tejas Ganapa</u> Date: <u>4/30/2024</u>	Name: <u>Tejasree Ganapa</u>
	Title: _____ Company Name: _____	Phone #: <u>(213) 367-6332</u> Fax #: _____
	<u>Environ. Eng Assoc.</u> <u>LADWP</u>	Email: <u>tejasree.ganapa@ladwp.com</u>
Contact Info	Name: <u>Andrea Villarín</u>	Phone #: <u>(213) 367-0409</u> Fax #: _____
	Title: _____ Company Name: _____	Email: <u>andrea.villarín@ladwp.com</u>
	<u>Manager of Air Quality</u> <u>LADWP</u>	

THIS IS A PUBLIC DOCUMENT

Pursuant to the California Public Records Act, your permit application and any supplemental documentation are public records and may be disclosed to a third party. If you wish to claim certain limited information as exempt from disclosure because it qualifies as a trade secret, as defined in the District's Guidelines for Implementing the California Public Records Act, you must make such claim at the time of submittal to the District.

Check here if you claim that this form or its attachments contain confidential trade secret information. ☒



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): LA CITY, DWP SCATTERGOOD GENERATING STATION				2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 800075	
3. Owner's Business Name (If different from Business Name of Operator): Los Angeles Department of Water and Power					
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.) 12700 Vista Del Mar Street Address Playa Del Rey , CA 90293 City Zip Abdul Rehman Plant Manager Contact Name Title (310) 524-8500 Phone # Ext. Fax # E-Mail: Abdul.Rehman@ladwp.com			5. Permit and Correspondence Information: <input type="checkbox"/> Check here if same as equipment location address 111 North Hope St Room 1050 Address Los Angeles , CA 90012 City State Zip Andrea Villarin Manager of Air Quality Contact Name Title (213) 367-0409 Phone # Ext. Fax # E-Mail: Andrea.Villarin@ladwp.com		
Section D - Application Type					
6. The Facility Is: <input type="radio"/> Not In RECLAIM or Title V <input type="radio"/> In RECLAIM <input type="radio"/> In Title V <input checked="" type="radio"/> In RECLAIM & Title V Programs					
7. Reason for Submitting Application (Select only ONE):					
7a. New Equipment or Process Application: <input checked="" type="radio"/> New Construction (Permit to Construct) 10 <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 * <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Existing or Previous Permit/Application If you checked any of the items in 7c., you MUST provide an existing Permit or Application Number: _____</div> <small>* A Higher Permit Processing Fee and additional Annual Operating Fees (up to 3 full years) may apply (Rule 301(c)(1)(D)(i)).</small>		
8a. Estimated Start Date of Construction (mm/dd/yyyy): 08/26/2026		8b. Estimated End Date of Construction (mm/dd/yyyy): 12/31/2029		8c. Estimated Start Date of Operation (mm/dd/yyyy): 12/31/2029	
9. Description of Equipment or Reason for Compliance Plan (list applicable rule): Application for Permit to Construct and Permit to Operate, SCR/CO Catalyst, Combined Cycle Combustion Turbine Unit 8			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) <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		
Section E - Facility Business Information					
13. What type of business is being conducted at this equipment location? Utility			14. What is your business primary NAICS Code? (North American Industrial Classification System) 22111		
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? <input type="radio"/> No <input checked="" type="radio"/> Yes			16. Are there any schools (K-12) within 1000 feet of the facility property line? <input checked="" type="radio"/> No <input type="radio"/> Yes		
Section F - Authorization/Signature <small>I hereby certify that all information contained herein and information submitted with this application are true and correct.</small>					
17. Signature of Responsible Official: 		18. Title of Responsible Official: Manager of Steam Generation		19. I wish to review the permit prior to issuance. (This may cause a delay in the application process.) <input type="radio"/> No <input checked="" type="radio"/> Yes	
20. Print Name: Donald Treinen		21. Date: 4/26/2024		22. Do you claim confidentiality of data? (If Yes, see instructions.) <input type="radio"/> No <input checked="" 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		APPLICATION TRACKING # 652363 CHECK # 700534520 AMOUNT RECEIVED 63,212.81		PAYMENT TRACKING # 168273 VALIDATION 5/3/24	
DATE	APP REJ	DATE	APP REJ	CLASS I III	BASIC CONTROL
				EQUIPMENT CATEGORY CODE	TEAM ENGINEER REASON/ACTION TAKEN
				2	

3 of 3



South Coast Air Quality Management District

Form 400-E-5
Selective Catalytic Reduction (SCR) System,
Oxidation Catalyst, and Ammonia Catalyst

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Mail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944

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

Section A - Operator Information

Facility Name (Business Name of Operator That Appears On Permit):

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

LA CITY, DWP SCATTERGOOD GENERATING STATION

800075

Address where the equipment will be operated (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site):

12700 Vista Del Mar, Playa Del Rey, CA 90293

☒ Fixed Location ☐ Various Locations

Section B - Equipment Description

Selective Catalytic Reduction (SCR)

SCR Catalyst	Manufacturer: <u>Cormetech or equal</u>		Catalyst Active Material: _____	
	Model Number: <u>TBD</u>		Type: <u>Ti-V-W</u>	
	Size of Each Layer or Module: L: _____ ft. _____ in. W: _____ ft. _____ in. H: _____ ft. _____ in.			
	No. of Layers or Modules: _____ Total Volume: <u>2300</u> cu. ft. Total Weight: _____ lbs.			
Reducing Agent	<input type="radio"/> Urea <input type="radio"/> Anhydrous Ammonia <input checked="" type="radio"/> Aqueous Ammonia <u>29.00</u> %			Injection Rate: <u>433.4</u> lb/hr
Reducing Agent Storage*	Diameter: _____ ft. _____ in. Height: _____ ft. _____ in. Capacity: <u>90000</u> gal Pressure Setting: _____ psia * A separate permit may be needed for the storage equipment.			
Space Velocity	Gas Flow Rate/Catalyst Volume: <u>48400</u> per hour			
Area Velocity	Gas Flow Rate/Wetted Catalyst Surface Area: _____ ft/hr			
Manufacturer's Guarantee	NOx: <u>2</u> ppm %O ₂ : <u>15.00</u> NOx: _____ gm/bhp-hr Ammonia Slip: <u>5</u> ppm @ <u>15.00</u> %O ₂			
Catalyst Life	<u>3</u> years (expected)			
Cost	Capital Cost: _____ Installation Cost: _____ Catalyst Replacement Cost: _____			

Oxidation Catalyst

Oxidation Catalyst	Manufacturer: <u>BASF or equal</u>		Catalyst Active Material: _____	
	Model Number: <u>TBD</u>		Type: <u>Platinum, corrugated SS substrate</u>	
	Size of Each Layer or Module: L: _____ ft. _____ in. W: _____ ft. _____ in. H: _____ ft. _____ in.			
	No. of Layers or Modules: _____ Total Volume: <u>2100</u> cu. ft. Total Weight: _____ lbs.			
Space Velocity	Gas Flow Rate/Catalyst Volume: <u>92700</u> per hour			
Manufacturer's Guarantee	VOC: <u>2</u> ppm VOC: _____ gm/bhp-hr %O ₂ : <u>15.00</u> CO: <u>1.5</u> ppm CO: _____ gm/bhp-hr %O ₂ : <u>15</u>			
Catalyst Life	<u>3</u> years (expected)			
Cost	Capital Cost: _____ Installation Cost: _____ Catalyst Replacement Cost: _____			

South Coast Air Quality Management District

Form 400-E-5

**Selective Catalytic Reduction (SCR) System,
Oxidation Catalyst, and Ammonia Catalyst**

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Section B - Equipment Description (cont.)

Ammonia Catalyst	
Ammonia Catalyst	Manufacturer: _____ Catalyst Active Material: _____
	Model Number: _____ Type: _____
	Size of Each Layer or Module: L: _____ ft. _____ in. W: _____ ft. _____ in. H: _____ ft. _____ in.
	No. of Layers or Modules: _____ Total Volume: _____ cu. ft. Total Weight: _____ lbs.
Space Velocity	Gas Flow Rate/Catalyst Volume: _____ per hour
Manufacturer's Guarantee	NH ₃ : _____ ppm %O ₂ : _____
Catalyst Life	_____ years (expected)
Cost	Capital Cost: _____ Installation Cost: _____ Catalyst Replacement Cost: _____

Section C - Operation Information

Operating Temperature	Minimum Inlet Temperature: _____ °F (from cold start) Maximum Temperature: _____ °F
	Warm-up Time: _____ hr. _____ min. (maximum)
Operating Schedule	Normal: 24 hours/day 7 days/week 52 weeks/yr
	Maximum: 24 hours/day 7 days/week 52 weeks/yr

Section D - Authorization/Signature

I hereby certify that all information contained herein and information submitted with this application is true and correct.

Preparer Info	Signature: <u>Tejasree Ganapa</u> Date: <u>4/30/2024</u>	Name: <u>Tejasree Ganapa</u>
	Title: _____ Company Name: _____	Phone #: <u>(213) 367-6332</u> Fax #: _____
	<u>Environ. Eng Assoc.</u> <u>LADWP</u>	Email: <u>Tejasree.Ganapa@ladwp.com</u>
Contact Info	Name: <u>Andrea Villarin</u>	Phone #: <u>(213) 367-0409</u> Fax #: _____
	Title: <u>Manager of Air Quality</u> Company Name: <u>LADWP</u>	Email: <u>Andrea.Villarin@ladwp.com</u>

THIS IS A PUBLIC DOCUMENT

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Check here if you claim that this form or its attachments contain confidential trade secret information. ☒



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): LA CITY, DWP SCATTERGOOD GENERATING STATION				2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 800075	
3. Owner's Business Name (If different from Business Name of Operator): Los Angeles Department of Water and Power					
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.) 12700 Vista Del Mar Street Address Playa Del Rey , CA 90293 City Zip Abdul Rehman Plant Manager Contact Name Title (310) 524-8500 Phone # Ext. Fax # E-Mail: Abdul.Rehman@ladwp.com			5. Permit and Correspondence Information: <input type="checkbox"/> Check here if same as equipment location address 111 North Hope St Room 1050 Address Los Angeles , CA 90012 City State Zip Andrea Villarin Manager of Air Quality Contact Name Title (213) 367-0409 Phone # Ext. Fax # E-Mail: Andrea.Villarin@ladwp.com		
Section D - Application Type					
6. The Facility Is: <input type="radio"/> Not In RECLAIM or Title V <input type="radio"/> In RECLAIM <input type="radio"/> In Title V <input checked="" type="radio"/> 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 *		
7b. Facility Permits: <input checked="" type="radio"/> Title V Application or Amendment (Refer to Title V Matrix) 74 <input type="radio"/> 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):		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): 5-YEAR TITLE V PERMIT RENEWAL			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) <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? <input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, provide NOV/NC#:		
Section E - Facility Business Information					
13. What type of business is being conducted at this equipment location? Electric Utility			14. What is your business primary NAICS Code? (North American Industrial Classification System) 22111		
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? <input type="radio"/> No <input checked="" type="radio"/> Yes			16. Are there any schools (K-12) within 1000 feet of the facility property line? <input checked="" type="radio"/> No <input type="radio"/> Yes		
Section F - Authorization/Signature <i>I hereby certify that all information contained herein and information submitted with this application are true and correct.</i>					
17. Signature of Responsible Official: 		18. Title of Responsible Official: Manager of Steam Generation		19. I wish to review the permit prior to issuance. (This may cause a delay in the application process.) <input type="radio"/> No <input checked="" type="radio"/> Yes	
20. Print Name: Donald Treinen		21. Date: 7/2/2024		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	APPLICATION TRACKING # 654375 JW	CHECK # 10247	AMOUNT RECEIVED \$ 4,135.79	PAYMENT TRACKING # 169161	VALIDATION 7/17/24 se
DATE	APP	DATE	APP	CLASS	BASIC
REJ	REJ			I	III
EQUIPMENT CATEGORY CODE			TEAM	ENGINEER	REASON/ACTION TAKEN

24 JUL 17 A8:23

S.C.A.O.M.D.
PERMIT PROCESSING



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 ¹ has the potential to generate significant adverse environmental impacts that might require preparation of a CEQA document [CEQA Guidelines § 15060(a)]. Form 400-CEQA and the instructions for guidance on completing this form are available at <http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms> or <http://www.aqmd.gov/home/permits/permit-application-forms>. 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 Form 400-CEQA is necessary for the entire project. If you need assistance completing this form, contact Permit Services at (909) 396-3385.

