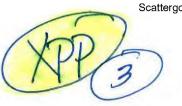
# Environmental & EJ Parties – Scattergood DEIR Comments Exhibit 2



#### 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

Section A - Operator Information					
1. Facility Name (Business Name of Operator to Appear on the Pern				Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD):	
LA CITY, DWP SCATTERGOOD GENER	RATING STA	TION		Permit Or invoice	issued by AQIVID).
3. Owner's Business Name (If different from Business Name of Open				80	0075
Los Angeles Department of Water and P	ower			-	
Section B - Equipment Location Address		Section C - Permit Ma			
4. Equipment Location Is: Fixed Location (For equipment operated at various locations, provide address	Various Location ss of initial site.)	5. Permit and Correspon		on address	
12700 Vista Del Mar		111 North Hope St	Room 1050		
Street Address Playa Del Rey , CA 90293	2	Address Los Angeles		, CA 90	012
City Zip		City		State Zip	012
Abdul Rehman Plant Manag	ger	Andrea Villarin		Manager of	Air Quality
Contact Name Title		Contact Name (213) 367-0409		Title	
(310) 524-8500 Phone # Ext. Fax #		Phone #	Ext.	Fax #	
E-Mail: Abdul.Rehman@ladwp.com		E-Mail: Andrea.Villari	n@ladwp.com		
Section D - Application Type			10 - Marie - 10 - 20		
6. The Facility Is: O Not In RECLAIM or Title V	O In RECLAIM	O In Title V	• In RECLAIM &	Title V Programs	
7. Reason for Submitting Application (Select only ONE):					
7a. New Equipment or Process Application:	7c. Equipment or I	Process with an Existing/P	revious Application	or Permit:	
New Construction (Permit to Construct)	O Administrative	g	•	1	
C Equipment On-Site But Not Constructed or Operational	Alteration/Modi				or Previous
C Equipment Operating Without A Permit *	O Alteration/Modi	ification without Prior Approval *			
C Compliance Plan	Change of Con	If you checked any of the items in 7c., you MUST provide an existing			
C Registration/Certification	C Change of Con	dition without Prior Approval	•		lication Number:
O Streamlined Standard Permit	C Change of Loca	ation			
7b. Facility Permits:	Change of Loca	ation without Prior Approval		-	
Title V Application or Amendment (Refer to Title V Matrix)	C Equipment Ope	erating with an Expired/Inacti	ve Permit *		
RECLAIM Facility Permit Amendment	* A Higher Permit Proc	essing Fee and additional Annua	al Operating Fees (up to	3 full years) may apply	(Rule 301(c)(1)(D)(i)).
	timated End Date of 0	Construction (mm/dd/yyyy):	8c. Estimated S	tart Date of Operat	ion (mm/dd/yyyy):
08/26/2026		1/2029	1	12/31/2029	
9. Description of Equipment or Reason for Compliance Plan (li		10. For Identical equipm			
Application for Permit to Construct and Permit to Op Significant Permit Revision	erate – Title V	applications are bein (Form 400-A required			0
11. Are you a Small Business as per AQMD's Rule 102 definition	n?		lation (NOV) or a No		No O Yes
(10 employees or less and total gross receipts are \$500,000 or less OR a not-for-profit training center)	No O Yes	Comply (NC) been	issued for this equi If Yes, provide NC	pilient:	
Section E - Facility Business Information					
13. What type of business is being conducted at this equipmen Utility	t location?	14. What is your busine (North American Indu			22111
15. Are there other facilities in the SCAOMD	No © Yes	16. Are there any schoo 1000 feet of the facil		(	No C Yes
Section-F - Authorization/Signature I hereby certify	that all information cor	ntained herein and informatio	n submitted with this	application are true	and correct.
(1) (1)	18. Title of Responsit	team Generation	9. I wish to review to (This may cause a	delay in the	suance. O No O Yes
Hondh Treen			application proce 2. Do you claim con		( ios
20. Print Name: Donald Treinen	21. Date: 4/26	12024	data? (If Yes, se		No • Yes
	Form 400-CEQA	Supplemental F			ees Enclosed
AQMD APPLICATION TRACKING # CHECK # AMO	UNIT RECEIVED 17	PAYMENT TRACKIN	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	VALIDATI	3/24/4
DATE APP DATE APP CLASS BASIC E	EQUIPMENT CATEGORY	.01	_	COLUMN TO A S	1000
REJ REJ I III CONTROL					



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



Scattergood DEIR Comments
Exhibit No. 2
2 of 59

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

Section A - Operator Information						
Facility Name (Business Name of Operator To LA CITY, DWP SCATTERGOC)		2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 800075				
Section B - Equipment Location Address	<b>Y</b>	Section C - Permit Mailing Address				
3. Fixed Location (For equipment operated at various location 12700 Vista Del Mar Street Address Playa Del Rey City Abdul Rehman Contact Name (310) 524-8500 Phone # Ext. Abdul.Rehman@ladwp.com E-Mail	Various Location ns, provide address of initial site.)  , CA 90293 State Zip Plant Manager Title  Fax#	4. Permit and Correspondence Information:  Check here if same as equipment local  111 North Hope St Room 105  Address  Los Angeles  City  Andrea Villarin  Contact Name  (213) 367-0409  Phone # Ext.  Andrea. Villarin@ladwp.com  E-Mail	tion address			
Section D - Authorization/Signature		C-ividil				
I understand that the Expedited and that the application may be Permit Processing neither guar Express Permit Processing is s	subject to additional fe antees action by any sp ubject to availability of fees will not be refunde	s must be submitted at the time eles per Rule 301. I understand the ecific date nor does it guaranted qualified staff; and that once Exed. I hereby certify that all informer and correct.	hat requests for Express e permit approval; that press Permit Processing			
5. Signature of Responsible Official:	~	Title of Responsible Official:     Manager of Steam Generation	on			
7. Print Name of Responsible Official: Donald Treinen		8. Date: 4/26/2024				
9. Phone #: (213) 367-4372		10. Fax #:				

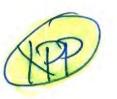
AQMD USE ONLY		APPLICA	TION TRAC	KING#		TYPE B C	EQUIPMENT CATEGORY CODE:	FEE SCHEDULE:		VALIDATION
ENG.	Α	R	ENG.	Α	R	CLASS	ASSIGNMENT	CHECK/MONEY ORDER	AMOUNT	TRACKING#
DATE			DATE			1 10	Unit Engineer	#	\$	

#### 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

Section A - Operator Information						
1. Facility Name (Business Name of Operator to Appear on the Perm	it):			2. Valid AQMD Facility ID (Available On		
LA CITY, DWP SCATTERGOOD GENER	RATING STA	TION		Permit Or Inve	oice Issued B	y AQMD):
3. Owner's Business Name (If different from Business Name of Oper Los Angeles Department of Water and Po				8	800075	
Section B - Equipment Location Address		Section C - Permit	Mailing Address			
• •	Various Location of initial site.)	5. Permit and Corresp		tion address	****	
12700 Vista Del Mar		111 North Hope	St Room 1050			
Street Address		Address		-2.7	2225	
Playa Del Rey , CA 90293 Zip		Los Angeles City			90012 lip	
Abdul Rehman Plant Manage	er	Andrea Villarin	Manager		ality	
Contact Name Title		Contact Name		Title		,
(310) 524-8500 Phone # Ext Fax #		(213) 367-0409 Phone # Fyt Fay #				
Phone # Ext. Fax # E-Mail: Abdul.Rehman@ladwp.com		Phone # Ext. Fax #  E-Mail: Andrea.Villarin@ladwp.com				
		E-IVIAII: Andrea. VIII	arm@iadwp.com			
Section D - Application Type		<b>a</b> (1) (1) (1)				
6. The Facility Is: O Not In RECLAIM or Title V	O In RECLAIM	O In Title V	In RECLAIM &	Title V Programs		
7. Reason for Submitting Application (Select only ONE):		ture ev so trients e coducilité				
7a. New Equipment or Process Application:	7c. Equipment or P	rocess with an Existing	g/Previous Application	n or Permit:		
New Construction (Permit to Construct)	Administrative (	Change				
C Equipment On-Site But Not Constructed or Operational	<ul> <li>Alteration/Modif</li> </ul>	ication			ng or Previou it/Applicatio	
C Equipment Operating Without A Permit *		iffication without Prior Approval "				
Compliance Plan	Change of Cond	7c., you MUST provide an existing			existing	
C Registration/Certification		dition without Prior Appro	val *	Permit or A	Application Nu	ımber:
Streamlined Standard Permit	C Change of Loca		44			
7b. Facility Permits:		tion without Prior Approv				
Title V Application or Amendment (Refer to Title V Matrix)	C Equipment Ope	rating with an Expired/Ind	active Permit *			
RECLAIM Facility Permit Amendment		essing Fee and additional An				21 24 2222
8a. Estimated Start Date of Construction (mm/dd/yyyy): 8b. Esti 08/26/2026		onstruction (mm/dd/yyy /2029	y): 8c. Estimated	Start Date of Ope 12/31/20		d/yyyy):
9. Description of Equipment or Reason for Compliance Plan (list	t applicable rule):	10. For Identical equi				
Application for Permit to Construct and Permit to Ope Combined Cycle Combustion Turbine Unit 8	erate,		eing submitted with t ed for each equipment		0	
<ol> <li>Are you a Small Business as per AQMD's Rule 102 definition' (10 employees or less and total gross receipts are</li> </ol>	30	12. Has a Notice of ' Comply (NC) be	Violation (NOV) or a N en issued for this equ	lotice to ipment?	⊙ No	O Yes
	No O Yes		If Yes, provide N	OV/NC#:	-	
Section E - Facility Business Information						
What type of business is being conducted at this equipment     Utility	location?	4	dustrial Classification S		221	11
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator?	No	16. Are there any sch 1000 feet of the fa	ools (K-12) within cility property line?		⊙ No	O Yes
		tained herein and informa				t
17. Signature of Responsible Officiet: 18	B. Title of Responsible Manager of St	le Official: eam Generation	19. I wish to review to (This may cause a application proce	delay in the	issuance.	O No Yes
20. Print Name: 21 Donald Treinen	I. Date: 4/26/	2024	22. Do you claim co data? (If Yes, se		O No	<b>⊙</b> Yes
23. Check List: 🔀 Authorized Signature/Date	Form 400-CEQA	Supplementa	l Form(s) (ie., Form 40	00-E-xx) 🗵	Fees Enclo	sed
AOMD USE ONLY APPLICATION TRACKING # CHECK # 520 8	e3,212,	8/ PAYMENT TRACK	SUT 7	VALIDA 5	13/2	16
DATE APP DATE APP CLASS BASIC EC	DUIPMENT CATEGORY	CODE TEAM ENGINEE	ER REASON/ACTION T	AKEN	-	1



SCAGMIL PERMIT PROCESSING

'24 MAY -3 P5:10

Se A



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 <sup>1</sup> 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 <a href="http://www.aqmd.gov/home/regulations/cega/cega-permit-forms">http://www.aqmd.gov/home/permits/permit-application-forms</a>. 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.