Section A – Facility Information

1. Facility Name (Business Name of Operator to Appear on the Permit): <u>LA CITY, DWP SCATTERGOOD GENERATING STATION</u>	2. SCAQMD Facility ID: <u>800075</u>
3. Project Description: <u>5-YEAR TITLE V PERMIT RENEWAL</u>	

Section B – Review For Exemption From Further CEQA Action

Check "Yes" or "No" as applicable. If "Yes" is checked for any question in Section B, skip Section C and proceed to page 2 and complete Section D - Signatures.

	Yes	No	Is this application for:
1.	<input type="radio"/>	<input checked="" type="radio"/>	A request for a change of operator only (without equipment or process change modifications)?
2.	<input type="radio"/>	<input checked="" type="radio"/>	A functionally identical permit unit replacement with no increase in equipment unit rating or emissions?
3.	<input type="radio"/>	<input checked="" type="radio"/>	A change of daily VOC permit limit to a monthly VOC permit limit?
4.	<input type="radio"/>	<input checked="" type="radio"/>	Equipment damaged as a result of a disaster during state of emergency?
5.	<input checked="" type="radio"/>	<input type="radio"/>	A Title V (e.g., SCAQMD Regulation XXX) permit renewal without equipment or process change modifications?
6.	<input type="radio"/>	<input checked="" type="radio"/>	A Title V administrative permit revision?
7.	<input type="radio"/>	<input checked="" type="radio"/>	The conversion of an existing permit into an initial Title V permit?

Section C – Review of Impacts Which May Trigger Further CEQA Review


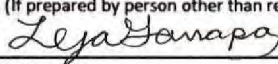
Check "Yes" or "No" as applicable. To avoid delays in processing your application(s), explain all "Yes" responses on a separate sheet and attach it to this form.

	Yes	No	
1.	<input type="radio"/>	<input checked="" type="radio"/>	Is this project specifically evaluated in a previously certified or adopted CEQA document? If "Yes" is checked, attach a copy of the signed Notice of Determination to this form.
2.	<input type="radio"/>	<input checked="" type="radio"/>	Is this project specifically exempted from CEQA by another entity (e.g., city or agency)? If "Yes" is checked, attach a copy of the signed Notice of Exemption or other documentation from the entity to this form.
3.	<input type="radio"/>	<input checked="" type="radio"/>	Is this project part of a larger project? If "Yes" is checked, attach a separate sheet to briefly describe the larger project.
4.	<input type="radio"/>	<input checked="" type="radio"/>	Will the 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 listed on Form 400-CEQA, Table 1 - Regulated Substances List and Threshold Quantities for Accidental Release Prevention http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms ? If "Yes" is checked, attach a separate sheet to identify each hazardous material and corresponding quantity to be transported, stored, or used.
5.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project emit any air toxic listed on Form 400-CEQA, Table 2 - Other Air Toxics and Their Screening Levels http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms ² ? If "Yes" is checked, attach a separate sheet to identify each air toxic and corresponding quantity to be emitted.
6.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project require any demolition, excavation, and/or grading construction activities that encompass an area exceeding 20,000 square feet?

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 Form 400-CEQA, Table 2 – Other Air Toxics and Their Screening Levels, contains a list of air toxics that either do not have a cancer potency (CP) or reference exposure level (REL) approved by the Office of Environmental Health Hazards Assessment (OEHA) or have a combination of OEHA-approved and non-approved CPs or RELs.

Section C – Review of Impacts Which May Trigger Further CEQA (concluded)			
	Yes	No	
7.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project utilize a boiler, engine, or other combustion equipment that uses fuel (e.g., gasoline, diesel, natural gas, liquefied petroleum gas (LPG), or landfill gas)? If "Yes" is checked, then the applicant will need to calculate the amount of GHGs from fuel use via on the Greenhouse Gas (GHG) online estimator [http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms], and attaching the printout or by conducting hand calculations and providing the documentation. Refer to the Instructions for Form 400-CEQA for guidance.
8.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project utilize other types of equipment not addressed in Question 7 that require the use of, or will generate, any chemicals listed on Form 400-CEQA, Table 3 - Greenhouse Gases [http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms]? If "Yes" is checked, attach a separate sheet to identify each equipment unit, the chemical name(s), and the quantity of each chemical identified.
9.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project include the open outdoor storage of dry bulk solid materials that could generate dust? If "Yes" is checked, include a plot plan with the application package.
10.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project result in or make worse noticeable off-site odors from activities that may not be subject to SCAQMD permit requirements? For example, landfills, materials recovery/recycling facilities (MRF), and compost materials or other types of greenwaste (e.g., lawn clippings, tree trimmings, etc.) have the potential to generate odor complaints subject to SCAQMD Rule 402 – Nuisance.
11.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project cause an increase of emissions from marine vessels, trains and/or airplanes?
12.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project increase demand for potable water at the facility by more than 262,820 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) a project that generates steam; 2) a project that uses water as part of operating air pollution control equipment; 3) a project that requires water as part of the production process; 4) a project that requires a new, or the expansion of an existing, sewage treatment facility, new water lines, sewer lines, sewage hook-ups etc.; 5) a project where the water demand exceeds the capacity of the local water purveyor to supply sufficient water for the project; 6) a project that requires new or the expansion of existing, water supply and conveyance facilities; and, 7) a project that requires water to hydrotest pipelines, storage tanks etc. for structural integrity.
13.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project create an increase in the mass inflow of effluents to a public wastewater treatment facility that would require a new, or revision to an existing, National Pollutant Discharge Elimination System (NPDES) or other related permit at the facility?
14.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project result in the need for more than 350 new employees?
15.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project result in an increase in heavy-duty transport truck traffic to and/or from the facility by more than 350 truck round-trips per day?
16.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project result in an increase in customer traffic by more than 700 visits per day?
17.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project result in temporary or permanent noise or vibration in excess of what is allowed by the applicable local noise ordinance?
18.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project create a permanent need for new or additional solid waste disposal? Check "No" if the projected potential amount of solid waste to be generated by the project is less than five tons per day.
19.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project create a permanent need for new or additional hazardous waste disposal? Check "No" if the projected potential amount of hazardous wastes to be generated by the project is less than 42 cubic yards per day (or equivalent in pounds).
20.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project include equipment that after installation or modification will change the visual character of the site and its surroundings or block views?
21.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project have equipment that will create a new source of external lighting that will be visible at the property line?

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: Manager of Steam Generation	
3. Print Name of Responsible Official of Firm: Donald Treinen		4. Date Signed: 7/2/2024	
5. Phone # of Responsible Official of Firm: (213) 367-4372	6. Fax # of Responsible Official of Firm:	7. Email of Responsible Official of Firm: donald.treinen@ladwp.com	
8. Signature of Preparer, (if prepared by person other than responsible official of firm): 		9. Title of Preparer: Environmental Engineering Associate II	
10. Print Name of Preparer: Tejasree Ganapa		11. Date Signed: 7/2/2024	
12. Phone # of Preparer: (213) 367-6332	13. Fax # of Preparer:	14. Email of Preparer: tejasree.ganapa@ladwp.com	

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

XPP

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

Section A - Operator Information			
1. Facility Name (Business Name of Operator to Appear on the Permit): LA CITY, DWP SCATTERGOOD GENERATING STATION		2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 800075	
3. Owner's Business Name (If different from Business Name of Operator): Los Angeles Department of Water and Power			
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.) 12700 Vista Del Mar Street Address Playa Del Rey , CA 90293 City Zip Abdul Rehman Plant Manager Contact Name Title (310) 524-8500 Phone # Ext Fax # E-Mail: Abdul.Rehman@ladwp.com		5. Permit and Correspondence Information: <input type="checkbox"/> Check here if same as equipment location address 111 North Hope St Room 1050 Address Los Angeles , CA 90012 City State Zip Andrea Villarin Manager of Air Quality Contact Name Title (213) 367-0409 Phone # Ext Fax # E-Mail: Andrea.Villarin@ladwp.com	
Section D - Application Type			
6. The Facility Is: <input type="radio"/> Not In RECLAIM or Title V <input type="radio"/> In RECLAIM <input type="radio"/> In Title V <input checked="" type="radio"/> In RECLAIM & Title V Programs			
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:	
<input checked="" type="radio"/> New Construction (Permit to Construct) 10 <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		<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 *	
7b. Facility Permits: <input checked="" type="radio"/> Title V Application or Amendment (Refer to Title V Matrix) <input type="radio"/> RECLAIM Facility Permit Amendment		<div style="border: 1px solid black; padding: 5px;"> <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> </div>	
8a. Estimated Start Date of Construction (mm/dd/yyyy): 08/26/2026		8b. Estimated End Date of Construction (mm/dd/yyyy): 12/31/2029	
8c. Estimated Start Date of Operation (mm/dd/yyyy): 12/31/2029			
9. Description of Equipment or Reason for Compliance Plan (list applicable rule): Application for Permit to Construct and Permit to Operate, SCR/CO Catalyst, Combined Cycle Combustion Turbine Unit 8		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) <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	
Section E - Facility Business Information			
13. What type of business is being conducted at this equipment location? Utility		14. What is your business primary NAICS Code? (North American Industrial Classification System) 22111	
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? <input type="radio"/> No <input checked="" type="radio"/> Yes		16. Are there any schools (K-12) within 1000 feet of the facility property line? <input checked="" type="radio"/> No <input type="radio"/> Yes	
Section F - Authorization/Signature <i>I hereby certify that all information contained herein and information submitted with this application are true and correct.</i>			
17. Signature of Responsible Official: 		18. Title of Responsible Official: Manager of Steam Generation	
19. I wish to review the permit prior to issuance. (This may cause a delay in the application process.) <input type="radio"/> No <input checked="" type="radio"/> Yes		20. Print Name: Donald Treinen	
21. Date: 8/7/2024		22. Do you claim confidentiality of data? (If Yes, see instructions.) <input type="radio"/> No <input checked="" 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	APPLICATION TRACKING # 654841	CHECK #	AMOUNT RECEIVED \$ 131,089.74
			PAYMENT TRACKING # 169470
			VALIDATION 8/14/24
DATE	APP REJ	DATE	APP REJ
CLASS	BASIC CONTROL	EQUIPMENT CATEGORY CODE	REASON/ACTION TAKEN

700562680

1 of 3

24 AUG 14 AM 11:29

S.C.A.D.M.D.
PERMIT PROCESSING



South Coast Air Quality Management District

Form 400 - XPP

Express Permit Processing Request

Form 400-A, Form 400-CEQA and one or more 400-E-xx form(s) must accompany all submittals.

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):
LA CITY, DWP SCATTERGOOD GENERATING STATION

2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD):
800075

Section B - Equipment Location Address

3. ☒ Fixed Location ☐ Various Location
(For equipment operated at various locations, provide address of initial site.)

12700 Vista Del Mar
Street Address
Playa Del Rey, CA 90293
City State Zip
Abdul Rehman Plant Manager
Contact Name Title
(310) 524-8500
Phone # Ext. Fax #
Abdul.Rehman@ladwp.com
E-Mail

Section C - Permit Mailing Address

4. Permit and Correspondence Information:
☐ Check here if same as equipment location address
111 North Hope St Room 1050
Address
Los Angeles, CA 90012
City State Zip
Andrea Villarin Manager of Air Quality
Contact Name Title
(213) 367-0409
Phone # Ext. Fax #
Andrea.Villarin@ladwp.com
E-Mail

Section D - Authorization/Signature

I understand that the Expedited Permit Processing fees must be submitted at the time of application submittal, and that the application may be subject to additional fees per Rule 301. I understand that requests for Express Permit Processing neither guarantees action by any specific date nor does it guarantee permit approval; that Express Permit Processing is subject to availability of qualified staff; and that once Express Permit Processing has commenced, the expedited fees will not be refunded. I hereby certify that all information contained herein and information submitted with the application are true and correct.

5. Signature of Responsible Official: <i>Donald Treinen</i>	6. Title of Responsible Official: Manager of Steam Generation
7. Print Name of Responsible Official: Donald Treinen	8. Date: 8/7/2024
9. Phone #: (213) 367-4372	10. Fax #:

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

24 AUG 14 A11 :29

S.C.A.C.M.D.
PERMIT PROCESSING



South Coast Air Quality Management District

Form 400-CEQA**California Environmental Quality Act (CEQA) Applicability**

27 of 59

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 ¹ has the potential to generate significant adverse environmental impacts that might require preparation of a CEQA document [CEQA Guidelines § 15060(a)]. Form 400-CEQA and the instructions for guidance on completing this form are available at <http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms> or <http://www.aqmd.gov/home/permits/permit-application-forms>. 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 Form 400-CEQA is necessary for the entire project. If you need assistance completing this form, contact Permit Services at (909) 396-3385.

Section A – Facility Information**1. Facility Name** (Business Name of Operator to Appear on the Permit):

LA CITY, DWP SCATTERGOOD GENERATING STATION

2. SCAQMD Facility ID:

800075

3. Project Description:

Combined cycle combustion turbine, Unit 8

Section B – Review For Exemption From Further CEQA Action

Check "Yes" or "No" as applicable. If "Yes" is checked for any question in Section B, skip Section C and proceed to page 2 and complete Section D - Signatures.