Secti	on A -	Facili	ity Information						
1. Fac	ility Na	me (B	Business Name of Operator to Appear on the Permit): 2. SCAQMD Facility ID:						
LA	CITY	, DW	P SCATTERGOOD GENERATING STATION 800075						
	ject De	. contract							
	ombir	iea C	Cycle Combustion Turbine, Unit 8						
Secti	on B –	Revie	ew For Exemption From Further CEQA Action						
			No" as applicable. If "Yes" is checked for any question in Section B, skip Section C and proceed to page 2 and n D - Signatures.						
	Yes	No	Is this application for:						
1.	0	0	A request for a change of operator only (without equipment or process change modifications)?						
2.	0	0	A functionally identical permit unit replacement with no increase in equipment unit rating or emissions?						
3.	0	0	A change of daily VOC permit limit to a monthly VOC permit limit?						
4.	0	0	Equipment damaged as a result of a disaster during state of emergency?						
5.	0	0							
6.	6. O A Title V administrative permit revision?								
7.	0	0	The conversion of an existing permit into an initial Title V permit?						
Secti	on C –	Revie	ew of Impacts Which May Trigger Further CEQA Review						
			No" as applicable. To avoid delays in processing your application(s), explain all "Yes" responses on a separate it to this form.						
	Yes	No							
1.	0	0	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.	0	0	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.	0	0	Is this project part of a larger project? If "Yes" is checked, attach a separate sheet to briefly describe the larger project.						
4.	0	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.agmd.gov/home/regulations/cega/cega-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.	0	0	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] <sup>2</sup> ? If "Yes" is checked, attach a separate sheet to identify each air toxic and corresponding quantity to be emitted.						
6.	Will the project require any demolition exceptation and/or grading construction activities that encompass an area								

<sup>&</sup>lt;sup>1</sup> A "project" means the whole of an action which has a potential for resulting in physical change to the environment, including construction activities, clearing or grading of land, improvements to existing structures, and activities or equipment involving the issuance of a permit. For example, a project might include installation of a new, or modification of an existing internal combustion engine, dry cleaning facility, boiler, gas turbine, spray coating booth, solvent cleaning tank, etc

<sup>&</sup>lt;sup>2</sup> 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 (OEHHA) or have a combination of OEHHA-approved and non-approved CPs or RELs.

Secti	on C –	Revie	w of Impacts Wh	ich May Trigger Further CEQA	(concluded)				
	Yes	No							
7.	0	0	liquefied petroleu fuel use via on the G	im gas (LPG), or landfill gas)? If " ireenhouse Gas (GHG) online estimate	mbustion equipment that uses fuel (e.g., gasoline, diesel, natural gas, Yes" is checked, then the applicant will need to calculate the amount of GHGs from or <a href="http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms">http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms</a> , and and providing the documentation. Refer to the Instructions for Form 400-CEQA for				
8.	0	0	chemicals listed of	Vill the project utilize other types of equipment not addressed in Question 7 that require the use of, or will generate, hemicals listed on Form 400-CEQA, Table 3 - Greenhouse Gases [http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit prms]? If "Yes" is checked, attach a separate sheet to identify each equipment unit, the chemical name(s), and the quantity of each hemical identified.					
9.	0	0		nclude the open outdoor storage include a plot plan with the application	of dry bulk solid materials that could generate dust?  package.				
10.	0	0	permit requireme	ents? For example, landfills, materials	e off-site odors from activities that may not be subject to SCAQMD secovery/recycling facilities (MRF), and compost materials or other types of the potential to generate odor complaints subject to SCAQMD Rule 402 –				
11.	0	0	Will the project c	ause an increase of emissions fro	m marine vessels, trains and/or airplanes?				
12.	0	0	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.	0	0	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.	0	0	Will the project result in the need for more than 350 new employees?						
15.	0	0	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.	0	0	Will the project re	esult in an increase in customer to	raffic by more than 700 visits per day?				
17.	0	0	Will the project re noise ordinance?	esult in temporary or permanent	noise or vibration in excess of what is allowed by the applicable local				
18.	0	0			or additional solid waste disposal? te to be generated by the project is less than five tons per day.				
19.	0	0	Married College Strategies Services	ojected potential amount of hazardou	or additional hazardous waste disposal? Is wastes to be generated by the project is less than 42 cubic yards per day (or				
20.	0	0	Will the project in surroundings or b		llation or modification will change the visual character of the site and its				
21.	0	0	Will the project h	ave equipment that will create a	new source of external lighting that will be visible at the property line?				
Secti	on D -	SIGN	ATURES						
UNDER					mitted with this application is true and correct to the best of My Knowledge. I RVES THE RIGHT TO CONSIDER OTHER PERTINENT INFORMATION IN DETERMINING CEQA				
1. Sign	ature of	Respons	ible Official of Firm:	Wmall Treise	2. Title of Responsible Official of Firm: Manager of Steam Generation				
3. Print	Name o	f Respo	nsible Official of Firm:	onald Treinen	4. Date Signed: 4/26/2024				
5. Phone # of Responsible Official of Firm: 6. Fax # of Responsible Official of Firm: 7. (213) 367-4372				6. Fax # of Responsible Official of Firm:	7. Email of Responsible Official of Firm: Donald.Treinen@ladwp.com				
			r, (If prepared by person	other than responsible official of firm):	9. Title of Preparer:				
10 Del-	nt Name	of Dron	Affilhar		Manager of Air Quality  11. Date Signed: 0.4 (2000)				
			Andrea Villa		04/26/2024				
	12. Phone # of Preparer: 13. Fax # of Preparer: (213) 367-0409			13. Fax # of Preparer:	14. Email of Preparer: Andrea.Villarin@ladwp.com				

#### 400-CEQA AQMD Greenhouse Gas Estimator

Facility Name
Scattergood Generating Station
Facility ID
800075
Project Description
Installation of combined cycle unit

GHG Calculation:  $CO_2e MT/yr = [lb/yr CO_2 + (25* lb/yr CH_4) + (298* lb/yr N_2O)] * [1 MT/2,205 lb]$ 

			Equipment	quipment Operating Sch	erating Sch	edule		Greenhouse	Gas Emissions	
<b>Equipment Description</b>	Equipment Type	Fuel Type	Rating (MMBtu/hr)	Hours/day	Days/wk	Weeks/yr	CO <sub>2</sub> (lbs/yr)	CH <sub>4</sub> (lbs/yr)	N <sub>2</sub> O (lbs/yr)	CO₂ eq (MT/yr)
Combined Cycle Unit, ab	Engine-Prime Power	Natural Gas	2351.2	24	7	52	2.40E+09	4.53E+04	4.53E+03	1.09E+06
Please note that a more of	detailed set of GHG	calculations is p	provided as pa	art of the p	ermit appli	cations.				

Print date: 4/26/2024

			Equipment	Ope	rating Sch	edule		Greenhouse	Gas Emissions	
Equipment Description	Equipment Type	Fuel Type	Pating	Hours/day	Days/wk	Weeks/yr	CO <sub>2</sub> (lbs/yr)	CH <sub>4</sub> (lbs/yr)	N <sub>2</sub> O (lbs/yr)	CO <sub>2</sub> eq (MT/yr)
										9
										U compa
										17736.233.
						Total	2.40E+09	4.53E+04	4.53E+03	1.09E+06

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

	k	g/mmBtu		lb/mmBtu				
Fuel Type	CO <sub>2</sub>	CH <sub>4</sub>	N <sub>2</sub> O	CO <sub>2</sub>	CH <sub>4</sub>	N <sub>2</sub> 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\_https://www.ecfr.gov/cgi-bin/text-idx?SID=5d2c6b432404dc9cfd5fb33ac1becb5b&mc=true&node=ap40,23.98\_138.2&rgn=div9\_https://www.ecfr.gov/cgi-bin/text-idx?SID=5d2c6b432404dc9cfd5fb33ac1becb5b&mc=true&node=ap40,23.98\_138.2&rgn=div9\_https://www.ecfr.gov/cgi-bin/text-idx?SID=5d2c6b432404dc9cfd5fb33ac1becb5b&mc=true&node=ap40,23.98\_138.2&rgn=div9\_https://www.ecfr.gov/cgi-bin/text-idx?SID=5d2c6b432404dc9cfd5fb33ac1becb5b&mc=true&node=ap40,23.98\_138.2&rgn=div9\_https://www.ecfr.gov/cgi-bin/text-idx?SID=5d2c6b432404dc9cfd5fb33ac1becb5b&mc=true&node=ap40,23.98\_138.2&rgn=div9\_https://www.ecfr.gov/cgi-bin/text-idx?SID=5d2c6b432404dc9cfd5fb33ac1becb5b&mc=true&node=ap40,23.98\_138.2&rgn=div9\_https://www.ecfr.gov/cgi-bin/text-idx?SID=5d2c6b432404dc9cfd5fb33ac1becb5b&mc=true&node=ap40,23.98\_138.2&rgn=div9\_https://www.ecfr.gov/cgi-bin/text-idx?SID=5d2c6b432404dc9cfd5fb33ac1becb5b&mc=true&node=ap40,23.98\_138.2&rgn=div9\_https://www.ecfr.gov/cgi-bin/text-idx?SID=5d2c6b432404dc9cfd5fb33ac1becb5b&mc=true&node=ap40,23.98\_138.2&rgn=div9\_https://www.ecfr.gov/cgi-bin/text-idx?SID=5d2c6b432404dc9cfd5fb33ac1becb5b&mc=true&node=ap40,23.98\_138.2&rgn=div9\_https://www.ecfr.gov/cgi-bin/text-idx?SID=5d2c6b432404dc9cfd5fb33ac1becb5b&mc=true&node=ap40,23.98\_138.2&rgn=div9\_https://www.ecfr.gov/cgi-bin/text-idx?SID=5d2c6b432404dc9cfd5fb33ac1becb5b&mc=true&node=ap40,23.98\_138.2&rgn=div9\_https://www.ecfr.gov/cgi-bin/text-idx?SID=5d2c6b432404dc9cfd5fb3ac1becb5b&mc=true&node=ap40,23.98\_138.2&rgn=div9\_https://www.ecfr.gov/cgi-bin/text-idx?SID=5d2c6b432404dc9cfd5fb3ac1becb5b&mc=true&node=ap40,23.98\_138.2&rgn=div9\_https://www.ecfr.gov/cgi-bin/text-idx.gov/cgi-bin/text-idx.gov/cgi-bin/text-idx.gov/cgi-bin/text-idx.gov/cgi-bin/text-idx.gov/cgi-bin/text-idx.gov/cgi-bin/text-idx.gov/cgi-bin/text-idx.gov/cgi-bin/text-idx.gov/cgi-bin/text-i

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

Section A - Operator Info	ormation	
	e of Operator To Appears On The Permit): ATTERGOOD GENERATING STATION	Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 800075
	nt will be operated (for equipment which will be moved to variou ar, Playa Del Rey, CA 90293	s location in AQMD's jurisdiction, please list the initial location site):  • Fixed Location Various Locations
Section B - Location Dat	a	
Plot Plan		les. Identify and locate the proposed equipment on the map. A copy of the appropriate was the major streets and location of the equipment is acceptable.
Location of Schools Nearby	Distance from stack or equipment vent to the outer boundary of the school:  CA Health & Safety Code 42301.9: "School" means any public	School Name:  School Address:  Distance from stack or equipment vent feet to the outer boundary of the school:  or private school used for purposes of the education of more than 12 children in
Population Density		clude any private school in which education is primarily conducted in private homes.  ounted for by urban land use categories, i.e., multi-family dwelling or industrial.)
Zoning Classification	Mixed Use Residential Commercial Zone (M-U)     Heavy Commercial (C-4)	<ul> <li>○ Service and Professional Zone (C-S)</li> <li>○ Medium Commercial (C-3)</li> <li>○ Commercial Manufacturing (C-M)</li> </ul>
Section C - Emission Re	lease Parameters - Stacks, Vents	
Stack Data	Stack Height: 213.00 feet (above ground level)  Stack Inside Diameter: inches  Rain Cap Present: Yes No  If the stack height is less than 2.5 times the closest building he (attach additional sheet if necessary):  Building #/Name: See attached sheet.	What is the height of the closest building nearest the stack?111feet  Stack Flow:1,265,633acfm
	Building Height:feet (above ground level Building Width:feet Building Length:feet	Building Height:feet (above ground level)  Building Width:feet  Building Length:feet
Receptor Distance From Equipment Stack or Roof Vents/Openings	Distance to nearest residence or sensitive receptor*:  Distance to nearest business:	
Building Information	Are the emissions released from vents and/or openings from the state of the state o	Building Width:feet

<sup>\*</sup>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.