	Yes	No	Is this application for:
1.	<input type="radio"/>	<input checked="" type="radio"/>	A request for a change of operator only (without equipment or process change modifications)?
2.	<input type="radio"/>	<input checked="" type="radio"/>	A functionally identical permit unit replacement with no increase in equipment unit rating or emissions?
3.	<input type="radio"/>	<input checked="" type="radio"/>	A change of daily VOC permit limit to a monthly VOC permit limit?
4.	<input type="radio"/>	<input checked="" type="radio"/>	Equipment damaged as a result of a disaster during state of emergency?
5.	<input type="radio"/>	<input checked="" type="radio"/>	A Title V (e.g., SCAQMD Regulation XXX) permit renewal without equipment or process change modifications?
6.	<input type="radio"/>	<input checked="" type="radio"/>	A Title V administrative permit revision?
7.	<input type="radio"/>	<input checked="" type="radio"/>	The conversion of an existing permit into an initial Title V permit?

Section C – Review of Impacts Which May Trigger Further CEQA Review

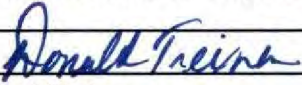
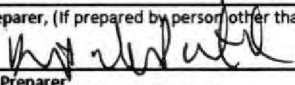
Check "Yes" or "No" as applicable. To avoid delays in processing your application(s), explain all "Yes" responses on a separate sheet and attach it to this form.

	Yes	No	
1.	<input type="radio"/>	<input checked="" type="radio"/>	Is this project specifically evaluated in a previously certified or adopted CEQA document? If "Yes" is checked, attach a copy of the signed Notice of Determination to this form.
2.	<input type="radio"/>	<input checked="" type="radio"/>	Is this project specifically exempted from CEQA by another entity (e.g., city or agency)? If "Yes" is checked, attach a copy of the signed Notice of Exemption or other documentation from the entity to this form.
3.	<input type="radio"/>	<input checked="" type="radio"/>	Is this project part of a larger project? If "Yes" is checked, attach a separate sheet to briefly describe the larger project.
4.	<input type="radio"/>	<input checked="" type="radio"/>	Will the 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 listed on Form 400-CEQA, Table 1 - Regulated Substances List and Threshold Quantities for Accidental Release Prevention [http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms]? If "Yes" is checked, attach a separate sheet to identify each hazardous material and corresponding quantity to be transported, stored, or used.
5.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project emit any air toxic listed on Form 400-CEQA, Table 2 - Other Air Toxics and Their Screening Levels [http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms]? ² If "Yes" is checked, attach a separate sheet to identify each air toxic and corresponding quantity to be emitted.
6.	<input checked="" type="radio"/>	<input type="radio"/>	Will the project require any demolition, excavation, and/or grading construction activities that encompass an area exceeding 20,000 square feet?

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 Form 400-CEQA, Table 2 – Other Air Toxics and Their Screening Levels, contains a list of air toxics that either do not have a cancer potency (CP) or reference exposure level (REL) approved by the Office of Environmental Health Hazards Assessment (OEHA) or have a combination of OEHA-approved and non-approved CPs or RELs.

Section C – Review of Impacts Which May Trigger Further CEQA (concluded)			
	Yes	No	
7.	<input checked="" type="radio"/>	<input type="radio"/>	Will the project utilize a boiler, engine, or other combustion equipment that uses fuel (e.g., gasoline, diesel, natural gas, liquefied petroleum gas (LPG), or landfill gas)? If "Yes" is checked, then the applicant will need to calculate the amount of GHGs from fuel use via on the Greenhouse Gas (GHG) online estimator http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms , and attaching the printout or by conducting hand calculations and providing the documentation. Refer to the Instructions for Form 400-CEQA for guidance.
8.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project utilize other types of equipment not addressed in Question 7 that require the use of, or will generate, any chemicals listed on Form 400-CEQA, Table 3 - Greenhouse Gases http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms ? If "Yes" is checked, attach a separate sheet to identify each equipment unit, the chemical name(s), and the quantity of each chemical identified.
9.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project include the open outdoor storage of dry bulk solid materials that could generate dust? If "Yes" is checked, include a plot plan with the application package.
10.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project result in or make worse noticeable off-site odors from activities that may not be subject to SCAQMD permit requirements? For example, landfills, materials recovery/recycling facilities (MRF), and compost materials or other types of greenwaste (e.g., lawn clippings, tree trimmings, etc.) have the potential to generate odor complaints subject to SCAQMD Rule 402 – Nuisance.
11.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project cause an increase of emissions from marine vessels, trains and/or airplanes?
12.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project increase demand for potable water at the facility by more than 262,820 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) a project that generates steam; 2) a project that uses water as part of operating air pollution control equipment; 3) a project that requires water as part of the production process; 4) a project that requires a new, or the expansion of an existing, sewage treatment facility, new water lines, sewage lines, sewage hook-ups etc.; 5) a project where the water demand exceeds the capacity of the local water purveyor to supply sufficient water for the project; 6) a project that requires new or the expansion of existing, water supply and conveyance facilities; and, 7) a project that requires water to hydrotest pipelines, storage tanks etc. for structural integrity.
13.	<input checked="" type="radio"/>	<input type="radio"/>	Will the project create an increase in the mass inflow of effluents to a public wastewater treatment facility that would require a new, or revision to an existing, National Pollutant Discharge Elimination System (NPDES) or other related permit at the facility?
14.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project result in the need for more than 350 new employees?
15.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project result in an increase in heavy-duty transport truck traffic to and/or from the facility by more than 350 truck round-trips per day?
16.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project result in an increase in customer traffic by more than 700 visits per day?
17.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project result in temporary or permanent noise or vibration in excess of what is allowed by the applicable local noise ordinance?
18.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project create a permanent need for new or additional solid waste disposal? Check "No" if the projected potential amount of solid waste to be generated by the project is less than five tons per day.
19.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project create a permanent need for new or additional hazardous waste disposal? Check "No" if the projected potential amount of hazardous wastes to be generated by the project is less than 42 cubic yards per day (or equivalent in pounds).
20.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project include equipment that after installation or modification will change the visual character of the site and its surroundings or block views?
21.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project have equipment that will create a new source of external lighting that will be visible at the property line?

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: Manager of Steam Generation
3. Print Name of Responsible Official of Firm: Donald Treinen		4. Date Signed: 8/7/2024
5. Phone # of Responsible Official of Firm: (213) 367-4372	6. Fax # of Responsible Official of Firm:	7. Email of Responsible Official of Firm: donald.treinen@ladwp.com
8. Signature of Preparer, (if prepared by person other than responsible official of firm): 		9. Title of Preparer: Environmental Engineer
10. Print Name of Preparer: Dipak Patel		11. Date Signed: 8/8/24
12. Phone # of Preparer: (213) 367-3764	13. Fax # of Preparer:	14. Email of Preparer: dipak.patel@ladwp.com

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

[illegible]

Emission Factor
(same emission factor
for all combustion
equipment types)

Fuel Type	kg/mmBtu			lb/mmBtu		
	CO ₂	CH ₄	N ₂ O	CO ₂	CH ₄	N ₂ O
Diesel	73.96	0.003	0.0006	163.01	6.61E-03	1.32E-03
Gasoline	70.22	0.003	0.0006	154.76	6.61E-03	1.32E-03
Landfill Gas	52.07	0.0032	0.00063	114.76	7.05E-03	1.39E-03
LPG	61.71	0.003	0.0006	136.01	6.61E-03	1.32E-03
Natural Gas	53.06	0.001	0.0001	116.94	2.20E-03	2.20E-04

Note

From Distillate Fuel Oil No.2
From Motor Gasoline

Data Source: <https://www.ecfr.gov/cgi-bin/text-idx?SID=1d653629ba1ed0a9fee443920aa261e0&mc=true&node=ap40.23.98.138.1&rgn=div9>
<https://www.ecfr.gov/cgi-bin/text-idx?SID=5d2c6b432404dc9cfd5fb33ac1becb5b&mc=true&node=ap40.23.98.138.2&rgn=div9>

40 CFR Subpart 98: Table C-1 to Subpart C of Part 98—Default CO₂ Emission Factors and High Heat Values for Various Types of Fuel [78 FR 71950, Nov. 29, 2013]
Table C-2 to Subpart C of Part 98—Default CH₄ and N₂O Emission Factors for Various Types of Fuel [78 FR 71952, Nov. 29, 2013]

Equipment Type

Boiler-Commercial

Boiler-Industrial

Engine-Agricultural

Engine-Emergency

Engine-Prime Power

Other Combustion Equipment

Fuel Type

Diesel

Gasoline

Landfill Gas

LPG

Natural Gas



South Coast Air Quality Management District

Form 400-PS

Plot Plan And Stack Information Form

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Form 400A and Form 400-CEQA.

Mail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944

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

Section A - Operator Information

Facility Name (Business Name of Operator To Appear On The Permit):

LA CITY, DWP SCATTERGOOD GENERATING STATION

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

800075

Address where the equipment will be operated (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site):

12700 Vista Del Mar, Playa Del Rey, CA 90293

☒ Fixed Location ☐ Various Locations

Section B - Location Data

Plot Plan	Please attach a site map for the project with distances and scales. Identify and locate the proposed equipment on the map. A copy of the appropriate Thomas Brothers page, a web-based map, or a sketch that shows the major streets and location of the equipment is acceptable.	
Location of Schools Nearby	<p>Is the facility located within a 1/4 mile radius (1,320 feet) of the outer boundary of a school? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If yes, please provide name(s) of school(s) below:</p> <p>School Name: _____ School Name: _____</p> <p>School Address: _____ School Address: _____</p> <p>Distance from stack or equipment vent to the outer boundary of the school: _____ feet Distance from stack or equipment vent to the outer boundary of the school: _____ feet</p> <p>CA Health & Safety Code 42301.9: "School" means any public or private school used for purposes of the education of more than 12 children in kindergarten or any of grades 1 to 12, inclusive, but does not include any private school in which education is primarily conducted in private homes.</p>	
Population Density	<input checked="" type="radio"/> Urban <input type="radio"/> Rural (<50% of land within 3 km radius accounted for by urban land use categories, i.e., multi-family dwelling or industrial.)	
Zoning Classification	<input checked="" type="radio"/> Mixed Use Residential Commercial Zone (M-U) <input type="radio"/> Service and Professional Zone (C-S) <input type="radio"/> Medium Commercial (C-3) <input type="radio"/> Heavy Commercial (C-4) <input type="radio"/> Commercial Manufacturing (C-M)	

Section C - Emission Release Parameters - Stacks, Vents

Stack Data	Stack Height: 160.00 feet (above ground level)	What is the height of the closest building nearest the stack? 111 feet
	Stack Inside Diameter: _____ inches	Stack Flow: 1,108,613 acfm Stack Temperature: 175 °F
	Rain Cap Present: <input type="radio"/> Yes <input checked="" type="radio"/> No	Stack Orientation: <input checked="" type="radio"/> Vertical <input type="radio"/> Horizontal
	If the stack height is less than 2.5 times the closest building height (H), please provide information on any building within 5xH distance from the stack (attach additional sheet if necessary):	
	Building #/Name: See attached sheet.	Building #/Name: _____
	Building Height: _____ feet (above ground level)	Building Height: _____ feet (above ground level)
	Building Width: _____ feet	Building Width: _____ feet
	Building Length: _____ feet	Building Length: _____ feet
Receptor Distance From Equipment Stack or Roof Vents/Openings	Distance to nearest residence or sensitive receptor*: 1,270 feet	
	Distance to nearest business: 1,040 feet	
Building Information	Are the emissions released from vents and/or openings from a building? <input type="radio"/> Yes <input checked="" type="radio"/> No	
	If yes, please provide:	
	Building #/Name: _____	Building Width: _____ feet
	Building Height: _____ feet (above ground level)	Building Length: _____ feet

*AQMD Rule 1470 defines SENSITIVE RECEPTOR as meaning any residence including private homes, condominiums, apartments, and living quarters, schools as defined under paragraph (b)(57), preschools, daycare centers and health facilities such as hospitals or retirement and nursing homes. A sensitive receptor includes long term care hospitals, hospices, prisons, and dormitories or similar live-in housing.

South Coast Air Quality Management District

Form 400-PS

Plot Plan And Stack Information Form

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Form 400A and Form 400-CEQA.

Section D - Authorization/Signature		
I hereby certify that all information contained herein and information submitted with this application is true and correct.		
Signature of Preparer: <i>dipak patel</i>	Title of Preparer: Environ. Eng Assoc.	Preparer's Phone #: (213) 367-3764 Preparer's Email: dipak.patel@ladwp.com
Contact Person: Andrea Villarin	Contact's Phone#: (213) 367-0409	Date Signed: 08/09/2024
Contact's Email: Manager of Air Quality	Contact's Fax#:	
<p align="center">THIS IS A PUBLIC DOCUMENT</p> <p>Pursuant to the California Public Records Act, your permit application and any supplemental documentation are public records and may be disclosed to a third party. If you wish to claim certain limited information as exempt from disclosure because it qualifies as a trade secret, as defined in the District's Guidelines for Implementing the California Public Records Act, you must make such claim at the time of submittal to the District.</p> <p>Check here if you claim that this form or its attachments contain confidential trade secret information. <input checked="" type="checkbox"/></p>		



South Coast Air Quality Management District

**Form 400-E-5
Selective Catalytic Reduction (SCR) System,
Oxidation Catalyst, and Ammonia Catalyst**

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Mail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944

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

Section A - Operator Information

Facility Name (Business Name of Operator That Appears On Permit): LA CITY, DWP SCATTERGOOD GENERATING STATION	Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 800075
Address where the equipment will be operated (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site): 12700 Vista Del Mar, Playa Del Rey, CA 90293	
<input checked="" type="radio"/> Fixed Location <input type="radio"/> Various Locations	

Section B - Equipment Description

Selective Catalytic Reduction (SCR)	
SCR Catalyst	Manufacturer: Cormetech or equal Catalyst Active Material: _____ Model Number: TBD Type: Ti-V-W Size of Each Layer or Module: L: _____ ft. _____ in. W: _____ ft. _____ in. H: _____ ft. _____ in. No. of Layers or Modules: _____ Total Volume: 2300 cu. ft. Total Weight: _____ lbs.
Reducing Agent	<input type="radio"/> Urea <input type="radio"/> Anhydrous Ammonia <input checked="" type="radio"/> Aqueous Ammonia 29.00 % Injection Rate: 433.4 lb/hr
Reducing Agent Storage *	Diameter: _____ ft. _____ in. Height: _____ ft. _____ in. Capacity: 90000 gal Pressure Setting: _____ psia * A separate permit may be needed for the storage equipment.
Space Velocity	Gas Flow Rate/Catalyst Volume: 48400 per hour
Area Velocity	Gas Flow Rate/Wetted Catalyst Surface Area: _____ ft/hr
Manufacturer's Guarantee	NOx: 2 ppm %O ₂ : 15.00 NOx: _____ gm/bhp-hr Ammonia Slip: 5 ppm @ 15.00 %O ₂
Catalyst Life	3 years (expected)
Cost	Capital Cost: _____ Installation Cost: _____ Catalyst Replacement Cost: _____
Oxidation Catalyst	
Oxidation Catalyst	Manufacturer: BASF or equal Catalyst Active Material: _____ Model Number: TBD Type: Platinum, corrugated SS substrate Size of Each Layer or Module: L: _____ ft. _____ in. W: _____ ft. _____ in. H: _____ ft. _____ in. No. of Layers or Modules: _____ Total Volume: 2100 cu. ft. Total Weight: _____ lbs.
Space Velocity	Gas Flow Rate/Catalyst Volume: 92700 per hour
Manufacturer's Guarantee	VOC: 2 ppm VOC: _____ gm/bhp-hr %O ₂ : 15.00 CO: 1.5 ppm CO: _____ gm/bhp-hr %O ₂ : 15
Catalyst Life	3 years (expected)
Cost	Capital Cost: _____ Installation Cost: _____ Catalyst Replacement Cost: _____

South Coast Air Quality Management District

Form 400-E-5

**Selective Catalytic Reduction (SCR) System,
Oxidation Catalyst, and Ammonia Catalyst**

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Section B - Equipment Description (cont.)													
Ammonia Catalyst													
Ammonia Catalyst	Manufacturer: _____ Catalyst Active Material: _____ Model Number: _____ Type: _____ Size of Each Layer or Module: L: _____ ft. _____ in. W: _____ ft. _____ in. H: _____ ft. _____ in. No. of Layers or Modules: _____ Total Volume: _____ cu. ft. Total Weight: _____ lbs.												
Space Velocity	Gas Flow Rate/Catalyst Volume: _____ per hour												
Manufacturer's Guarantee	NH ₃ : _____ ppm %O ₂ : _____												
Catalyst Life	_____ years (expected)												
Cost	Capital Cost: _____ Installation Cost: _____ Catalyst Replacement Cost: _____												
Section C - Operation Information													
Operating Temperature	Minimum Inlet Temperature: _____ °F (from cold start) Maximum Temperature: _____ °F Warm-up Time: _____ hr. _____ min. (maximum)												
Operating Schedule	Normal: _____ 24 _____ hours/day _____ 7 _____ days/week _____ 52 _____ weeks/yr Maximum: _____ 24 _____ hours/day _____ 7 _____ days/week _____ 52 _____ weeks/yr												
Section D - Authorization/Signature													
I hereby certify that all information contained herein and information submitted with this application is true and correct.													
Preparer Info	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Signature: <u><i>Dipak Patel</i></u></td> <td style="width: 20%;">Date: <u>08/09/2024</u></td> <td style="width: 50%;">Name: <u>Dipak Patel</u></td> </tr> <tr> <td>Title: _____</td> <td>Company Name: _____</td> <td>Phone #: <u>(213) 367-3764</u></td> </tr> <tr> <td colspan="2">Environ. Eng Assoc. <u>LADWP</u></td> <td>Fax #: _____</td> </tr> <tr> <td colspan="2">Email: _____</td> <td>Email: <u>dipak.patel@ladwp.com</u></td> </tr> </table>	Signature: <u><i>Dipak Patel</i></u>	Date: <u>08/09/2024</u>	Name: <u>Dipak Patel</u>	Title: _____	Company Name: _____	Phone #: <u>(213) 367-3764</u>	Environ. Eng Assoc. <u>LADWP</u>		Fax #: _____	Email: _____		Email: <u>dipak.patel@ladwp.com</u>
Signature: <u><i>Dipak Patel</i></u>	Date: <u>08/09/2024</u>	Name: <u>Dipak Patel</u>											
Title: _____	Company Name: _____	Phone #: <u>(213) 367-3764</u>											
Environ. Eng Assoc. <u>LADWP</u>		Fax #: _____											
Email: _____		Email: <u>dipak.patel@ladwp.com</u>											
Contact Info	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Name: <u>Andrea Villarin</u></td> <td style="width: 20%;">Phone #: <u>(213) 367-0409</u></td> <td style="width: 50%;">Fax #: _____</td> </tr> <tr> <td>Title: <u>Manager of Air Quality</u></td> <td>Company Name: <u>LADWP</u></td> <td>Email: _____</td> </tr> <tr> <td colspan="2">Email: <u>Andrea.Villarin@ladwp.com</u></td> <td></td> </tr> </table>	Name: <u>Andrea Villarin</u>	Phone #: <u>(213) 367-0409</u>	Fax #: _____	Title: <u>Manager of Air Quality</u>	Company Name: <u>LADWP</u>	Email: _____	Email: <u>Andrea.Villarin@ladwp.com</u>					
Name: <u>Andrea Villarin</u>	Phone #: <u>(213) 367-0409</u>	Fax #: _____											
Title: <u>Manager of Air Quality</u>	Company Name: <u>LADWP</u>	Email: _____											
Email: <u>Andrea.Villarin@ladwp.com</u>													

THIS IS A PUBLIC DOCUMENT	
Pursuant to the California Public Records Act, your permit application and any supplemental documentation are public records and may be disclosed to a third party. If you wish to claim certain limited information as exempt from disclosure because it qualifies as a trade secret, as defined in the District's Guidelines for Implementing the California Public Records Act, you must make such claim at the time of submittal to the District.	
Check here if you claim that this form or its attachments contain confidential trade secret information. <input checked="checked" type="checkbox"/>	



South Coast Air Quality Management District

Form 400-A

Application Form for Permit or Plan Approval

List only one piece of equipment or process per form.

XPP

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

Section A - Operator Information

1. Facility Name (Business Name of Operator to Appear on the Permit): LA CITY, DWP SCATTERGOOD GENERATING STATION	2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 800075
3. Owner's Business Name (If different from Business Name of Operator): Los Angeles Department of Water and Power	

Section B - Equipment Location Address

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

12700 Vista Del Mar
Street Address

Playa Del Rey, CA 90293
City Zip

Abdul Rehman Plant Manager
Contact Name Title

(310) 524-8500
Phone # Ext. Fax #

E-Mail: Abdul.Rehman@ladwp.com

Section C - Permit Mailing Address

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

111 North Hope St Room 1050
Address

Los Angeles, CA 90012
City State Zip

Andrea Villarin Manager of Air Quality
Contact Name Title

(213) 367-0409
Phone # Ext. Fax #

E-Mail: Andrea.Villarin@ladwp.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 checked="" type="radio"/> New Construction (Permit to Construct) 10 <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 *
--	--

7b. Facility Permits:
☐ Title V Application or Amendment (Refer to Title V Matrix)
☐ 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)).

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): 08/26/2026	8b. Estimated End Date of Construction (mm/dd/yyyy): 12/31/2029	8c. Estimated Start Date of Operation (mm/dd/yyyy): 12/31/2029
9. Description of Equipment or Reason for Compliance Plan (list applicable rule): Application for Permit to Construct and Permit to Operate, Combined Cycle Combustion Turbine Unit 8	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) <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	

Section E - Facility Business Information

13. What type of business is being conducted at this equipment location? Utility	14. What is your business primary NAICS Code? (North American Industrial Classification System) 22111
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? <input type="radio"/> No <input checked="" type="radio"/> Yes	16. Are there any schools (K-12) within 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>Donald Treinen</i>	18. Title of Responsible Official: Manager of Steam Generation	19. I wish to review the permit prior to issuance. (This may cause a delay in the application process.) <input type="radio"/> No <input checked="" type="radio"/> Yes
20. Print Name: Donald Treinen	21. Date: 8/7/2024	22. Do you claim confidentiality of data? (If Yes, see instructions.) <input type="radio"/> No <input checked="" 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	APPLICATION TRACKING # 654842
CHECK #	AMOUNT RECEIVED \$131,089.74
PAYMENT TRACKING # 169470	VALIDATION 8/14/24
DATE APP REJ	DATE APP REJ
CLASS I III	BASIC CONTROL
EQUIPMENT CATEGORY CODE	TEAM E
ENGINEER	REASON/ACTION TAKEN

700562680

2 of 3

Ref AN 6178-11



South Coast Air Quality Management District

**Form 400-E-12
Gas Turbine**

Mail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944



This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

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

Section A - Operator Information

Facility Name (Business Name of Operator That Appears On Permit):

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

LA CITY, DWP SCATTERGOOD GENERATING STATION

800075

Address where the equipment will be operated (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site):

12700 Vista Del Mar, Playa Del Rey, CA 90293

☒ Fixed Location ☐ Various Locations

Section B - Equipment Description

Turbine	Manufacturer:	Model:	Serial No.:
	Siemens	SCC6-5000F	
	Size (based on Higher Heating Value - HHV):		
	Manufacturer Maximum Input Rating: _____ MMBTU/hr _____ kWh Manufacturer Maximum Output Rating: 2,207.00 MMBTU/hr _____ kWh		
Function (Check all that apply)	<input checked="" type="checkbox"/> Electrical Generation <input type="checkbox"/> Driving Pump/Compressor <input type="checkbox"/> Emergency Peaking Unit <input type="checkbox"/> Steam Generation <input type="checkbox"/> Exhaust Gas Recovery <input type="checkbox"/> Other (specify): _____		
Cycle Type	<input type="radio"/> Simply Cycle <input type="radio"/> Regenerative Cycle <input checked="" type="radio"/> Combined Cycle <input type="radio"/> Other (specify): _____		
Combustion Type	<input type="radio"/> Tubular <input checked="" type="radio"/> Can-Annular <input type="radio"/> Annular		
Fuel (Turbine)	<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> LPG <input type="checkbox"/> Digester Gas* <input type="checkbox"/> Landfill Gas* <input type="checkbox"/> Propane <input type="checkbox"/> Refinery Gas* <input checked="" type="checkbox"/> Other*: hydrogen <small>* (If Digester Gas, Landfill Gas, Refinery Gas, and/or Other are checked, attach fuel analysis indicating higher heating value and sulfur content).</small>		
Heat Recovery Steam Generator (HRSG)	Steam Turbine Capacity: 118.6 MW Low Pressure Steam Output Capacity: _____ lb/hr @ _____ °F High Pressure Steam Output Capacity: _____ lb/hr @ _____ °F Superheated Steam Output Capacity: _____ lb/hr @ _____ °F		
Duct Burner	Manufacturer: _____ Model: _____ Number of burners: _____ Rating of each burner (HHV): _____ Type: <input type="radio"/> Low NOx (please attach manufacturer's specifications) <input type="radio"/> Other: _____ Show all heat transfer surface locations with the HRSG and temperature profile		
Fuel (Duct Burner)	<input type="radio"/> Natural Gas <input type="radio"/> LPG <input type="radio"/> Digester Gas* <input type="radio"/> Landfill Gas* <input type="radio"/> Propane <input type="radio"/> Refinery Gas* <input type="radio"/> Other*: _____ <small>* (If Digester Gas, Landfill Gas, Refinery Gas, and/or Other are checked, attach fuel analysis indicating higher heating value and sulfur content).</small>		

South Coast Air Quality Management District

Form 400-E-12

Gas Turbine

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Section B - Equipment Description (Cont.)