#### 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:		-	Preparer's Phone #: (213) 367-6332				
LejaGanapa	Hanapa Environ. Eng As		Preparer's Email: Tejasree.Ganapa@ladv				
Contact Person: Andrea Villarin	,	Contact's Phone#: 2133670409		Date Signed:			
Contact's Email: Manager of Air Qualit	<u>y</u>	Contact's Fax#:		4/30/2024			
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:							



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

South Coast AQMD 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 A - Operato	or Information			
	me of Operator That Appears On Permit): CATTERGOOD GENERATING STATION	Valid AQMD Facility ID (Ava		ce Issued By AQMD): 00075
Address where the equipme	ent will be operated (for equipment which will be moved to various local	ition in AQMD's jurisdiction, pl	lease list the initial location	n site):
12700 Vista Del M	lar, Playa Del Rey, CA 90293		Fixed Location	O Various Locations
Section B - Equipm	nent Description			
	Manufacturer: Mode	:	Serial No.:	
	General Electric 7F.	05		
Turbine	Size (based on Higher Heating Value - HHV):  Manufacturer Maximum Input Rating:	MMRTI I/br		k1Wh
		254.00		
	Manufacturer Maximum Output Rating: 2,  ☑ Electrical Generation ☐ Driving Pump/Compress		lanking Unit	_ KWN
Function (Check all that apply)				
(6.124.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	Steam Generation Exhaust Gas Recovery	Other (specify	/):	
Cycle Type	○ Simply Cycle ○ Regenerative Cycle  ○ Combined Cycle ○ Other (specify):			
Combustion Type	○ Tubular	O Annular		
Fuel (Turbine)		s* 🗵 Other*: hy		e and sulfur content).
	Steam Turbine Capacity: 121.5 MW			
Heat Recovery Steam	Low Pressure Steam Output Capacity:	o/hr @	°F	
Generator (HRSG)	High Pressure Steam Output Capacity:li	o/hr @	°F	
	Superheated Steam Output Capacity:	o/hr @	°F	
	Manufacturer:	Model:		
Duct Burner	Number of burners: Rating of each Type:			
Fuel (Duct Burner)	O Natural Gas O LPG O Digester Ga Landfill Gas* O Propane O Refinery Ga * (If Digester Gas, Landfill Gas, Refinery Gas, and/or Other are check	s* Other*:	cating higher heating valu	e and sulfur content).

#### 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 - Equipme	ent Description (Cont	.)	w s Steen C			
	Selective Catalytic Reduction (SCR)*     Selective Non-Catalytic Reduction (SNCR)*					
, 	O Oxidation Catalyst*	0	Other (specify)*:		<del> </del>	
Air Pollution Control	O Steam/Water injection * Separate application is requ		ibs. water/ibs	fuel, or	_ mole water/mole fuel	
	Capital Cost:	Installation	Cost:	_ Annual Operating Cost	:	
- ,	Manufacturer:		Model:			
u ;	BASF or equal			1		
e 2	Catalyst Dimensions: Le	ngth: ft	in. Width:	_ftin. Height:_	ft in.	
Galactes of the sample "	Catalyst Cell Density:	cells/sq.in	. Pressure Drop Acros	ss Catalyst:		
Oxidation Catalyst Data (If Applicable)	Manufacturer's Guarantee:	CO Control Efficiency:	%	Catalyst Life:	3_yrs	
		VOC Control Efficiency:_	%	Operating Temp. Range:		
1	Space Velocity (gas flow rate	e/catalyst volume): 48400	Area Velocity (	gas flow/wetted catalyst surface	area):	
	VOC Concentration into Cal	talyst:PPI	/IVD@ 15%O <sub>2</sub> CO Conce	ntration inot Catalyst:	PPMVD@ 15%O <sub>2</sub>	
Section C - Operation	information			<del></del>		
2	Pollutants	Maximum Emissions Before Control *		Maximum Emiss	lons After Control	
	Politiants.	PPM@15% O <sub>2</sub> , dry	lb/hour	PPM@15% O <sub>2</sub> , dry	/b/hour	
	ROG			2	5.93	
Ş	NOx:			2	17.06	
	со			1.5	7.79	
On-line Emissions Data	PM <sub>10</sub>				8.22	
	SOx				1.64	
,	NH <sub>3</sub>			5	15.76	
,,	* Based on temperature, fuel consumption, and MW output.					
,	Reference (attach data):	_				
<u> </u>	Manufacturer Emissio	n Data EPA Em	ission Factors	QMD Emission Factors	Source Test	
•	Stack Height:	213 <sub>ft.</sub>	in. Stack Dia	neter:19	ft,in.	
Stack or Vent Data	Exhaust Temperature:	,°F	Exhaust Pressure:	inches water o	olumn	
6 / 20 	Exhaust Flow Rate:	1265633 <sub>CFM</sub>	Oxygen Level:	12.31 %		

#### **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

GE OF	<u> </u>	1		-	<del> </del>
	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
	Electric, Carpenter & Instrument Shops, Offices,				
24	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.

Shutdown Data  No. of Shutdowns per day:  No. of Shutdowns per year;  Pollutants  Pollutan	Section C - Operation Information (cont.)						
No. of Sutution per decy  No. of Sututions per decy  No. of Sututions per year   1-92	Star	tup Data	No. of Startups per day:	No. of Startups	per year: 792	Duration of each startup:	hrs.
Poliutants   PPM@15% O2, dry   Ibihour   PPM@15% O2, dry   Ibihour   ROB   R	Shutd	lown Data	No. of Shutdowns per day:_	No. of Shutdov	vns per year: 792	Duration of each Shutdov	vn: hrs.
Startup and Shutdown Emissions Data  ROG  NOX  CO  PRIt_0  SOX  NH3  Continuous Emission Monitoring System (CEMS): CEMS Make:  CEMS Model:  Will the CEMS be used to measure both on-line and startup/shutdown emissions? ② Yes O No  The following parameters will be continuously monitored:  NOX  CO  Full Flow Rate  Ammonia CEMS Make:  CHMS Model:  NOX  CO  Full Flow Rate  Ammonia CEMS Make:  Ammonia CEMS Ma			Dollutoria	Startup Emis	ssions	Shutdown Em	issions
Startup and Shutdown Emissions Data  CO  PMtg SOX NH3  Continuous Emission Monitoring System (CEMS): CEMS Make: CEMS Model: Will the CEMS be used to measure both on-line and startup/shutdown emissions? ② Yes ③ No The following parameters will be continuously monitored:  NOX CO Fuel Flow Rate Ammonia Stack Concentration: Ammonia CEMS Make: Ammonia CEMS Make: Ammonia CEMS Make: Ammonia CEMS Make: Ammonia CEMS Model:  Operating Schadule Normal: 24 hoursiday 7 days/week 52 weeks/yr  Section D - Authorization/Signature  Thereby certify that all information contained herein and information submitted with this application is true and correct.  Signature: Date: Y13 0 / 2 02 Title: Company Name: Environ. Eng Assoc. LADWP Name: Company Name: Co			Poliutants	PPM@15% O <sub>2</sub> , dry	lb/hour	PPM@15% O <sub>2</sub> , dry	lb/hour
Startup and Shridown Emissions Data  CO  PMt0 SOX NH3  Continuous Emission Monitoring System (CEMS): CEMS Make: CEMS Model: Will the CEMS be used to measure both on-line and startup/shutdown emissions? Yes O No The following parameters will be continuously monitored: NOX CO Fuel Flow Rate Ammonia Stack Concentration: Ammonia CEMS Make: Ammonia CEMS Model:  Operating Schedule Normal: Ammonia Stack Concentration: Ammonia CEMS Model: Ammonia CEMS Model:  Operating Schedule Normal: Ammonia Stack Concentration: Ammonia CEMS Model:  Operating Schedule Normal: Ammonia Stack Concentration: Ammonia CEMS Model:  Operating Schedule Normal: Ammonia Stack Concentration: Ammonia CEMS Model:  Operating Schedule Normal: Ammonia Stack Concentration: Ammonia CEMS Model:  Operating Schedule Normal: Ammonia Stack Concentration: Ammonia CEMS Model:  Operating Schedule Normal: Ammonia Stack Concentration: Ammonia CEMS Model:  Operating Schedule Normal: Ammonia Stack Concentration: Ammonia CEMS Model:  Operating Schedule Normal: Ammonia Stack Concentration: Ammonia CEMS Model:  Operating Schedule Normal: Ammonia Stack Concentration: Ammonia CEMS Model:  Operating Schedule Normal: Ammonia Stack Concentration: Ammonia CEMS Model:  Operating Schedule Normal: Ammonia Stack Concentration: Ammonia CEMS Model:  Operating Schedule Normal: Ammonia Stack Concentration: Ammonia CEMS Model:  Operating Schedule Normal: Ammonia Stack Concentration: Ammonia CEMS Model:  Operating Schedule Normal: Ammonia Stack Concentration: Ammonia CEMS Model:  Operating Schedule Normal: Ammonia Stack Concentration: Ammonia CEMS Model:  Operating Schedule Normal: Ammonia Stack Concentration: Ammonia CEMS Model:  Operating Schedule  Normal: Ammonia Stack Concentration: Ammonia CEMS Model:  Operating Schedule  Normal: Ammonia CEMS Model:  Operating Schedule  Normal: Ammonia CEMS Model:  Operating Schedule  Normal: Ammonia CEMS Model:  Normal: Ammonia C	ļ		ROG				
Emilssions Data  CO  PMto SOX NHs  Continuous Emission Monitoring System (CEMS): CEMS Make: CEMS Model: Will the CEMS be used to measure both on-line and startup/shutdown emissions?	Startup a	nd Shutdown	NOx				
Continuous Emission Monitoring System (CEMS): CEMS Make:   CEMS Model:			CO		,		
NH3  Continuous Emission Monitoring System (CEMS): CEMS Make:  CEMS Model:  Will the CEMS be used to measure both on-line and startup/shutdown emissions?  Yes  No  The following parameters will be continuously monitored:  NOX  CO  Q  Fuel Flow Rate  Ammonia Injection Rate  Other (specify):  Ammonia Stack Concentration: Ammonia CEMS Make:  Ammonia CEMS Model:  Operating Schedule  Normal:			PM <sub>10</sub>				
Continuous Emission Monitoring System (CEMS): CEMS Make:  CEMS Model:  Will the CEMS be used to measure both on-line and startup/shutdown emissions?    O No  The following parameters will be continuously monitored:  Nox			SOx		<del></del>		
Mill the CEMS be used to measure both on-line and startup/shutdown emissions?	İ		NH <sub>3</sub>				
Operating Schedule  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	CEMS Model:  Will the CEMS be used to measure both on-line and startup/shutdown emissions?  Yes O No  The following parameters will be continuously monitored:  NOx						
Preparer Info   Signature:   Date:   Y 13 0 / 2 02 4   Title:   Company Name:   Environ. Eng Assoc.   LADWP   Company Name:   Company Name:   Andrea Villarin   Company Name:   Company Name	Operating Schedule					•	
Preparer Info  Signature:  Date:  130/2024  Phone #: (213) 367-6332  Email:  tejasree Ganapa  Phone #: (213) 367-6332  Email:  tejasree.ganapa@ladwp.com  Phone #: (213) 367-0409  Fax #: (213) 367-0409  Fax #: (213) 367-0409	Section D - Authorization/Signature						
Preparer Info  Preparer Info  Preparer Info  Preparer Info  Preparer Info  Preparer Info  Phone #: (213) 367-6332  Email: tejasree.ganapa@ladwp.com  Phone #: (213) 367-0409  Fax #: (213) 367-0409  Fax #: (213) 367-0409							
Contact Andrea Villarin Fax#:  Contact Info Title: Company Name: Email:	Preparer Info	Preparer					
Contact   Andrea Villarin   (213) 367-0409	1		ng Assoc. LADV	<u>VP</u>	-		
wanager of All Quality LADYVI andreastmented and a surface	Contact Andrea Villarin (213) 367-0409			<u>'-0409</u>			

<b>₩111</b>	10.4	DOM: NO	B 441	18 4C-11
				IMEN:

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 submitted to the District.