Air Pollution Control	<input checked="" type="radio"/> Selective Catalytic Reduction (SCR)* <input type="radio"/> Selective Non-Catalytic Reduction (SNCR)* <input type="radio"/> Oxidation Catalyst* <input type="radio"/> Other (specify)*: _____ <input type="radio"/> Steam/Water Injection: Injection Rate: _____ lbs. water/lbs. fuel, or _____ mole water/mole fuel * Separate application is required. Capital Cost: _____ Installation Cost: _____ Annual Operating Cost: _____
Oxidation Catalyst Data (If Applicable)	Manufacturer: _____ Model: _____ BASF or equal TBD Catalyst Dimensions: Length: _____ ft. _____ in. Width: _____ ft. _____ in. Height: _____ ft. _____ in. Catalyst Cell Density: _____ cells/sq.in. Pressure Drop Across Catalyst: _____ Manufacturer's Guarantee: CO Control Efficiency: _____ % Catalyst Life: _____ 3 yrs VOC Control Efficiency: _____ % Operating Temp. Range: _____ °F Space Velocity (gas flow rate/catalyst volume): 48400 Area Velocity (gas flow/wetted catalyst surface area): _____ VOC Concentration into Catalyst: _____ PPMVD@ 15%O ₂ CO Concentration inot Catalyst: _____ PPMVD@ 15%O ₂

Section C - Operation Information

On-line Emissions Data	Pollutants	Maximum Emissions Before Control *		Maximum Emissions After Control	
		PPM@15% O ₂ , dry	lb/hour	PPM@15% O ₂ , dry	lb/hour
	ROG			2	5.75
	/NOx			2	16.52
	CO			1.5	7.54
	PM ₁₀				9.9
	SOx				1.62
	NH ₃			5	15.26
* Based on temperature, fuel consumption, and MW output. Reference (attach data): <input checked="" type="checkbox"/> Manufacturer Emission Data <input type="checkbox"/> EPA Emission Factors <input type="checkbox"/> AQMD Emission Factors <input type="checkbox"/> Source Test					
Stack or Vent Data	Stack Height: 160 ft. _____ in. Stack Diameter: 22 ft. _____ in. Exhaust Temperature: _____ °F Exhaust Pressure: _____ inches water column Exhaust Flow Rate: 1086131 CFM Oxygen Level: 11.62 %				

Form 400-E-12
Gas Turbine

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Section C - Operation Information (cont.)						
Startup Data		No. of Startups per day: <u>3</u> No. of Startups per year: <u>792</u> Duration of each startup: <u>1</u> hrs.				
Shutdown Data		No. of Shutdowns per day: <u>3</u> No. of Shutdowns per year: <u>792</u> Duration of each Shutdown: <u>0.383</u> hrs.				
Startup and Shutdown Emissions Data		Startup Emissions		Shutdown Emissions		
		Pollutants	PPM@15% O ₂ , dry	lb/hour	PPM@15% O ₂ , dry	lb/hour
		ROG				
		NO _x				
		CO				
		PM ₁₀				
		SO _x				
		NH ₃				
Monitoring and Reporting		Continuous Emission Monitoring System (CEMS): CEMS Make: _____ CEMS Model: _____				
		Will the CEMS be used to measure both on-line and startup/shutdown emissions? <input checked="" type="radio"/> Yes <input type="radio"/> No				
		The following parameters will be continuously monitored:				
		<input checked="" type="checkbox"/> NO _x <input checked="" type="checkbox"/> CO <input checked="" type="checkbox"/> O ₂ <input checked="" type="checkbox"/> Fuel Flow Rate <input checked="" type="checkbox"/> Ammonia Injection Rate <input type="checkbox"/> Other (specify): _____				
		<input type="checkbox"/> Ammonia Stack Concentration: _____ Ammonia CEMS Make: _____ Ammonia CEMS Model: _____				
Operating Schedule:		Normal: <u>24</u> hours/day <u>7</u> days/week <u>52</u> weeks/yr Maximum: <u>24</u> hours/day <u>7</u> days/week <u>52</u> weeks/yr				
Section D - Authorization/Signature						
I hereby certify that all information contained herein and information submitted with this application is true and correct.						
Preparer Info		Signature: <u>dipak patel</u> Date: <u>08/09/2024</u>		Name: <u>Dipak Patel</u>		
		Title: _____ Company Name: _____		Phone #: <u>(213) 367-3764</u> Fax #: _____		
		<u>Environ. Eng Assoc.</u> <u>LADWP</u>		Email: <u>dipak.patel@ladwp.com</u>		
Contact Info		Name: <u>Andrea Villarin</u>		Phone #: <u>(213) 367-0409</u> Fax #: _____		
		Title: _____ Company Name: _____		Email: _____		
		<u>Manager of Air Quality</u> <u>LADWP</u>		<u>andrea.villarin@ladwp.com</u>		

THIS IS A PUBLIC DOCUMENT

Pursuant to the California Public Records Act, your permit application and any supplemental documentation are public records and may be disclosed to a third party. If you wish to claim certain limited information as exempt from disclosure because it qualifies as a trade secret, as defined in the District's Guidelines for Implementing the California Public Records Act, you must make such claim at the time of submittal to the District.

Check here if you claim that this form or its attachments contain confidential trade secret information. ☒



South Coast Air Quality Management District

Form 400-A

Application Form for Permit or Plan Approval

List only one piece of equipment or process per form.

XPP

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

Section A - Operator Information

1. Facility Name (Business Name of Operator to Appear on the Permit): LA CITY, DWP SCATTERGOOD GENERATING STATION	2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 800075
3. Owner's Business Name (If different from Business Name of Operator): Los Angeles Department of Water and Power	

Section B - Equipment Location Address

4. Equipment Location Is: ☒ Fixed Location ☐ Various Location
(For equipment operated at various locations, provide address of initial site.)
12700 Vista Del Mar
Street Address
Playa Del Rey, CA **90293**
City Zip
Abdul Rehman Plant Manager
Contact Name Title
(310) 524-8500
Phone # Ext. Fax #
E-Mail: **Abdul.Rehman@ladwp.com**

Section C - Permit Mailing Address

5. Permit and Correspondence Information:
☐ Check here if same as equipment location address
111 North Hope St Room 1050
Address
Los Angeles, CA **90012**
City State Zip
Andrea Villarín Manager of Air Quality
Contact Name Title
(213) 367-0409
Phone # Ext. Fax #
E-Mail: **Andrea.Villarín@ladwp.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 *
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7b. Facility Permits:
☒ Title V Application or Amendment (Refer to Title V Matrix) **7b**
☐ 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)).

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): 08/26/2026	8b. Estimated End Date of Construction (mm/dd/yyyy): 12/31/2029	8c. Estimated Start Date of Operation (mm/dd/yyyy): 12/31/2029
9. Description of Equipment or Reason for Compliance Plan (list applicable rule): Application for Permit to Construct and Permit to Operate – Title V Significant Permit Revision	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) <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? <input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, provide NOV/NC#:	

Section E - Facility Business Information

13. What type of business is being conducted at this equipment location? Utility	14. What is your business primary NAICS Code? (North American Industrial Classification System) 22111
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? <input type="radio"/> No <input checked="" type="radio"/> Yes	16. Are there any schools (K-12) within 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>Donald Treinen</i>	18. Title of Responsible Official: Manager of Steam Generation	19. I wish to review the permit prior to issuance. (This may cause a delay in the application process.) <input type="radio"/> No <input checked="" type="radio"/> Yes
20. Print Name: Donald Treinen	21. Date: 8/7/2024	22. Do you claim confidentiality of data? (If Yes, see instructions.) <input type="radio"/> No <input checked="" 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	APPLICATION TRACKING # 654843 CHECK # 131,089.74 AMOUNT RECEIVED 169470 PAYMENT TRACKING # 8/14/24 VALIDATION
DATE APP REJ	DATE APP REJ CLASS I III BASIC CONTROL EQUIPMENT CATEGORY CODE E ENGINEER REASON/ACTION TAKEN

700562680

3 of 3

1886-AN 654841

13

XPP



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): LA CITY, DWP SCATTERGOOD GENERATING STATION	2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 800075
3. Owner's Business Name (If different from Business Name of Operator): Los Angeles Department of Water and Power	

Section B - Equipment Location Address

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

12700 Vista Del Mar
Street Address
Playa Del Rey, CA 90293
City Zip
Abdul Rehman Plant Manager
Contact Name Title
(310) 524-8500
Phone # Ext. Fax #
E-Mail: Abdul.Rehman@ladwp.com

Section C - Permit Mailing Address

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

111 North Hope St Room 1050
Address
Los Angeles, CA 90012
City State Zip
Andrea Villarin Manager of Air Quality
Contact Name Title
(213) 367-0409
Phone # Ext. Fax #
E-Mail: Andrea.Villarin@ladwp.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 checked="" type="radio"/> New Construction (Permit to Construct) 10 <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 * * A Higher Permit Processing Fee and additional Annual Operating Fees (up to 3 full years) may apply (Rule 301(c)(1)(D)(i)).
---	--

Existing or Previous Permit/Application

If you checked any of the items in 7c., you MUST provide an existing Permit or Application Number:

7b. Facility Permits:
☐ Title V Application or Amendment (Refer to Title V Matrix)
☐ RECLAIM Facility Permit Amendment

8a. Estimated Start Date of Construction (mm/dd/yyyy): 08/26/2026	8b. Estimated End Date of Construction (mm/dd/yyyy): 12/31/2029	8c. Estimated Start Date of Operation (mm/dd/yyyy): 12/31/2029
--	--	---

9. Description of Equipment or Reason for Compliance Plan (list applicable rule): Application for Permit to Construct and Permit to Operate, Combined Cycle Combustion Turbine Unit 8	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) <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? <input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, provide NOV/NC#:

Section E - Facility Business Information

13. What type of business is being conducted at this equipment location? Utility	14. What is your business primary NAICS Code? (North American Industrial Classification System) 22111
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? <input type="radio"/> No <input checked="" type="radio"/> Yes	16. Are there any schools (K-12) within 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>Donald Treinen</i>	18. Title of Responsible Official: Manager of Steam Generation	19. I wish to review the permit prior to issuance. (This may cause a delay in the application process.) <input type="radio"/> No <input checked="" type="radio"/> Yes
20. Print Name: Donald Treinen	21. Date: 10/2/2024	22. Do you claim confidentiality of data? (If Yes, see instructions.) <input type="radio"/> No <input checked="" type="radio"/> Yes

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

AQMD USE ONLY	APPLICATION TRACKING # 655871	CHECK # 700564199	AMOUNT RECEIVED \$ 67,734.76	PAYMENT TRACKING # 170183	VALIDATION 10/16/2024
DATE	APP	DATE	APP	CLASS	BASIC
REJ	REJ	REJ	REJ	I	III
EQUIPMENT CATEGORY CODE			TEAM	ENGINEER	REASON/ACTION TAKEN

113

24 OCT 16 A8:19

S.C.A.G.M.D.
PERMIT PROCESSING



South Coast Air Quality Management District

Form 400 - XPP

Express Permit Processing Request

Form 400-A, Form 400-CEQA and one or more 400-E-xx form(s) must accompany all submittals.

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):

LA CITY, DWP SCATTERGOOD GENERATING STATION

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

800075

Section B - Equipment Location Address

3. ☒ Fixed Location ☐ Various Location

(For equipment operated at various locations, provide address of initial site.)

12700 Vista Del Mar

Street Address

Playa Del Rey, CA 90293

City State Zip

Abdul Rehman Plant Manager

Contact Name Title

(310) 524-8500

Phone # Ext. Fax #

Abdul.Rehman@ladwp.com

E-Mail

Section C - Permit Mailing Address

4. Permit and Correspondence Information:

☐ Check here if same as equipment location address

111 North Hope St Room 1050

Address

Los Angeles, CA 90012

City State Zip

Andrea Villarin Manager of Air Quality

Contact Name Title

(213) 367-0409

Phone # Ext. Fax #

Andrea.Villarin@ladwp.com

E-Mail

Section D - Authorization/Signature

I understand that the Expedited Permit Processing fees must be submitted at the time of application submittal, and that the application may be subject to additional fees per Rule 301. I understand that requests for Express Permit Processing neither guarantees action by any specific date nor does it guarantee permit approval; that Express Permit Processing is subject to availability of qualified staff; and that once Express Permit Processing has commenced, the expedited fees will not be refunded. I hereby certify that all information contained herein and information submitted with the application are true and correct.

5. Signature of Responsible Official:

Donald Treinen

6. Title of Responsible Official:

Manager of Steam Generation

7. Print Name of Responsible Official:

Donald Treinen

8. Date:

10/2/2024

9. Phone #:

(213) 367-4372

10. Fax #:

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

24 OCT 16 A8:19

S.C.A.D.M.D.
PERMIT PROCESSING



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 ¹ has the potential to generate significant adverse environmental impacts that might require preparation of a CEQA document [CEQA Guidelines § 15060(a)]. Form 400-CEQA and the instructions for guidance on completing this form are available at <http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms> or <http://www.aqmd.gov/home/permits/permit-application-forms>. 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 Form 400-CEQA is necessary for the entire project. If you need assistance completing this form, contact Permit Services at (909) 396-3385.

Section A – Facility Information

1. Facility Name (Business Name of Operator to Appear on the Permit):

LA CITY, DWP SCATTERGOOD GENERATING STATION

2. SCAQMD Facility ID:

800075

3. Project Description:

Combined cycle combustion turbine, Unit 8

Section B – Review For Exemption From Further CEQA Action

Check "Yes" or "No" as applicable. If "Yes" is checked for any question in Section B, skip Section C and proceed to page 2 and complete Section D - Signatures.

	Yes	No	Is this application for:
1.	<input type="radio"/>	<input checked="" type="radio"/>	A request for a change of operator only (without equipment or process change modifications)?
2.	<input type="radio"/>	<input checked="" type="radio"/>	A functionally identical permit unit replacement with no increase in equipment unit rating or emissions?
3.	<input type="radio"/>	<input checked="" type="radio"/>	A change of daily VOC permit limit to a monthly VOC permit limit?
4.	<input type="radio"/>	<input checked="" type="radio"/>	Equipment damaged as a result of a disaster during state of emergency?
5.	<input type="radio"/>	<input checked="" type="radio"/>	A Title V (e.g., SCAQMD Regulation XXX) permit renewal without equipment or process change modifications?
6.	<input type="radio"/>	<input checked="" type="radio"/>	A Title V administrative permit revision?
7.	<input type="radio"/>	<input checked="" type="radio"/>	The conversion of an existing permit into an initial Title V permit?

Section C – Review of Impacts Which May Trigger Further CEQA Review


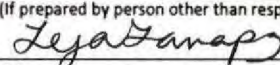
Check "Yes" or "No" as applicable. To avoid delays in processing your application(s), explain all "Yes" responses on a separate sheet and attach it to this form.

	Yes	No	
1.	<input type="radio"/>	<input checked="" type="radio"/>	Is this project specifically evaluated in a previously certified or adopted CEQA document? If "Yes" is checked, attach a copy of the signed Notice of Determination to this form.
2.	<input type="radio"/>	<input checked="" type="radio"/>	Is this project specifically exempted from CEQA by another entity (e.g., city or agency)? If "Yes" is checked, attach a copy of the signed Notice of Exemption or other documentation from the entity to this form.
3.	<input type="radio"/>	<input checked="" type="radio"/>	Is this project part of a larger project? If "Yes" is checked, attach a separate sheet to briefly describe the larger project.
4.	<input type="radio"/>	<input checked="" type="radio"/>	Will the 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 listed on Form 400-CEQA, Table 1 - Regulated Substances List and Threshold Quantities for Accidental Release Prevention [http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms]? If "Yes" is checked, attach a separate sheet to identify each hazardous material and corresponding quantity to be transported, stored, or used.
5.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project emit any air toxic listed on Form 400-CEQA, Table 2 - Other Air Toxics and Their Screening Levels [http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms]? ² If "Yes" is checked, attach a separate sheet to identify each air toxic and corresponding quantity to be emitted.
6.	<input checked="" type="radio"/>	<input type="radio"/>	Will the project require any demolition, excavation, and/or grading construction activities that encompass an area exceeding 20,000 square feet?

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 Form 400-CEQA, Table 2 – Other Air Toxics and Their Screening Levels, contains a list of air toxics that either do not have a cancer potency (CP) or reference exposure level (REL) approved by the Office of Environmental Health Hazards Assessment (OEHA) or have a combination of OEHA-approved and non-approved CPs or RELs.

Section C – Review of Impacts Which May Trigger Further CEQA (concluded)			
	Yes	No	
7.	<input checked="" type="radio"/>	<input type="radio"/>	Will the project utilize a boiler, engine, or other combustion equipment that uses fuel (e.g., gasoline, diesel, natural gas, liquefied petroleum gas (LPG), or landfill gas)? If "Yes" is checked, then the applicant will need to calculate the amount of GHGs from fuel use via on the Greenhouse Gas (GHG) online estimator [http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms], and attaching the printout or by conducting hand calculations and providing the documentation. Refer to the Instructions for Form 400-CEQA for guidance.
8.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project utilize other types of equipment not addressed in Question 7 that require the use of, or will generate, any chemicals listed on Form 400-CEQA, Table 3 - Greenhouse Gases [http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms]? If "Yes" is checked, attach a separate sheet to identify each equipment unit, the chemical name(s), and the quantity of each chemical identified.
9.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project include the open outdoor storage of dry bulk solid materials that could generate dust? If "Yes" is checked, include a plot plan with the application package.
10.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project result in or make worse noticeable off-site odors from activities that may not be subject to SCAQMD permit requirements? For example, landfills, materials recovery/recycling facilities (MRF), and compost materials or other types of greenwaste (e.g., lawn clippings, tree trimmings, etc.) have the potential to generate odor complaints subject to SCAQMD Rule 402 – Nuisance.
11.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project cause an increase of emissions from marine vessels, trains and/or airplanes?
12.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project increase demand for potable water at the facility by more than 262,820 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) a project that generates steam; 2) a project that uses water as part of operating air pollution control equipment; 3) a project that requires water as part of the production process; 4) a project that requires a new, or the expansion of an existing, sewage treatment facility, new water lines, sewage lines, sewage hook-ups etc.; 5) a project where the water demand exceeds the capacity of the local water purveyor to supply sufficient water for the project; 6) a project that requires new or the expansion of existing, water supply and conveyance facilities; and, 7) a project that requires water to hydrotest pipelines, storage tanks etc. for structural integrity.
13.	<input checked="" type="radio"/>	<input type="radio"/>	Will the project create an increase in the mass inflow of effluents to a public wastewater treatment facility that would require a new, or revision to an existing, National Pollutant Discharge Elimination System (NPDES) or other related permit at the facility?
14.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project result in the need for more than 350 new employees?
15.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project result in an increase in heavy-duty transport truck traffic to and/or from the facility by more than 350 truck round-trips per day?
16.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project result in an increase in customer traffic by more than 700 visits per day?
17.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project result in temporary or permanent noise or vibration in excess of what is allowed by the applicable local noise ordinance?
18.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project create a permanent need for new or additional solid waste disposal? Check "No" if the projected potential amount of solid waste to be generated by the project is less than five tons per day.
19.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project create a permanent need for new or additional hazardous waste disposal? Check "No" if the projected potential amount of hazardous wastes to be generated by the project is less than 42 cubic yards per day (or equivalent in pounds).
20.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project include equipment that after installation or modification will change the visual character of the site and its surroundings or block views?
21.	<input type="radio"/>	<input checked="" type="radio"/>	Will the project have equipment that will create a new source of external lighting that will be visible at the property line?

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: Manager of Steam Generation	
3. Print Name of Responsible Official of Firm: Donald Treinen	4. Date Signed: 10/2/2024	
5. Phone # of Responsible Official of Firm: (213) 367-4372	6. Fax # of Responsible Official of Firm:	7. Email of Responsible Official of Firm: donald.treinen@ladwp.com
8. Signature of Preparer, (if prepared by person other than responsible official of firm): 		9. Title of Preparer: Environmental Engineering Associate
10. Print Name of Preparer: Tejasree Ganapa		11. Date Signed: 10/1/2024
12. Phone # of Preparer: (213) 367-6332	13. Fax # of Preparer:	14. Email of Preparer: tejasree.ganapa@ladwp.com

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

Equipment Description	Equipment Type	Fuel Type	Equipment Rating (MMBtu/hr)	Operating Schedule			Greenhouse Gas Emissions			
				Hours/day	Days/wk	Weeks/yr	CO ₂ (lbs/yr)	CH ₄ (lbs/yr)	N ₂ O (lbs/yr)	CO ₂ eq (MT/yr)
Total							2.27E+09	4.28E+04	4.28E+03	1.03E+06



South Coast Air Quality Management District

Form 400-PS

Plot Plan And Stack Information Form

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Form 400A and Form 400-CEQA.

Mail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944

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

Section A - Operator Information

Facility Name (Business Name of Operator To Appear On The Permit):

LA CITY, DWP SCATTERGOOD GENERATING STATION

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

800075

Address where the equipment will be operated (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site):

12700 Vista Del Mar, Playa Del Rey, CA 90293

☒ Fixed Location ☐ Various Locations

Section B - Location Data

Plot Plan	Please attach a site map for the project with distances and scales. Identify and locate the proposed equipment on the map. A copy of the appropriate Thomas Brothers page, a web-based map, or a sketch that shows the major streets and location of the equipment is acceptable.
Location of Schools Nearby	<p>Is the facility located within a 1/4 mile radius (1,320 feet) of the outer boundary of a school? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If yes, please provide name(s) of school(s) below:</p> <p>School Name: _____ School Name: _____</p> <p>School Address: _____ School Address: _____</p> <p>Distance from stack or equipment vent to the outer boundary of the school: _____ feet Distance from stack or equipment vent to the outer boundary of the school: _____ feet</p> <p>CA Health & Safety Code 42301.9: "School" means any public or private school used for purposes of the education of more than 12 children in kindergarten or any of grades 1 to 12, inclusive, but does not include any private school in which education is primarily conducted in private homes.</p>
Population Density	<input checked="" type="radio"/> Urban <input type="radio"/> Rural (<50% of land within 3 km radius accounted for by urban land use categories, i.e., multi-family dwelling or industrial.)
Zoning Classification	<input checked="" type="radio"/> Mixed Use Residential Commercial Zone (M-U) <input type="radio"/> Service and Professional Zone (C-S) <input type="radio"/> Medium Commercial (C-3) <input type="radio"/> Heavy Commercial (C-4) <input type="radio"/> Commercial Manufacturing (C-M)

Section C - Emission Release Parameters - Stacks, Vents

Stack Data	<p>Stack Height: 180.00 feet (above ground level) What is the height of the closest building nearest the stack? 111 feet</p> <p>Stack Inside Diameter: 7.01 inches Stack Flow: 1,534,886 acfm Stack Temperature: 324 °F</p> <p>Rain Cap Present: <input type="radio"/> Yes <input checked="" type="radio"/> No Stack Orientation: <input checked="" type="radio"/> Vertical <input type="radio"/> Horizontal</p> <p>If the stack height is less than 2.5 times the closest building height (H), please provide information on any building within 5xH distance from the stack (attach additional sheet if necessary):</p> <p>Building #/Name: See attached sheet. Building #/Name: _____</p> <p>Building Height: _____ feet (above ground level) Building Height: _____ feet (above ground level)</p> <p>Building Width: _____ feet Building Width: _____ feet</p> <p>Building Length: _____ feet Building Length: _____ feet</p>
Receptor Distance From Equipment Stack or Roof Vents/Openings	<p>Distance to nearest residence or sensitive receptor*: 1,270 feet</p> <p>Distance to nearest business: 1,040 feet</p>
Building Information	<p>Are the emissions released from vents and/or openings from a building? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If yes, please provide:</p> <p>Building #/Name: _____ Building Width: _____ feet</p> <p>Building Height: _____ feet (above ground level) Building Length: _____ feet</p>

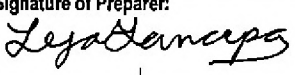
*AQMD Rule 1470 defines SENSITIVE RECEPTOR as meaning any residence including private homes, condominiums, apartments, and living quarters, schools as defined under paragraph (b)(57), preschools, daycare centers and health facilities such as hospitals or retirement and nursing homes. A sensitive receptor includes long term care hospitals, hospices, prisons, and dormitories or similar live-in housing.

South Coast Air Quality Management District

Form 400-PS

Plot Plan And Stack Information Form

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Form 400A and Form 400-CEQA.