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



#### 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

Section A - Operator Information					
1. Facility Name (Business Name of Operator to Appear on the Permi	it):			2. Valid AQMD Facility ID (Available On	
LA CITY, DWP SCATTERGOOD GENER	RATING STA	TION		Permit Or Invoice Issued By AQMD):	
3. Owner's Business Name (If different from Business Name of Oper				800075	
Los Angeles Department of Water and Po	ower				
Section B - Equipment Location Address		Section C - Permit			
(For equipment operated at various locations, provide address	Various Location of initial site.)		me as equipment locat		
12700 Vista Del Mar Street Address		111 North Hope S	St Room 1050		
Playa Del Rey , CA 90293		Los Angeles		, CA 90012	
City Zip		City		State Zip	
Abdul Rehman Plant Manage Contact Name Title	er	Andrea Villarin Contact Name		Manager of Air Quality	
(310) 524-8500		(213) 367-0409		1	
Phone # Ext. Fax #		Phone #	Ext.	Fax #	
E-Mail: Abdul.Rehman@ladwp.com		E-Mail: Andrea. Villa	arin@ladwp.com		
Section D - Application Type					
6. The Facility Is: O Not In RECLAIM or Title V	O In RECLAIM	O In Title V	In RECLAIM &	Title V Programs	
7. Reason for Submitting Application (Select only ONE):					
7a. New Equipment or Process Application:	7c. Equipment or F	rocess with an Existing	Previous Application	or Permit:	
New Construction (Permit to Construct)	○ Administrative (	Change			
C Equipment On-Site But Not Constructed or Operational	O Alteration/Modif	fication		Existing or Previous	
C Equipment Operating Without A Permit *	○ Alteration/Modif	fication without Prior Appro	oval *	Permit/Application	
Compliance Plan	Change of Con-	dition		If you checked any of the items in 7c., you MUST provide an existing	
Registration/Certification	O Change of Con-	ondition without Prior Approval * Permit or Application Number:			
O Streamlined Standard Permit	Change of Loca				
7b. Facility Permits:	Change of Loca	ation without Prior Approva	al *	1.	
C Title V Application or Amendment (Refer to Title V Matrix)	C Equipment Ope	rating with an Expired/Ina	ctive Permit *		
O RECLAIM Facility Permit Amendment	* A Higher Permit Proo	essing Fee and additional Ann	nual Operating Fees (up to	o 3 full years) may apply (Rule 301(c)(1)(D)(i)).	
		construction (mm/dd/yyyy 1/2029	y): 8c. Estimated \$	Start Date of Operation (mm/dd/yyyy): 12/31/2029	
9. Description of Equipment or Reason for Compliance Plan (list	applicable rule):	10. For Identical equip	ment, how many add	itional	
Application for Permit to Construct and Permit to Ope SCR/CO Catalyst, Combined Cycle Combustion Turb		applications are be	eing submitted with the difference of the submitted with the submitted	nis application?	
11. Are you a Small Business as per AQMD's Rule 102 definition?			iolation (NOV) or a N		
transfer a rest and rest branches promite annual granter)	No O Yes	Comply (NC) bee	n issued for this equi If Yes, provide NO	pinone:	
Section E - Facility Business Information  13. What type of business is being conducted at this equipment	location?	I da Min-et	and address through	Sedes 2	
Utility	location?	14. What is your busin (North American Ind	dustrial Classification S		
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator?	16. Are there any schools (K-12) within 1000 feet of the facility property line?				
		the control of the co		application are true and correct.	
17. Signature of Responsible Official:	3. Title of Responsib Manager of S	le Official: team Generation	19. I wish to review t (This may cause a application proce		
	1. Date: 4/26/	2024	22. Do you claim co data? (If Yes, se	nfidentiality of	
	Form 400-CEQA	Supplemental	Form(s) (ie., Form 40		
ACMD USE ONLY 672363. 700534520 03,212.81 PAYMENT TRACKING#3 VALIDATION 1245					
DATE APP DATE APP CLASS BASIC EC	QUIPMENT CATEGORY	CODE TAM ENGINEE	R REASON/ACTION T	AKEN	





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

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

Mail To:

Section A - Operato	r Information					
Facility Name (Business Nam	e of Operator That Appears On Permit): Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD):					
LA CITY, DWP SCA	ATTERGOOD GENERATING STATION 800075					
Address where the equipmen	nt 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 Ma	ar, Playa Del Rey, CA 90293   © Fixed Location   Various Locations					
Section B - Equipme	ent Description					
	Selective Catalytic Reduction (SCR)					
	Manufacturer: Cormetech or equal Catalyst Active Material:					
2222	Model Number: TBD Type: Ti-V-W					
SCR Catalyst						
	No. of Layers or Modules: Total Volume: lbs.					
Reducing Agent	○ Urea ○ Anhydrous Ammonia ⑥ Aqueous Ammonia 29.00 % Injection Rate: 433.4  b/hr					
Reducing Agent Storage*	Reducing Agent Storage*  Diameter:ftin. Height:ftin. Capactity: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 <sub>2</sub> : 15.00 NOx: gm/bhp-hr Ammonia Slip: 5 ppm @ 15.00 %O <sub>2</sub>					
Catalyst Life	3 years (expected)					
Cost	Capital Cost: Installation Cost: Catalyst Replacement Cost:					
	Oxidation Catalyst					
	Manufacturer: BASF or equal Catalyst Active Material:					
	Model Number: TBD Type: Platinum, corrugated SS substrate					
Oxidation Catalyst						
	No. of Layers or Modules: Total Volume: lbs.					
Space Velocity	Gas Flow Rate/Catalyst Volume: 92700 per hour					
Manufacturer's Guarantee	voc:					
	co:gm/bhp-hr %0 <sub>2</sub> :15					
Catalyst Life	3 years (expected)					
Cost	Capital Cost: Installation Cost: Catalyst Replacement Cost:					

#### 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.)						
and an analysis	Ammonia Catalyst .					
* * * * * * * * * * * * * * * * * * *	Manufacturer:	Catalyst Active Material:				
Ammonia Catalyst	Model Number:	Type:				
,	Size of Each Layer or Module: L:ft	_ in. W: ft in. H: ft in.				
	No. of Layers or Modules: Total Vo	olume:cu. ft. Total Weight:lbs.				
Space Velocity	Gas Flow Rate/Catalyst Volume: per	hour				
Manufacturer's Guarantee	NH <sub>3</sub> : ppm %O <sub>2</sub> :					
Catalyst Life years (expected)						
Cost Capital Cost: Installation Cost: Catalyst Replacement Cost:						
Section C - Operation	n Information					
Operating Temperature	Minimum Inlet Temperature: °F (fron	n cold start) Maximum Temperature:°F				
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Warm-up Time: hr	min. (maximum)				
Operating Schedule	Normal: 24 hours/day					
	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.						
Signature: Date: Name: Tejasree Ganapa						
Preparer Title:	Sanopay 4130/2024 Company Name:	Phone #: Fax #: (213) 367-6332				
Environ. Eng Assoc. LADWP Email: Tejasree.Ganapa@ladwp.com						
Name:	a Villarin	Phone #: Fax #: (213) 367-0409				
Info Title:	Company Name: f Air Quality LADWP	Email: 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.

South Coast

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

Section A - Operator Information					×	
1. Facility Name (Business Name of Operator to Appear on the Permit):  2. Valid AQMD Facility ID (Available On						
LA CITY, DWP SCATTERGOOD GENER		Permit Or Invoice Issued By A	(QMD):			
3. Owner's Business Name (If different from Business Name of Opera	ator):			800075		
Los Angeles Department of Water and Po	Los Angeles Department of Water and Power					
Section B - Equipment Location Address		Section C - Permit I	Mailing Address			
4. Equipment Location Is:  (For equipment operated at various locations, provide address	Various Location of initial site.)	5. Permit and Correspo	ondence Information: me as equipment locati	on address		
12700 Vista Del Mar		111 North Hope S	St Room 1050			
Street Address		Address		04 00040		
Playa Del Rey , CA 90293 City Zip		Los Angeles City		, CA 90012 State Zip		
Abdul Rehman Plant Manage	er	Andrea Villarin		Manager of Air Qualit	V	
Contact Name Title		Contact Name		Title		
(310) 524-8500 Phone # Ext. Fax #		(213) 367-0409 Phone #	Ext.	Fax#		
E-Mail: Abdul.Rehman@ladwp.com		E-Mail: Andrea.Villa	4010	rax #		
		L-Iviali.	Electro.com			
Section D - Application Type	6					
6. The Facility Is: O Not In RECLAIM or Title V	O In RECLAIM	O In Title V	• In RECLAIM &	Title V Programs		
7. Reason for Submitting Application (Select only ONE):	W. C. Contact Company of the Contact C					
7a. New Equipment or Process Application:	7c. Equipment or P	Process with an Existing/	Previous Application	or Permit:		
C New Construction (Permit to Construct)	Administrative (	Change		Potential and Production		
Equipment On-Site But Not Constructed or Operational	<ul> <li>Alteration/Modified</li> </ul>	fication		Existing or Previous Permit/Application		
C Equipment Operating Without A Permit *		fication without Prior Appro	oval *	If you checked any of the ite	ms in	
Compliance Plan	Change of Con-		No.	7c., you MUST provide an ex	kisting	
Registration/Certification		Condition without Prior Approval * Permit or Application Number:				
Streamlined Standard Permit	Change of Loca		47		_ 1	
7b. Facility Permits:	and the second s	ation without Prior Approva				
Title V Application or Amendment (Refer to Title V Matrix)	C) Equipment Ope	erating with an Expired/Ina	ctive Permit *			
O RECLAIM Facility Permit Amendment	* A Higher Permit Proce	essing Fee and additional Ann	nual 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. Estim	nated End Date of C	Construction (mm/dd/yyyy	/): 8c. Estimated S	start Date of Operation (mm/dd/)	ууу):	
O Paralistic of Englishment - Parameter Compliance Plan (link	analizable wiley.	I do Facilitation and		Manal .		
<ol> <li>Description of Equipment or Reason for Compliance Plan (list 5-YEAR TITLE V PERMIT RENEWAL</li> </ol>	applicable rule):		oment, now many add ging submitted with the ed for each equipment /	is application?		
11. Are you a Small Business as per AQMD's Rule 102 definition?		12. Has a Notice of V	fiolation (NOV) or a N	otice to	_	
(10 employees or less and total gross receipts are \$500,000 or less OR a not-for-profit training center)		Comply (NC) bee	n issued for this equi If Yes, provide NC	pment? No	O Yes	
Section E - Facility Business Information						
13. What type of business is being conducted at this equipment location?  Electric Utility		14. What is your busin (North American Ind	ness primary NAICS Control of the street of		1	
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator?		16. Are there any school 1000 feet of the fac	ools (K-12) within cility property line?	<b>⑥</b> No	Yes	
Section F - Authorization/Signature I hereby certify that all information contained herein and information submitted with this application are true and correct.						
17. Signature of Responsible Official: 18	Title of Responsib.  Manager of S	le Official: team Generation	(This may cause a application proce	delay in the	O No • Yes	
	. Date: 7/2/.	2024	22. Do you claim con data? (If Yes, see	ifidentiality of	O Yes	
23. Check List:   Authorized Signature/Date   Form 400-CEQA   Supplemental Form(s) (ie., Form 400-E-xx)   Fees Enclosed						
	TRECEIVED	PAYMENT TRACK	ING#	VALIDATION 7/17/24	8-	
	UIPMENT CATEGORY	1 001		AKEN THE		