Section D - Authorization/Signature			
I hereby certify that all information contained herein and information submitted with this application is true and correct.			
Signature of Preparer: 		Title of Preparer: Environ. Engineering Associate	
		Preparer's Phone #: (213) 367-6332	
		Preparer's Email: tejasree.ganapa@ladwp.com	
Contact Person: Andrea Villarin		Contact's Phone#: (213) 367-0409	
Contact's Email: Andrea.Villarin@ladwp.com		Contact's Fax#:	
		Date Signed: 10/2/2024	
<p style="text-align: center;">THIS IS A PUBLIC DOCUMENT</p> <p>Pursuant to the California Public Records Act, your permit application and any supplemental documentation are public records and may be disclosed to a third party. If you wish to claim certain limited information as exempt from disclosure because it qualifies as a trade secret, as defined in the District's Guidelines for Implementing the California Public Records Act, you must make such claim at the time of submittal to the District.</p> <p>Check here if you claim that this form or its attachments contain confidential trade secret information. <input type="checkbox"/></p>			

ATTACHMENT 1

Form 400-PS Attachment

Details of Buildings Included in Building Downwash Calculations

Scattergood Generating Station

Units 1 and 2 Green Hydrogen-Ready Modernization Project

Mitsubishi Option

	Building Name	Building ID	Height, ft	Length, ft	Width, ft
1	GE -7FA Heat Recovery Steam Generator	HRSG45	91.0	28.0	87.1
2	Air Cooled Condenser- Units 4 and 5	ACC45	113.5	134.5	219.2
3	Unit 7 (LMS100 SCR/CO Catalyst Housing)	SCR7	38.0	25.0	23.0
4	Unit 7 (ACHE Electrical Module)	AEM7	20.0	14.0	31.0
5	Unit 7 (Power Control Module)	PCM7	20.0	50.3	15.4
6	Unit 6 (LMS100 SCR/CO Catalyst Housing)	SCR6	38.0	25.0	23.0
7	Unit 6 (ACHE Electrical Module)	AEM6	22.5	31.0	14.0
8	Unit 6 (Power Control Module)	PCM6	20.0	50.3	15.3
9	Medium Voltage PDC	MVPDC	24.7	29.0	70.0
10	Plant Control Room (New Building)	PCR	75.7	137.9	30.2
11	Warehouse (New Building)	WHSE	35.0	44.0	149.9
12	Unit 6 (LMS100)- ACHE Intercooler	ACHE6A	25.0	100.4	58.7
13	Unit 6 (Uv1S100)- ACHE Aux Cooling	ACHE6B	25.0	40.5	58.8
14	Unit 7 (LMS100)- ACHE Intercooler	ACHE7A	25.0	47.6	118.8
15	Unit 7 (LMS100)- ACHE Aux Cooling	ACHE7B	25.0	42.6	58.8
16	Wet Surface Air Cooler- Units 4 & 5	WSAC45	22.0	25.8	28.1
17	Black Start Generator- Enclosure	EGD	13.0	52.2	11.5
18	New Wastewater Storage Tanks (T9)	T9	44.0	-	45 Dia.
19	New Wastewater Storage Tanks (T10)	T10	44.0	-	45 Dia.
20	Admin Building - Office Bay	FF	29.3	101.9	40.0
21	Unit 1& 2 Turbine Generator Bay	TGB	56.5	383.0	78.2
22	Unit 1&2 Boiler Bay	AA_BB	103.0	233.5	88.1
23	Machine Shop - Service Bay	WAREHOUSE	32.6	60.0	139.2
24	Electric, Carpenter & Instrument Shops, Offices, Lab & Parts Service - Service Bay	SHOPS	18.1	60.2	139.2
25	NN Building 2 (existing cooling tower)	NN	45.0	29.9	36.0
26	Tank 1	T1	38.1	-	75 Dia.
27	Tank 2	T2	38.1	-	75 Dia.
28	Tank 3	T3	37.5	-	90 Dia.
29	Tank 4	T4	24.0	-	60 Dia.
30	Tank 5	T5	48.0	-	162 Dia.
31	New Switchyard Building	NSYB	14.7	35.3	49.3
32	Old Switchyard Building	OSYB	12.7	20.4	16.0
33	SCC6-5000F Heat Recovery Steam Generator	HRSG89	91.0	40.0	82.0
34	Air Cooled Condenser- Units 8 & 9	ACC89	111.0	134.0	265.0
35	Wet Surface Air Cooler - Units 8 & 9	WSAC89	22.0	26.0	40.0



South Coast Air Quality Management District

**Form 400-E-12
Gas Turbine**



This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

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

Mail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944

Section A - Operator Information

Facility Name (Business Name of Operator That Appears On Permit): <u>LA CITY, DWP SCATTERGOOD GENERATING STATION</u>	Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): <u>800075</u>
Address where the equipment will be operated (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site): <u>12700 Vista Del Mar, Playa Del Rey, CA 90293</u>	
<input checked="" type="radio"/> Fixed Location <input type="radio"/> Various Locations	

Section B - Equipment Description

Turbine	Manufacturer: <u>Mitsubishi Power Americas</u> Model: <u>M501GAC</u> Serial No.: _____	Size (based on Higher Heating Value - HHV): Manufacturer Maximum Input Rating: _____ MMBTU/hr _____ kWh Manufacturer Maximum Output Rating: <u>2,224.00</u> MMBTU/hr _____ kWh
Function (Check all that apply)	<input checked="" type="checkbox"/> Electrical Generation <input type="checkbox"/> Driving Pump/Compressor <input type="checkbox"/> Emergency Peaking Unit <input type="checkbox"/> Steam Generation <input type="checkbox"/> Exhaust Gas Recovery <input type="checkbox"/> Other (specify): _____	
Cycle Type	<input type="radio"/> Simply Cycle <input type="radio"/> Regenerative Cycle <input checked="" type="radio"/> Combined Cycle <input type="radio"/> Other (specify): _____	
Combustion Type	<input type="radio"/> Tubular <input checked="" type="radio"/> Can-Annular <input type="radio"/> Annular	
Fuel (Turbine)	<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> LPG <input type="checkbox"/> Digester Gas* <input type="checkbox"/> Landfill Gas* <input type="checkbox"/> Propane <input type="checkbox"/> Refinery Gas* <input checked="" type="checkbox"/> Other*: <u>hydrogen</u> <small>* (If Digester Gas, Landfill Gas, Refinery Gas, and/or Other are checked, attach fuel analysis indicating higher heating value and sulfur content).</small>	
Heat Recovery Steam Generator (HRSG)	Steam Turbine Capacity: _____ MW Low Pressure Steam Output Capacity: _____ lb/hr @ _____ °F High Pressure Steam Output Capacity: _____ lb/hr @ _____ °F Superheated Steam Output Capacity: _____ lb/hr @ _____ °F	
Duct Burner	Manufacturer: _____ Model: _____ Number of burners: _____ Rating of each burner (HHV): _____ Type: <input type="radio"/> Low NOx (please attach manufacturer's specifications) <input type="radio"/> Other: _____ Show all heat transfer surface locations with the HRSG and temperature profile	
Fuel (Duct Burner)	<input type="radio"/> Natural Gas <input type="radio"/> LPG <input type="radio"/> Digester Gas* <input type="radio"/> Landfill Gas* <input type="radio"/> Propane <input type="radio"/> Refinery Gas* <input type="radio"/> Other*: _____ <small>* (If Digester Gas, Landfill Gas, Refinery Gas, and/or Other are checked, attach fuel analysis indicating higher heating value and sulfur content).</small>	

South Coast Air Quality Management District

Form 400-E-12
Gas Turbine

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Section B - Equipment Description (Cont.)					
Air Pollution Control	<input checked="" type="radio"/> Selective Catalytic Reduction (SCR)* <input type="radio"/> Selective Non-Catalytic Reduction (SNCR)* <input type="radio"/> Oxidation Catalyst* <input type="radio"/> Other (specify)*: _____ <input type="radio"/> Steam/Water Injection: Injection Rate: _____ lbs. water/lbs. fuel, or _____ mole water/mole fuel * Separate application is required. Capital Cost: _____ Installation Cost: _____ Annual Operating Cost: _____				
Oxidation Catalyst Data (If Applicable)	Manufacturer: _____ Model: _____ <hr/> Catalyst Dimensions: Length: _____ ft. _____ in. Width: _____ ft. _____ in. Height: _____ ft. _____ in. Catalyst Cell Density: _____ cells/sq.in. Pressure Drop Across Catalyst: _____ Manufacturer's Guarantee: CO Control Efficiency: _____ % Catalyst Life: _____ yrs VOC Control Efficiency: _____ % Operating Temp. Range: _____ °F Space Velocity (gas flow rate/catalyst volume): _____ Area Velocity (gas flow/wetted catalyst surface area): _____ VOC Concentration into Catalyst: _____ PPMVD@ 15%O ₂ CO Concentration into Catalyst: _____ PPMVD@ 15%O ₂				
Section C - Operation Information					
On-line Emissions Data	Pollutants	Maximum Emissions Before Control *		Maximum Emissions After Control	
		PPM@15% O ₂ , dry	lb/hour	PPM@15% O ₂ , dry	lb/hour
	ROG			2	6.78
	NOx			2	19.48
	CO			1.5	8.89
	PM ₁₀				10.18
	SOx				1.78
	NH ₃			5	
* Based on temperature, fuel consumption, and MW output. Reference (attach data): <input type="checkbox"/> Manufacturer Emission Data <input type="checkbox"/> EPA Emission Factors <input type="checkbox"/> AQMD Emission Factors <input type="checkbox"/> Source Test					
Stack or Vent Data	Stack Height: _____ 180 ft. _____ in. Stack Diameter: _____ 23 ft. _____ in. Exhaust Temperature: _____ 348 °F Exhaust Pressure: _____ inches water column Exhaust Flow Rate: _____ 1534866 CFM Oxygen Level: _____ %				

Form 400-E-12

Gas Turbine

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Section C - Operation Information (cont.)					
Startup Data	No. of Startups per day: <u>3</u> No. of Startups per year: <u>792</u> Duration of each startup: <u>1</u> hrs.				
Shutdown Data	No. of Shutdowns per day: <u>3</u> No. of Shutdowns per year: <u>792</u> Duration of each Shutdown: <u>.5</u> hrs.				
Startup and Shutdown Emissions Data	Pollutants	Startup Emissions		Shutdown Emissions	
		PPM@15% O ₂ , dry	lb/hour	PPM@15% O ₂ , dry	lb/hour
	ROG		520		250
	NO _x		60		40
	CO		1400		730
	PM ₁₀		6.2		3.6
	SO _x		1.06		1.52
	NH ₃				
Monitoring and Reporting	Continuous Emission Monitoring System (CEMS): CEMS Make: <u>TBD</u>				
	CEMS Model: <u>TBD</u>				
	Will the CEMS be used to measure both on-line and startup/shutdown emissions? <input checked="" type="radio"/> Yes <input type="radio"/> No				
	The following parameters will be continuously monitored:				
	<input checked="" type="checkbox"/> NO _x	<input checked="" type="checkbox"/> CO	<input checked="" type="checkbox"/> O ₂		
	<input checked="" type="checkbox"/> Fuel Flow Rate	<input checked="" type="checkbox"/> Ammonia Injection Rate	<input type="checkbox"/> Other (specify): _____		
	<input type="checkbox"/> Ammonia Stack Concentration: Ammonia CEMS Make: _____				
	Ammonia CEMS Model: _____				
Operating Schedule	Normal:	<u>24</u> hours/day	<u>7</u> days/week	<u>52</u> weeks/yr	
	Maximum:	<u>24</u> hours/day	<u>7</u> days/week	<u>52</u> weeks/yr	

Section D - Authorization/Signature

I hereby certify that all information contained herein and information submitted with this application is true and correct.

Preparer Info	Signature: <u>Tejas Ganapa</u>	Date: <u>10/2/2024</u>	Name: <u>Tejasree Ganapa</u>
	Title: <u>Environ. Eng Assoc.</u>	Company Name: <u>LADWP</u>	Phone #: <u>(213) 367-6332</u> Fax #: <u></u>
Contact Info	Name: <u>Andrea Villarin</u>		Email: <u>tejasree.ganapa@ladwp.com</u>
	Title: <u>Manager of Air Quality</u>	Company Name: <u>LADWP</u>	Phone #: <u>(213) 367-0409</u> Fax #: <u></u>
			Email: <u>Andrea.Villarin@ladwp.com</u>

THIS IS A PUBLIC DOCUMENT

Pursuant to the California Public Records Act, your permit application and any supplemental documentation are public records and may be disclosed to a third party. If you wish to claim certain limited information as exempt from disclosure because it qualifies as a trade secret, as defined in the District's Guidelines for Implementing the California Public Records Act, you must make such claim at the time of submittal to the District.