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.agmd.gov

The SCAQMD is required by state law, the California Environmental Quality Act (CEQA), to review discretionary permit project applications for potential air quality and other environmental impacts. This form is a screening tool to assist the SCAQMD in clarifying whether or not the project <sup>1</sup> has the potential to generate significant adverse environmental impacts that might require preparation of a CEQA document [CEQA Guidelines § 15060(a)]. Form 400-CEQA and the instructions for guidance on completing this form are available at <a href="http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms">http://www.aqmd.gov/home/permits/permit-application-forms</a>. 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.

Secti	on A -	Facili	ity Information				
1. Fac	ility Na	me (B	Business Name of Operator to Appear on the Permit): 2. SCAQMD Facility ID:				
LA	LA CITY, DWP SCATTERGOOD GENERATING STATION 800075						
	ject De	-					
5-	YEAF	RTIT	LE V PERMIT RENEWAL				
Secti	on B –	Revie	ew For Exemption From Further CEQA Action				
			No" as applicable. If "Yes" is checked for any question in Section B, skip Section C and proceed to page 2 and n D - Signatures.				
	Yes	No	Is this application for:				
1.	0	0	A request for a change of operator only (without equipment or process change modifications)?				
2.	0	0	A functionally identical permit unit replacement with no increase in equipment unit rating or emissions?				
3.	0	0	A change of daily VOC permit limit to a monthly VOC permit limit?				
4.	0	0	Equipment damaged as a result of a disaster during state of emergency?				
5.	0	0	A Title V (e.g., SCAQMD Regulation XXX) permit renewal without equipment or process change modifications?				
6.	O A Title V administrative permit revision?						
7.	0	0	The conversion of an existing permit into an initial Title V permit?				
Secti	on C –	Revie	ew of Impacts Which May Trigger Further CEQA Review				
Chec	k "Yes' t and a	or "i ttach	No" as applicable. To avoid delays in processing your application(s), explain all "Yes" responses on a separate it to this form.				
	Yes	No					
1.	0	0	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.	0	0	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.	0	0	Is this project part of a larger project? If "Yes" is checked, attach a separate sheet to briefly describe the larger project.				
4.	0	0	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.agmd.gov/home/regulations/cega/cega-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.	0	0	Will the project emit any air toxic listed on Form 400-CEQA, Table 2 - Other Air Toxics and Their Screening Levels [http://www.agmd.gov/home/regulations/cega/cega-permit-forms] <sup>2</sup> ? If "Yes" is checked, attach a separate sheet to identify each air toxic and corresponding quantity to be emitted.				
6.	0	0	Will the project require any demolition, excavation, and/or grading construction activities that encompass an area exceeding 20,000 square feet?				

<sup>&</sup>lt;sup>1</sup> A "project" means the whole of an action which has a potential for resulting in physical change to the environment, including construction activities, clearing or grading of land, improvements to existing structures, and activities or equipment involving the issuance of a permit. For example, a project might include installation of a new, or modification of an existing internal combustion engine, dry cleaning facility, boiler, gas turbine, spray coating booth, solvent cleaning tank, etc

<sup>&</sup>lt;sup>2</sup> 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 (OEHHA) or have a combination of OEHHA-approved and non-approved CPs or RELs.

Secti	on C -	Revie	w of Impacts Whi	ch May Trigger Further CEQ	(concluded)		
	Yes	No					
7.	0	0	liquefied petroleun fuel use via on the Gre				
8.	0	0	chemicals listed on	Vill the project utilize other types of equipment not addressed in Question 7 that require the use of, or will generate, any hemicals listed on Form 400-CEQA, Table 3 - Greenhouse Gases [http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-prms]? If "Yes" is checked, attach a separate sheet to identify each equipment unit, the chemical name(s), and the quantity of each nemical identified.			
9.	0	0		lude the open outdoor storage clude a plot plan with the application	of dry bulk solid materials that could generate dust?  package.		
10.	0	0	permit requiremen	ts? For example, landfills, materials	e off-site odors from activities that may not be subject to SCAQMD second recovery/recycling facilities (MRF), and compost materials or other types of the potential to generate odor complaints subject to SCAQMD Rule 402 —		
11.	0	0	Will the project cau	ise an increase of emissions fro	m marine vessels, trains and/or airplanes?		
12.	0	0	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 the production process; 4) a project that requires a new, or the expansion of an existing, sewage treatment facility, new water 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.	0	0	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.	0	0	Will the project res	Will the project result in the need for more than 350 new employees?			
15.	0	0	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.	0	0	Will the project res	ult in an increase in customer t	raffic by more than 700 visits per day?		
17.	0	0	Will the project res	ult in temporary or permanent	noise or vibration in excess of what is allowed by the applicable local		
18.	0	0	The state of the s		or additional solid waste disposal? te to be generated by the project is less than five tons per day.		
19.	0	0	The state of the s	ected potential amount of hazardou	or additional hazardous waste disposal? ss wastes to be generated by the project is less than 42 cubic yards per day (or		
20.	0	0	Will the project inc surroundings or blo		llation or modification will change the visual character of the site and its		
21.	0	0	Will the project have	e equipment that will create a	new source of external lighting that will be visible at the property line?		
Secti	on D -	- SIGN	ATURES				
UNDER		THAT TI			MITTED WITH THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I RVES THE RIGHT TO CONSIDER OTHER PERTINENT INFORMATION IN DETERMINING CEQA		
			ible Official of Firm:	mald Trein	2. Title of Responsible Official of Firm: Manager of Steam Generation		
3. Prin	Name o	of Respo	nsible Official of Firm: Do	nald Treinen	4. Date Signed: 7/2/2024		
	ne#ofR 13)36			Fax # of Responsible Official of Firm:	7. Email of Responsible Official of Firm: donald.treinen@ladwp.com		
8. Sign	ature of	Prepare	(If prepared by person of Lyadow	ther than responsible official of firm):	9. Title of Preparer:		
10. Pri	nt Name	of Prepa	1		Environmental Engineering Associate II  11. Date Signed: ナ/2/2024		
	one # of (		: 1	apa 3. Fax # of Preparer:	14. Email of Preparer: tejasree.ganapa@ladwp.com		

23 of 59



P.O. Box 4944

Mail To: SCAQMD

Exhibit No. 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.

Diamond Bar, CA 91765-0944 Tel: (909) 396-3385

AQMD				www.aqmd.gov	
Section A - Operator Information					
				Valid AQMD Facility ID (Available On	
LA CITY, DWP SCATTERGOOD GE		Permit Or Invoice Issued By AQMD):			
3. Owner's Business Name (If different from Business Name Los Angeles Department of Water a		800075			
Section B - Equipment Location Address		Section C - Permit	Mailing Address		
Equipment Location Is:		5. Permit and Correspond Check here if said 111 North Hope Standards	me as equipment location	address	
Playa Del Rey , CA	90293	Los Angeles		, CA 90012	
	Zip Manager	City Andrea Villarin		State Zip Manager of Air Quality	
Contact Name Title	nanager	Contact Name		Title	
(310) 524-8500		(213) 367-0409			
Phone # Ext Fax #		Phone #	Ext.	Fax#	
E-Mail: Abdul.Rehman@ladwp.com	4/4/-	E-Mail: Andrea.Villa	rin@ladwp.com		
Section D - Application Type					
6. The Facility Is: O Not In RECLAIM or Title	V O In RECLAIM	O In Title V	<ul><li>In RECLAIM &amp; Titl</li></ul>	le V Programs	
7. Reason for Submitting Application (Select only ONE):					
7a. New Equipment or Process Application:	7c. Equipment or F	rocess with an Existing	Previous Application or	Permit:	
New Construction (Permit to Construct) \	○ Administrative (	Change	-		
C Equipment On-Site But Not Constructed or Operational	<ul> <li>Alteration/Modified</li> </ul>	fication		Existing or Previous	
C Equipment Operating Without A Permit *		fication without Prior Appro	oval*	Permit/Application	
C Compliance Plan	Change of Con	dition		If you checked any of the items in 7c., you MUST provide an existing	
C Registration/Certification	O Change of Con-	dition without Prior Approv	ral •	Permit or Application Number:	
○ Streamlined Standard Permit	○ Change of Loca	C Change of Location			
7b. Facility Permits:	○ Change of Loca	ation without Prior Approva	al *		
Title V Application or Amendment (Refer to Title V Matrix	C Equipment Ope	erating with an Expired/Ina	ctive Permit *		
RECLAIM Facility Permit Amendment	, the second sec	essing Fee and additional Ann	nual Operating Fees (up to 3 t	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 C			rt Date of Operation (mm/dd/yyyy): 12/31/2029	
9. Description of Equipment or Reason for Compliance	Plan (list applicable rule):	10. For Identical equip	ment, how many additio	onal	
Application for Permit to Construct and Permit SCR/CO Catalyst, Combined Cycle Combustion			eing submitted with this ed for each equipment / pr		
<ol> <li>Are you a Small Business as per AQMD's Rule 102 de (10 employees or less and total gross receipts are \$500,000 or less <u>OR</u> a not-for-profit training center)</li> </ol>	efinition?  No Yes	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	/iolation (NOV) or a Notice on issued for this equipm If Yes, provide NOV/	nent? No Yes	
Section E - Facility Business Information					
<ol> <li>What type of business is being conducted at this equ Utility</li> </ol>	ilpment location?		ness primary NAICS Cod dustrial Classification System		
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator?	O No   Yes	16. Are there any scho 1000 feet of the fac	ools (K-12) within cility property line?	No  ○ Yes	
Section F - Authorization/Signature I hereby certify that all information contained herein and information submitted with this application are true and correct.					
17. Signature of Responsible Official:	18. Title of Responsib Manager of S	le Official: team Generation	19. I wish to review the (This may cause a de application process.)		
20. Print Name: Donald Treinen	21. Date: 8/7/	2024	22. Do you claim confid data? (If Yes, see in	dentiality of	
23. Check List:   Authorized Signature/Date	☑ Form 400-CEQA		Form(s) (ie., Form 400-E	E-xx)	
ACMD APPLICATION TRACKING # CHECK#	\$ 131,089.79	PAYMENT TRACK	ING#	VALIDATION 8/14/24 se	
DATE APP DATE APP CLASS BASIC REJ I III CONTRO	EQUIPMENT CATEGORY	CODE TEAM ENGINEE	REASON/ACTION TAKE		



24 AUG 14 A11:29

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



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

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			
Section B - Equipment Location Address	Section C - Permit Mailing 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 City Abdul Rehman Contact Name (310) 524-8500  Phone # Ext. Fax #  Abdul.Rehman@ladwp.com	4. Permit and Correspondence Information:  Check here if same as equipment location address  111 North Hope St Room 1050  Address  Los Angeles City Andrea Villarin Contact Name (213) 367-0409 Phone # Ext. Fax #  Andrea. Villarin@ladwp.com			
E-Mail	E-Mail			
Section D - Authorization/Signature				
and that the application may be subject to additional fe Permit Processing neither guarantees action by any sp Express Permit Processing is subject to availability of	qualified staff; and that once Express Permit Processing ed. I hereby certify that all information contained herein			
5. Signature of Responsible Official:	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		APPLICA	TION TRAC	CKING#		TYPE B C	EQUIPMENT CATEGORY CODE:	FEE SCHEDULE:		VALIDATION
ENG. A	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 <sup>1</sup> 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 <a href="http://www.aqmd.gov/home/regulations/cega/cega-permit-forms">http://www.aqmd.gov/home/permits/permit-application-forms</a>. 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	on A -	Facili	ty Information			
1. Fac	ility Na	me (B	usiness Name of Operator to Appear on the Permit): 2. SCAQMD Facility ID:			
LA CITY, DWP SCATTERGOOD GENERATING STATION 800075						
3. Pro	ject De	scripti	ion:			
C	ombir	ed c	ycle combustion turbine, Unit 8			
Section	on B –	Revie	w For Exemption From Further CEQA Action			
			lo" as applicable. If "Yes" is checked for any question in Section B, skip Section C and proceed to page 2 and D - Signatures.			
	Yes	No	Is this application for:			
1.	0	0	A request for a change of operator only (without equipment or process change modifications)?			
2.	0	0	A functionally identical permit unit replacement with no increase in equipment unit rating or emissions?			
3.	0	0	A change of daily VOC permit limit to a monthly VOC permit limit?			
4.	0	0	Equipment damaged as a result of a disaster during state of emergency?			
5.	0	0	A Title V (e.g., SCAQMD Regulation XXX) permit renewal without equipment or process change modifications?			
6.	0	0	A Title V administrative permit revision?			
7.	0	0	The conversion of an existing permit into an initial Title V permit?			
Section	on C –	Revie	w of Impacts Which May Trigger Further CEQA Review			
			lo" as applicable. To avoid delays in processing your application(s), explain all "Yes" responses on a separate it to this form.			
	Yes	No				
1.	0	0	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.	0	0	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.	0	0	Is this project part of a larger project? If "Yes" is checked, attach a separate sheet to briefly describe the larger project.			
4.	0	0	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.agmd.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.	0	0	Will the project emit any air toxic listed on Form 400-CEQA, Table 2 - Other Air Toxics and Their Screening Levels [http://www.agmd.gov/home/regulations/cega/cega-permit-forms] <sup>2</sup> ? If "Yes" is checked, attach a separate sheet to identify each air toxic and corresponding quantity to be emitted.			
6.	0	0	Will the project require any demolition, excavation, and/or grading construction activities that encompass an area exceeding 20,000 square feet?			

<sup>&</sup>lt;sup>1</sup> A "project" means the whole of an action which has a potential for resulting in physical change to the environment, including construction activities, clearing or grading of land, improvements to existing structures, and activities or equipment involving the issuance of a permit. For example, a project might include installation of a new, or modification of an existing internal combustion engine, dry cleaning facility, boiler, gas turbine, spray coating booth, solvent cleaning tank, etc

<sup>&</sup>lt;sup>2</sup> 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 (OEHHA) or have a combination of OEHHA-approved and non-approved CPs or RELs.

Secti	on C -	Revie	ew of Impacts Which May Trigger Further CEQA	(concluded)				
	Yes	No						
7.	0	0	liquefied petroleum gas (LPG), or landfill gas)? If "fuel use via on the Greenhouse Gas (GHG) online estimate	mbustion equipment that uses fuel (e.g., gasoline, diesel, natural gas, Yes" is checked, then the applicant will need to calculate the amount of GHGs from or <a href="http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms">http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms</a> , and and providing the documentation. Refer to the Instructions for Form 400-CEQA for				
8.	B. O o chemicals listed on Form 400-CEQA, Table 3 - Gree			ot addressed in Question 7 that require the use of, or will generate, any enhouse Gases [http://www.aqmd.gov/home/regulations/ceqa/ceqa-permitentify each equipment unit, the chemical name(s), and the quantity of each				
9.	0	0	Will the project include the open outdoor storage If "Yes" is checked, include a plot plan with the application	of dry bulk solid materials that could generate dust?  n package.				
10.	0	0	permit requirements? For example, landfills, materials	e off-site odors from activities that may not be subject to SCAQMD is recovery/recycling facilities (MRF), and compost materials or other types of the potential to generate odor complaints subject to SCAQMD Rule 402 –				
11.	0	0	Will the project cause an increase of emissions fro	m marine vessels, trains and/or airplanes?				
12.	0	0	Will the project increase demand for potable water at the facility by more than 262,820 gallons per definition of the following examples identify some, but not all, types of projects that may result in a "Yes" answer to this question: 1) a project to generates steam; 2) a project that uses water as part of operating air pollution control equipment; 3) a project that requires water as part the production process; 4) a project that requires a new, or the expansion of an existing, sewage treatment facility, new water lines, sew lines, sewage hook-ups etc.; 5) a project where the water demand exceeds the capacity of the local water purveyor to supply sufficient water than 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.	0	0		ow of effluents to a public wastewater treatment facility that would Pollutant Discharge Elimination System (NPDES) or other related permit				
14.	0	0	Will the project result in the need for more than 3	50 new employees?				
15.	0	0	Will the project result in an increase in heavy-duty truck round-trips per day?	transport truck traffic to and/or from the facility by more than 350				
16.	0	0	Will the project result in an increase in customer to	raffic by more than 700 visits per day?				
17.	0	0	Will the project result in temporary or permanent noise ordinance?	noise or vibration in excess of what is allowed by the applicable local				
18.	0	0	Will the project create a permanent need for new Check "No" if the projected potential amount of solid was	or additional solid waste disposal? te to be generated by the project is less than five tons per day.				
19.	0	0	Will the project create a permanent need for new Check "No" if the projected potential amount of hazardou equivalent in pounds).	or additional hazardous waste disposal? Is wastes to be generated by the project is less than 42 cubic yards per day (or				
20.	0	0	Will the project include equipment that after insta surroundings or block views?	llation or modification will change the visual character of the site and its				
21.	0	0	Will the project have equipment that will create a	new source of external lighting that will be visible at the property line?				
Secti	on D -	SIGN	ATURES					
UNDER				MITTED WITH THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I RVES THE RIGHT TO CONSIDER OTHER PERTINENT INFORMATION IN DETERMINING CEQA				
1. Signa	ature of I	Respons	ible Official of Firm: Honald Treinh	Title of Responsible Official of Firm: Manager of Steam Generation				
3. Print	Name o	f Respon	nsible Official of Firm: Donald Treinen	4. Date Signed: 8/7/2024				
	13) 36		le Official of Firm:  6. Fax # of Responsible Official of Firm:	7. Email of Responsible Official of Firm: donald.treinen@ladwp.com				
			(if prepared by person other than responsible official of firm):	9. Title of Preparer: Environmental Engineer				
10. Prin	nt Name	of Prepa	Dipak Patel	11. Date Signed: 8/8/24				
	one # of F			14. Email of Preparer: dipak.patel@ladwp.com				

#### 400-CEQA AQMD Greenhouse Gas Estimator

Facility Name	Scattergood Generating Station						
Facility ID	800075	- 4					
Project Description	Installation of combined cycle unit	* 9					

GHG Calculation:  $CO_2e MT/yr = [ lb/yr CO_2 + (25* lb/yr CH_4) + (298* lb/yr N_2O) ] * [1 MT/2,205 lb]$ 

	中中共活用	Equipment	Ope	erating Sch	edule!! 🧸 🦮	APONTABLE	Greenhouse	Gas Emissions &	
Equipment Description   Equipment Type	Fuel Type	Rating (MMBtu/hr)	Hours/day	Days/wk	Weeks/yr	CO <sub>2</sub>	(lbs/yr)	Gas Emissions at N2O (lbs/yr)	(MT/yr)
Combined cycle unit, able Engine-Prime Power	Natural Gas		24	7	52	2.25E+09	4.25E+04	4.25E+03	1.02E+06
Please note that a more detailed set of GHG	calculations is p	provided as pa	rt of the p	ermit appli	cations.				
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Scattergood DEIR Comments Exhibit No. 2 30 of 59

* 1	MARK TO THE		Equipment	Оре	rating Sche	dule		Greenhouse	Gas Emissions	
Equipment Description	Equipment Type)	FueliType	(Equipment Rating (MMBtu/hr)	Hours/day	Days/wk	Weeks/yr	(CO <sub>2</sub> ) ((lbs/yr)	(CH <sub>4</sub> : ((lbs/yr)	(N <sub>2</sub> O) ((lbs/yr):	CO <sub>2</sub> eq. (MT/yr)
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			`		•	Total	2.25E+09	4.25E+04	4.25E+03	1.02E+06

AQMD GHG Estimator for 400-CEQA.xlsx

Page 2 of 2

Print date: 8/7/2024

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

		kg/mmBtu			lb/mmBtu	
Fuel Type	CO2	CH <sub>4</sub>	N₂O	CO2	CH₄	N <sub>2</sub> 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&rqn=div9 https://www.ecfr.gov/cgi-bin/text-idx?SID=5d2c6b432404dc9cfd5fb33ac1becb5b&mc=true&node=ap40.23.98 138.2&rqn=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 N20 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

Fuel Type Diesel Gasoline Landfill Gas

LPG Natural Gas

Other Combustion Equipment



### 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

Section A - Operator Info	ormation	
	e of Operator To Appears On The Permit): ATTERGOOD GENERATING STATION	Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 800075
	ar Playa Del Rey CA 90293	s location in AQMD's jurisdiction, please list the initial location site):       Fixed Location
Section B - Location Dat	a	
Plot Plan		les. Identify and locate the proposed equipment on the map. A copy of the appropriate less the major streets and location of the equipment is acceptable.
Legative of Schools Nearby	Is the facility located within a 1/4 mile radius (1,320 feet) of lf yes, please provide name(s) of school(s) below:  School Name:  School Address:	
Location of Schools Nearby	CA Health & Safety Code 42301.9: "School" means any publi	Distance from stack or equipment vent feet to the outer boundary of the school:  c or private school used for purposes of the education of more than 12 children in clude any private school in which education is primarily conducted in private homes.
Population Density		counted for by urban land use categories, i.e., multi-family dwelling or industrial.)
Zoning Classification	Mixed Use Residential Commercial Zone (M-U)     Heavy Commercial (C-4)	○ Service and Professional Zone (C-S)
Section C - Emission Re	lease Parameters - Stacks, Vents	
Stack Data	Stack Height: 160.00 feet (above ground level)  Stack Inside Diameter: inches  Rain Cap Present: Yes No  If the stack height is less than 2.5 times the closest building he (attach additional sheet if necessary):  Building #/Name: See attached sheet.	Stack Flow: 1,108,613 acfm Stack Temperature: 175 %  Stack Orientation:    ✓ Vertical    ✓ Horizontal distance from the stack (H), please provide information on any building within 5xH distance from the stack
	Building Height:feet (above ground level   Building Width:feet   Building Length:feet	Building #/Name:feet (above ground level)  Building Width:feet  Building Length:feet
Receptor Distance From Equipment Stack or Roof Vents/Openings	Distance to nearest residence or sensitive receptor*:  Distance to nearest business:	1,270 feet 1,040 feet
Building Information	Are the emissions released from vents and/or openings from the liftyes, please provide; Building #/Name:	Building Width:feet