Check here if you claim that this form or its attachments contain confidential trade secret information. ☐



South Coast Air Quality Management District

Form 400-A

Application Form for Permit or Plan Approval

List only one piece of equipment or process per form.

XPP

Mail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944

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

Section A - Operator Information

1. Facility Name (Business Name of Operator to Appear on the Permit): LA CITY, DWP SCATTERGOOD GENERATING STATION	2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 800075
3. Owner's Business Name (If different from Business Name of Operator): Los Angeles Department of Water and Power	

Section B - Equipment Location Address

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

12700 Vista Del Mar
Street Address
Playa Del Rey, CA **90293**
City Zip
Abdul Rehman Plant Manager
Contact Name Title
(310) 524-8500
Phone # Ext. Fax #
E-Mail: **Abdul.Rehman@ladwp.com**

Section C - Permit Mailing Address

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

111 North Hope St Room 1050
Address
Los Angeles, CA **90012**
City State Zip
Andrea Villarin Manager of Air Quality
Contact Name Title
(213) 367-0409
Phone # Ext. Fax #
E-Mail: **Andrea.Villarin@ladwp.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 checked="" type="radio"/> New Construction (Permit to Construct) 10 <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 *
--	--

7b. Facility Permits:
☐ Title V Application or Amendment (Refer to Title V Matrix)
☐ 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): **08/26/2026**

8b. Estimated End Date of Construction (mm/dd/yyyy): **12/31/2029**

8c. Estimated Start Date of Operation (mm/dd/yyyy): **12/31/2029**

9. Description of Equipment or Reason for Compliance Plan (list applicable rule):
Application for Permit to Construct and Permit to Operate, SCR/CO Catalyst, Combined Cycle Combustion Turbine Unit 8

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) ☒ No ☐ Yes

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

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

Section E - Facility Business Information

13. What type of business is being conducted at this equipment location? Utility	14. What is your business primary NAICS Code? (North American Industrial Classification System) 22111
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? <input type="radio"/> No <input checked="" type="radio"/> Yes	16. Are there any schools (K-12) within 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: Donald Treinen	18. Title of Responsible Official: Manager of Steam Generation	19. I wish to review the permit prior to issuance. (This may cause a delay in the application process.) <input type="radio"/> No <input checked="" type="radio"/> Yes
20. Print Name: Donald Treinen	21. Date: 10/2/2024	22. Do you claim confidentiality of data? (If Yes, see instructions.) <input type="radio"/> No <input checked="" type="radio"/> Yes

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

AQMD USE ONLY	APPLICATION TRACKING # 655872	CHECK # 700564199	AMOUNT RECEIVED \$ 17,734.76	PAYMENT TRACKING # 170183	VALIDATION 10/16/2024
DATE	APP REJ	DATE	APP REJ	CLASS I III	BASIC CONTROL
EQUIPMENT CATEGORY CODE			TEAM	ENGINEER	REASON/ACTION TAKEN

213



South Coast Air Quality Management District

**Form 400-E-5
Selective Catalytic Reduction (SCR) System,
Oxidation Catalyst, and Ammonia Catalyst**

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Mail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944

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

Section A - Operator Information

Facility Name (Business Name of Operator That Appears On Permit):

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

LA CITY, DWP SCATTERGOOD GENERATING STATION

800075

Address where the equipment will be operated (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site):

12700 Vista Del Mar, Playa Del Rey, CA 90293

☒ Fixed Location ☐ Various Locations

Section B - Equipment Description

Selective Catalytic Reduction (SCR)

SCR Catalyst	Manufacturer: <u>Haldor Topsoe or equivalent</u> Catalyst Active Material: _____	
	Model Number: <u>GT-201</u> Type: _____	
	Size of Each Layer or Module: L: <u>2</u> ft. <u>11</u> in. W: <u>13</u> ft. <u>11</u> in. H: <u>4</u> ft. <u>7.7</u> in.	
	No. of Layers or Modules: <u>30</u> Total Volume: <u>1589</u> cu. ft. Total Weight: _____ lbs.	
Reducing Agent	<input type="radio"/> Urea <input type="radio"/> Anhydrous Ammonia <input checked="" type="radio"/> Aqueous Ammonia <u>19.00</u> % Injection Rate: <u>700</u> lb/hr	
Reducing Agent Storage *	Diameter: _____ ft. _____ in. Height: _____ ft. _____ in. Capacity: <u>90000</u> gal Pressure Setting: _____ psia * A separate permit may be needed for the storage equipment.	
Space Velocity	Gas Flow Rate/Catalyst Volume: _____ per hour	
Area Velocity	Gas Flow Rate/Wetted Catalyst Surface Area: _____ ft/hr	
Manufacturer's Guarantee	NOx: <u>2</u> ppm %O ₂ : <u>15.00</u> NOx: _____ gm/bhp-hr Ammonia Slip: <u>5</u> ppm @ <u>15.00</u> %O ₂	
Catalyst Life	_____ years (expected)	
Cost	Capital Cost: _____ Installation Cost: _____ Catalyst Replacement Cost: _____	

Oxidation Catalyst

Oxidation Catalyst	Manufacturer: <u>Johnson Matthey or equivalent</u> Catalyst Active Material: _____	
	Model Number: <u>SO-13200421</u> Type: <u>Platinum, wash-coated metallic substrate</u>	
	Size of Each Layer or Module: L: <u>1</u> ft. _____ in. W: <u>13</u> ft. _____ in. H: <u>35</u> ft. _____ in.	
	No. of Layers or Modules: <u>455</u> Total Volume: <u>374.6</u> cu. ft. Total Weight: _____ lbs.	
Space Velocity	Gas Flow Rate/Catalyst Volume: _____ per hour	
Manufacturer's Guarantee	VOC: <u>2</u> ppm VOC: _____ gm/bhp-hr %O ₂ : <u>15.00</u> CO: <u>1.5</u> ppm CO: _____ gm/bhp-hr %O ₂ : <u>15</u>	
Catalyst Life	<u>5</u> years (expected)	
Cost	Capital Cost: _____ Installation Cost: _____ Catalyst Replacement Cost: _____	

South Coast Air Quality Management District

Form 400-E-5

**Selective Catalytic Reduction (SCR) System,
Oxidation Catalyst, and Ammonia Catalyst**

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Section B - Equipment Description (cont.)										
Ammonia Catalyst										
Ammonia Catalyst	Manufacturer: _____ Catalyst Active Material: _____ Model Number: _____ Type: _____ Size of Each Layer or Module: L: _____ ft. _____ in. W: _____ ft. _____ in. H: _____ ft. _____ in. No. of Layers or Modules: _____ Total Volume: _____ cu. ft. Total Weight: _____ lbs.									
Space Velocity	Gas Flow Rate/Catalyst Volume: _____ per hour									
Manufacturer's Guarantee	NH ₃ : _____ ppm %O ₂ : _____									
Catalyst Life	_____ years (expected)									
Cost	Capital Cost: _____ Installation Cost: _____ Catalyst Replacement Cost: _____									
Section C - Operation Information										
Operating Temperature	Minimum Inlet Temperature: _____ °F (from cold start) Maximum Temperature: _____ °F Warm-up Time: _____ hr. _____ min. (maximum)									
Operating Schedule	Normal: _____ 24 _____ hours/day _____ 7 _____ days/week _____ 52 _____ weeks/yr Maximum: _____ 24 _____ hours/day _____ 7 _____ days/week _____ 52 _____ weeks/yr									
Section D - Authorization/Signature										
I hereby certify that all information contained herein and information submitted with this application is true and correct.										
Preparer Info	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Signature: _____</td> <td style="width: 20%;">Date: _____</td> <td style="width: 50%;">Name: _____</td> </tr> <tr> <td>Title: _____</td> <td>Company Name: _____</td> <td>Phone #: _____ Fax #: _____</td> </tr> <tr> <td colspan="2">Environ. Eng Assoc. LADWP</td> <td>Email: _____</td> </tr> </table>	Signature: _____	Date: _____	Name: _____	Title: _____	Company Name: _____	Phone #: _____ Fax #: _____	Environ. Eng Assoc. LADWP		Email: _____
Signature: _____	Date: _____	Name: _____								
Title: _____	Company Name: _____	Phone #: _____ Fax #: _____								
Environ. Eng Assoc. LADWP		Email: _____								
Contact Info	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Name: _____</td> <td style="width: 20%;">Phone #: _____</td> <td style="width: 50%;">Fax #: _____</td> </tr> <tr> <td>Title: _____</td> <td>Company Name: _____</td> <td>Email: _____</td> </tr> <tr> <td colspan="2">Manager of Air Quality LADWP</td> <td>Andrea.Villarin@ladwp.com</td> </tr> </table>	Name: _____	Phone #: _____	Fax #: _____	Title: _____	Company Name: _____	Email: _____	Manager of Air Quality LADWP		Andrea.Villarin@ladwp.com
Name: _____	Phone #: _____	Fax #: _____								
Title: _____	Company Name: _____	Email: _____								
Manager of Air Quality LADWP		Andrea.Villarin@ladwp.com								

THIS IS A PUBLIC DOCUMENT	
Pursuant to the California Public Records Act, your permit application and any supplemental documentation are public records and may be disclosed to a third party. If you wish to claim certain limited information as exempt from disclosure because it qualifies as a trade secret, as defined in the District's Guidelines for Implementing the California Public Records Act, you must make such claim at the time of submittal to the District.	
Check here if you claim that this form or its attachments contain confidential trade secret information. <input checked="checked" type="checkbox"/>	



South Coast Air Quality Management District

Form 400-A

Application Form for Permit or Plan Approval

List only one piece of equipment or process per form.

XPP

Mail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944

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

Section A - Operator Information					
1. Facility Name (Business Name of Operator to Appear on the Permit): LA CITY, DWP SCATTERGOOD GENERATING STATION				2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 800075	
3. Owner's Business Name (If different from Business Name of Operator): Los Angeles Department of Water and Power					
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.) 12700 Vista Del Mar Street Address Playa Del Rey , CA 90293 City Zip Abdul Rehman Plant Manager Contact Name Title (310) 524-8500 Phone # Ext. Fax # E-Mail: Abdul.Rehman@ladwp.com			5. Permit and Correspondence Information: <input type="checkbox"/> Check here if same as equipment location address 111 North Hope St Room 1050 Address Los Angeles , CA 90012 City State Zip Andrea Villarin Manager of Air Quality Contact Name Title (213) 367-0409 Phone # Ext. Fax # E-Mail: Andrea.Villarin@ladwp.com		
Section D - Application Type					
6. The Facility Is: <input type="radio"/> Not In RECLAIM or Title V <input type="radio"/> In RECLAIM <input type="radio"/> In Title V <input checked="" type="radio"/> 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 * <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Existing or Previous Permit/Application If you checked any of the items in 7c., you MUST provide an existing Permit or Application Number: _____</div>		
7b. Facility Permits: <input checked="" type="radio"/> Title V Application or Amendment (Refer to Title V Matrix) 85 <input type="radio"/> 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): 08/26/2026		8b. Estimated End Date of Construction (mm/dd/yyyy): 12/31/2029		8c. Estimated Start Date of Operation (mm/dd/yyyy): 12/31/2029	
9. Description of Equipment or Reason for Compliance Plan (list applicable rule): Application for Permit to Construct and Permit to Operate – Title V Significant Permit Revision			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) <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? <input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, provide NOV/NC#: _____		
Section E - Facility Business Information					
13. What type of business is being conducted at this equipment location? Utility			14. What is your business primary NAICS Code? (North American Industrial Classification System) 22111		
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? <input type="radio"/> No <input checked="" type="radio"/> Yes			16. Are there any schools (K-12) within 1000 feet of the facility property line? <input checked="" type="radio"/> No <input type="radio"/> Yes		
Section F - Authorization/Signature <i>I hereby certify that all information contained herein and information submitted with this application are true and correct.</i>					
17. Signature of Responsible Official: Donald Treinen		18. Title of Responsible Official: Manager of Steam Generation		19. I wish to review the permit prior to issuance. (This may cause a delay in the application process.) <input type="radio"/> No <input checked="" type="radio"/> Yes	
20. Print Name: Donald Treinen		21. Date: 10/2/2024		22. Do you claim confidentiality of data? (If Yes, see instructions.) <input type="radio"/> No <input checked="" 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		APPLICATION TRACKING # 655873	CHECK # 700564199	AMOUNT RECEIVED \$ 67734.76	PAYMENT TRACKING # 170183
DATE APP REJ		DATE APP REJ	CLASS I III	BASIC CONTROL	EQUIPMENT CATEGORY CODE 9
				ENGINEER	REASON/ACTION TAKEN 10/16/2024

3/3

24 OCT 16 A8:19

S.C.A.D.M.D.
PERMIT PROCESSING