#### 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.

I hereby certify that all information contain	ned herein and information	n submitted with this	s application is true and correct.		
Signature of Preparer:	Title of Preparer:		Preparer's Phone #: (213) 367-	3764	
dipak patel	Environ. Eng As	soc. Preparer's Email: dipak patel@			
Contact Person: Andrea Villarin		Contact's Phone#: (213) 367-0409		Date Signed: 08/09/2024	
Contact's Email: Manager of Air Qua	ality	Contact's Fax#:			
Pursuant to the California Public Records Acclaim certain limited information as exempt fract, you must make such claim at the time of Check here if you claim that this form or its a	om disclosure because it qu submittal to the District.	d any supplemental d alifies as a trade secr	et, as defined in the District's Guidelines		



## Form 400-E-5

South Coast AQMD

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

Section A - Operato	r Information									
Facility Name (Business Name	e of Operator That Appears On Permit): Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD):									
LA CITY, DWP SCA	TTERGOOD GENERATING STATION 800075									
Address where the equipment	nt 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 Ma	r, Playa Del Rey, CA 90293									
Section B - Equipme	ent Description									
27557440	Selective Catalytic Reduction (SCR)									
	Manufacturer:_ Cormetech or equal Catalyst Active Material:									
	Model Number: TBD Type: Ti-V-W									
SCR Catalyst										
	Size of Each Layer or Module: L:ftin. W:ftin. H:ftin.									
	No. of Layers or Modules: Total Volume: 2300_cu. ft. Total Weight: lbs.									
Reducing Agent	○ Urea ○ Anhydrous Ammonia ● Aqueous Ammonia 29.00 % Injection Rate: 433.4   Ib/hr									
Reducing Agent Storage*	Diameter:ftin. Capactity: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 <sub>2</sub> : 15.00 NOx: gm/bhp-hr Ammonia Slip: 5 ppm @ 15.00 %O <sub>2</sub>									
Catalyst Life	3_years (expected)									
Cost	Capital Cost: Installation Cost: Catalyst Replacement Cost:									
	Oxidation Catalyst									
	Manufacturer: BASF or equal Catalyst Active Material:									
	Model Number: TBD Type: Platinum, corrugated SS substrate									
Oxidation Catalyst										
	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         %O2:         15.00           CO:         1.5 ppm         CO:         gm/bhp-hr         %O2:         15									
Catalyst Life	3_years (expected)									
Cost	Capital Cost: Installation Cost: Catalyst Replacement Cost:									

#### 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 - Equipm	ent Description (cont.)	and the second s	
The World was Miles and Section and	Ammonia Ca	talyst	E
Ammonia Catalyst	Manufacturer:	Type:	
Space Velocity	Gas Flow Rate/Catalyst Volume: per		iDS.
Manufacturer's Guarantee	NH <sub>3</sub> :ppm %O <sub>2</sub> :		
Catalyst Life	years (expected)	•	
Cost	Capital Cost: Installation Cost:	Catalyst Replacement Cost:	•
Section C - Operati	on Information	recommendation of the second o	
Operating Temperature	Minimum Inlet Temperature:°F (from	n cold start) Maximum Temperature: F	
Öperáting Schedule	Normal: 24	7         days/week         52         weeks/yr           7         days/week         52         weeks/yr	
Section D - Authori	zātion/Signature		
I hereby certify that all information Signature:  Preparer info :  Title:  Environ. E	Company Name:	pplication is true and correct.  Name: Dipak Patel Phone #: (213) 367-3764 Email: dipak.patel@ladwp.com	
info Title:	ca Villarin  Company Name:  of Air Quality  LADWP	Phone #: (213) 367-0409  Email: Andrea.Villarin@ladwp.com	

THIS			

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, your must make such claim at the time of submittal to the District.

Charle	horo if you claim	that this form	or ité attachmonte	contain confidentia	I trade secret information.
Uneck	Refe ii you clairi	i wat was comm	or us auacoments	CONTAIN CONTIGENTA	i nade secretimormation.

### Form 400-A

### **Application Form for Permit or Plan Approval**

List only one piece of equipment or process per form.

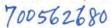


Mail To: SCAQMD P.O. Box 4944 Diamond Bar, CA 91765-0944

Tel: (909) 396-3385

Section A - Operator Information								
1. Facility Name (Business Name of Operator to Appear on the Per	rmit):			2. Valid AQMD F	acility ID (Available On			
LA CITY, DWP SCATTERGOOD GENE		TION			oice Issued By AQMD):			
3. Owner's Business Name (If different from Business Name of Operator):  Los Angeles Department of Water and Power  800075								
Section B - Equipment Location Address	OWCI	Section C - Permit I	Mailing Address					
	O Various Location	5. Permit and Correspo						
(For equipment operated at various locations, provide addre	ess of initial site.)	☐ Check here if sar	ne as equipment loca	tion address				
12700 Vista Del Mar Street Address		111 North Hope S	St Room 1050		O SECOND			
Playa Del Rey , CA 9029	93	Los Angeles		. CA	90012			
City Zip		City	10-11-11		lip			
Abdul Rehman Plant Mana	iger	Andrea Villarin			of Air Quality			
Contact Name Title		Contact Name		Title				
(310) 524-8500 Phone # Ext. Fax #		(213) 367-0409 Phone #	Ext.	Fax#				
E-Mail: Abdul.Rehman@ladwp.com		E-Mail: Andrea.Villa						
Section D - Application Type								
6. The Facility Is: O Not In RECLAIM or Title V	O In RECLAIM	O In Title V	● In RECLAIM &	Title V Programs				
7. Reason for Submitting Application (Select only ONE):								
7a. New Equipment or Process Application:	7c. Equipment or F	Process with an Existing/	Previous Application	n or Permit:				
New Construction (Permit to Construct)	O Administrative	Change						
C Equipment On-Site But Not Constructed or Operational	O Alteration/Modi			Existing or Previous				
C Equipment Operating Without A Permit *		dification without Prior Approval *						
O Compliance Plan	Change of Con				ed any of the items in			
O Registration/Certification		dition without Prior Approv	al*		ST provide an existing Application Number:			
O Streamlined Standard Permit	O Change of Loca				фрикански			
	•	ation without Prior Approva	1*					
7b. Facility Permits:		erating with an Expired/Inac						
Title V Application or Amendment (Refer to Title V Matrix)     RECLAIM Facility Permit Amendment		essing Fee and additional Ann		o 3 full years) may ap	oply (Rule 301(c)(1)(D)(i)).			
8a. Estimated Start Date of Construction (mm/dd/yyyy): 8b. E- 08/26/2026		Construction (mm/dd/yyyy 1/2029	): 8c. Estimated	Start Date of Ope 12/31/20	ration (mm/dd/yyyy): 29			
Description of Equipment or Reason for Compliance Plan (     Application for Permit to Construct and Permit to O			ing submitted with t	his application?	0			
Combined Cycle Combustion Turbine Unit 8		45.5	d for each equipment	a Proceedings				
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)	on?  No O Yes		iolation (NOV) or a N n issued for this equ If Yes, provide N	ipment?	No ○ Yes			
Section E - Facility Business Information					The state of the s			
13. What type of business is being conducted at this equipmen Utility	nt location?	14. What is your busin (North American Ind	ess primary NAICS ( ustrial Classification S		22111			
15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator?  No eyes 16. Are there any schools (K-12) within 1000 feet of the facility property line?								
	that all information con	tained herein and informat		application are tr	ue and correct.			
17. Signature of Responsible Official:	18. Title of Responsib	le Official: team Generation	19. I wish to review to (This may cause a	delay in the	o issuance. O No			
20. Print Name: Donald Treinen  21. Date: 8/7/2024  22. Do you claim confidentiality of data? (If Yes, see instructions.)  No  O  No								
Berlaid Tremen	☑ Form 400-CEQA		Form(s) (ie., Form 40	_	Fees Enclosed			
AOMD APPLICATION TRACKING #   CHECK #   AMO	OUNT RECEIVED	PAYMENT TRACKI	NG#	VALIDA				
DATE APP DATE APP CLASS BASIC	131,089.7 EQUIPMENT CATEGORY	CODE TEAM ENGINEER		AKEN AKEN	14/24 &			

© South Coast Air Quality Management District, Form 400-A (2014.07)







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

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

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 A - Operat	or Information				40		
	ne of Operator That Appears On Permit): CATTERGOOD GENERATING STATIO		D Facility ID (Available		e Issued By AQMD): 00075		
	ent will be operated (for equipment which will be moved to ar, Playa Del Rey, CA 90293	various location in AQN	a see along a see along	e list the initial location	n site):  O Various Locations		
Section B - Equipn	ent Description						
	Manufacturer: Siemens	Model: SCC6-5000	0F	Serial No.:			
Turbine	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)	IX       Electrical Generation       ☐ Driving Pump/Compressor       ☐ Emergency Peaking Unit         ☐ Steam Generation       ☐ Exhaust Gas Recovery       ☐ Other (specify):						
Cycle Type	○ Simply Cycle ○ Regenerative Cycle ○ Combined Cycle ○ Other (specify):						
Combustion Type	○ Tubular						
Fuel (Turbine)	Natural Gas						
Heat Recovery Steam Generator (HRSG)	Steam Turbine Capacity: 118.6 M  Low Pressure Steam Output Capacity: High Pressure Steam Output Capacity: Superheated Steam Output Capacity:	lb/hr @		F F			
Duct Burner	Type: C Low NOx (please attach manufacturer's s	Rating of each burner (H					
Fuel (Duct Burner)	Show all heat transfer surface locations with the HRSG and temperature profile  Natural Gas						

### 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.)							
	Selective Catalytic Re	eduction (SCR)*	Selective Non-Catalytic Redu				
	O Oxidation Catalyst*	0	Other (specify)*:				
'Air Pollution Control	O Steam/Water Injection * Separate application is requ		lbs. water/lbs. f	uel, or	_ mole water/mole fuel		
<u> </u>	Capital Cost:	Installation	n Cost:	Annual Operating Cost:			
, ,	Manufacturer:		Model:				
ļ	BASF or equal						
,	Catalyst Dimensions: Le	ngth: ft	in. Width:	ftin. Height:_	ft in.		
Oxidation Catalyst Data	Catalyst Celi Density:	cells/sq.ir	n. Pressure Drop Across	Catalyst:			
(If Applicable)	Manufacturer's Guarantee:	CO Control Efficiency:	<u>.                                    </u>	Catalyst Life:	3_ <sub>yrs</sub>		
		VOC Control Efficiency:_	%	Operating Temp. Range:	°F		
	Space Velocity (gas flow rate	e/catalyst volume):_48400	Area Velocity (g	as flow/wetted catalyst surface a	агеа):		
	VOC Concentration into Ca	talyst:PP	MVD@ 15%O <sub>2</sub> CO Concent	tration inot Catalyst:	PPMVD@ 15%O <sub>2</sub>		
Section C - Operation	on Information						
1	Pollutants	Maximum Emissi		Maximum Emissi	ons After Control		
	Lointants	PPM@15% Oz, dry	lb/hour	PPM@15% O <sub>2</sub> , dry	lb/hour		
ļ	ROG			2	5.75		
	NOx			2	16.52		
;	со			1.5	7.54		
On-line Emissions Data	PM <sub>10</sub>				9.9		
	SOx		-		1.62		
	NH <sub>3</sub>			5	15.26		
		* Based on	temperature, fuel consumption, a	and MW output.			
	Reference (attach data):						
n der i	Manufacturer Emissio	on Data EPA Em	nission Factors 💢 🗖 🗚	MD Emission Factors	Source Test		
	Stack Helght:	160_ft	in. Stack Diamo	eter:	ftin.		
Stack or Vent Data	Exhaust Temperature:	°F	Exhaust Pressure:	inches water co	lumn		
	Exhaust Flow Rate:	1086131 <sub>CFM</sub>	Oxygen Level:	11.62 <sub>%</sub>			

### 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.)										
St	artup Data	No. of Startups per day: 3 No. of Startups		os per year:	792	Duration of each sta	artup:	1	hrs.	
Shu	tdown Data	No. of Shutdowns per day:_	3 No. of Shutdowns per yo			792	Duration of each Sh	ıutdown: (	0.383	hrs.
		. Poliutants	· · · · · ·	Startup Em	issions		Shutdov	wā Emissions		
		, ronutants	PPM@15% O <sub>2</sub> , dry		lb/ho	ur	PPM@15% O <sub>2</sub> , dry		lb/hour	
		ROG							•	
Startup	and Shutdown	NOx					- "			
	ssions Data	со								
	ŧ	'PM <sub>10</sub>			•					
1		SOx								
		NH3								
Monitoring and Reporting		Continuous Emission Monit Will the CEMS be used to m The following parameters wi NOx Fuel Flow Rate Ammonia Stack Conce	easure both on ill be continuou CO Ammonia	C -line and startu isly monitored: Injection Rate Ammonia CEM	⊠ 0 <sub>2</sub> □ Oth S Make:	nissions? <b>G</b> ner (specify):_				
	<u> </u>			Ammonia CEM	S Model:		<u> </u>		-	
	ting Schedule	Normal:         24           Maximum:         24	hours/d		7	_days/week _days/week	50	weeks/yr weeks/yr	<u>.</u>	
		ation/Signature	_				-			!
I hereby certify that all Information contained herein and information submitted with this application is true and correct.    Signature:   Date:   Name:										
Preparer Info	dipak Title: Environ. Er	company ng Assoc. LADV	08/09 / Name:	9/2024	Phone #:	pak Patel 213) 367- ak.patel@la	-3764 Fax#:			
Contact	Name: Andrea Villarin					213) 367- drea.villaring	0409 Fax #: @ladwp.com			

THIS IS A	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 i	its a	ttachments	contain co	ntidenti	al trade	secret inf	ormätion.



### Form 400-A

### **Application Form for Permit or Plan Approval**

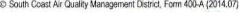
List only one piece of equipment or process per form.



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

Tel: (909) 396-3385

Section A - Operator Information					www.a	iqma.go
Facility Name (Business Name of Operator to Appear on the Perm	nit):			2 Valid AOMD F	acility ID (Availat	hle On
LA CITY, DWP SCATTERGOOD GENER		TION			oice Issued By AC	
Owner's Business Name (If different from Business Name of Ope	The second second second	11011			300075	
Los Angeles Department of Water and Po					000075	-
Section B - Equipment Location Address		Section C - Permit Mailing Address				
	Various Location	5. Permit and Corresp				
(For equipment operated at various locations, provide address	s of initial site.)	Check here if sa	ame as equipment locat	ion address		
12700 Vista Del Mar		111 North Hope	St Room 1050			
Street Address Playa Del Rey , CA 90293		Address		CA	90012	
City Zip		Los Angeles City			90012 (ip	
Abdul Rehman Plant Manag	er	Andrea Villarin		Manager	of Air Quality	h-
Contact Name Title		Contact Name		Title		
(310) 524-8500 Phone # Ext Fax #		(213) 367-0409 Phone #	Ext.	Fax#		_
E-Mail: Abdul.Rehman@ladwp.com		E-Mail: Andrea.Villa		I da ii		
Section D - Application Type				Marian Caranta		
6. The Facility Is: O Not In RECLAIM or Title V	O In RECLAIM	O In Title V	● In RECLAIM &	Title V Programs		
7. Reason for Submitting Application (Select only ONE):	O III ILEGERIII	O III TILLO	O III (LOL/IIII G	Tide v i regiume		
7a. New Equipment or Process Application:	7c. Equipment or	Process with an Existing	/Previous Application	or Permit:		
New Construction (Permit to Construct)	O Administrative		ул тотго до гариновио.	or remine		
C Equipment On-Site But Not Constructed or Operational	Alteration/Modi			Existi	ng or Previous	
C Equipment Operating Without A Permit *		dification without Prior Approval *				
C Compliance Plan	Change of Con		orui,		ed any of the item	
C Registration/Certification		dition without Prior Appro	val *		ST provide an exist Application Number	
O Streamlined Standard Permit	O Change of Loc					
7b. Facility Permits:		ation without Prior Approv	al*	1.0		27
	O Equipment Ope	erating with an Expired/Ina	active Permit *			
Title V Application or Amendment (Refer to Title V Matrix)		cessing Fee and additional An	nual Operating Fees (up to	3 full years) may ar	only (Rule 301/c)(1)(	מו/מי
RECLAIM Facility Permit Amendment     8a. Estimated Start Date of Construction (mm/dd/yyyy): 8b. Estimated Start Dat		Construction (mm/dd/yyy			ration (mm/dd/yy	
08/26/2026		1/2029	,,. Jo. 20	12/31/20		11)-
9. Description of Equipment or Reason for Compliance Plan (lis	t applicable rule):	10. For Identical equip				
Application for Permit to Construct and Permit to Ope	erate – Title V		eing submitted with the ed for each equipment		0	
Significant Permit Revision  11. Are you a Small Business as per AQMD's Rule 102 definition	?	12. Has a Notice of \	Violation (NOV) or a N	otice to		
(10 employees or less and total gross receipts are		Comply (NC) been issued for this equipment?				) Yes
produces of food off a flot for profit daming contest)	No O Yes		If Yes, provide NO	DV/NC#:		
Section E - Facility Business Information  13. What type of business is being conducted at this equipment	location?	144 What is your busin	nana neimani NAICE (	ada2		
Utility	location?	What is your business primary NAICS Code? (North American Industrial Classification System)     22111				
15 Are there other facilities in the SCAOMD	No © Yes	16. Are there any echools (K-12) within				) Yes
	hat all information cor	ntained herein and informa		application are tr	ue and correct.	
17. Signature of Responsible Official:	8. Title of Responsib		19. I wish to review t (This may cause a	he permit prior to delay in the		
	1 Date:	2024	application proce  22. Do you claim codata? (If Yes. se	nfidentiality of		Yes
Donald Treinen			2000 10000100	300 CE 000 C S 200 CE 2		_
LARRIES TOUTS AND A COURSE LAND	Form 400-CEQA	Supplemental	Form(s) (ie., Form 40	VALIDA	Fees Enclosed	
USE ONLY 654843	31,089.7	14 (60	9470	8	/14/24	2
DATE APP DATE APP CLASS BASIC EC	QUIPMENT CATEGORY	CODE EM ENGINEE	ER REASON/ACTION TA	AKEN	(C)	











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

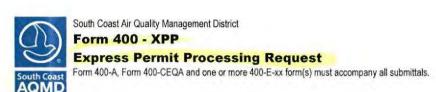
Tel: (909) 396-3385

# **Application Form for Permit or Plan Approval** List only one piece of equipment or process per form.

S # 10 0 1 15 #					www.aqma.gov		
Section A - Operator Information				V. C. LAGUED F	1111 11 /4 11 11 0		
1. Facility Name (Business Name of Operator to Appear on the Perm	The second second second	T1011	2		/alid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD):		
LA CITY, DWP SCATTERGOOD GENER	RATINGSTA	TION		1 Girill Of Inte	Sice issued by Advib).		
<ol> <li>Owner's Business Name (If different from Business Name of Ope Los Angeles Department of Water and P</li> </ol>				8	300075		
Section B - Equipment Location Address	OWC!	Section C - Permit Mailing Address					
	Various Location	5. Permit and Corresp	131.1-1	14			
(For equipment operated at various locations, provide address		Check here if sa	ame as equipment locatio	n address			
12700 Vista Del Mar Street Address		111 North Hope St Room 1050 Address					
Playa Del Rey , CA 90293	3	Los Angeles		, CA	90012		
City Zip		City			Zip		
Abdul Rehman Plant Manag	jer	Andrea Villarin			of Air Quality		
Contact Name Title		Contact Name		Title			
(310) 524-8500 Phone # Ext. Fax #		(213) 367-0409 Phone #	Ext.	Fax#			
E-Mail: Abdul.Rehman@ladwp.com		E-Mail: Andrea.Villa		1 9011			
Section D - Application Type							
6. The Facility Is: O Not In RECLAIM or Title V	O In RECLAIM	O In Title V	● In RECLAIM & Ti	tle V Programs			
7. Reason for Submitting Application (Select only ONE):							
7a. New Equipment or Process Application:	7c. Equipment or P	rocess with an Existing	/Previous Application of	or Permit:			
New Construction (Permit to Construct)	Administrative (						
C Equipment On-Site But Not Constructed or Operational	Alteration/Modif			Existi	ng or Previous		
C Equipment Operating Without A Permit *		ification without Prior Approval *					
Compliance Plan	Change of Con		ovai		ed any of the items in		
O Registration/Certification		dition without Prior Appro	aral *		ST provide an existing Application Number:		
Streamlined Standard Permit	Control of the Control		vai	remit of A	Application Number.		
	Change of Loca		ral *	-			
7b. Facility Permits:	The second second	ation without Prior Approv					
O Title V Application or Amendment (Refer to Title V Matrix)	C Equipment Ope	rating with an Expired/Ina	active Permit				
O RECLAIM Facility Permit Amendment			nnual Operating Fees (up to 3	full years) may ap	oply (Rule 301(c)(1)(D)(i)).		
8a. Estimated Start Date of Construction (mm/dd/yyyy): 8b. Est 08/26/2026		Construction (mm/dd/yyyy): 8c. Estimated Start Date of Operation (mm/dd/yyyy): 12/31/2029					
9. Description of Equipment or Reason for Compliance Plan (list	st applicable rule):		pment, how many additi				
Application for Permit to Construct and Permit to Op Combined Cycle Combustion Turbine Unit 8	erate,		eing submitted with this red for each equipment / p		0		
11. Are you a Small Business as per AQMD's Rule 102 definition	1?		Violation (NOV) or a Not		⊙ No O Yes		
(10 employees or less and total gross receipts are \$500,000 or less <u>OR</u> a not-for-profit training center)	No O Yes	Comply (NC) bed	en issued for this equip If Yes, provide NOV				
Section E - Facility Business Information							
<ol> <li>What type of business is being conducted at this equipment Utility</li> </ol>	location?	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?	No ② Yes	16. Are there any sch 1000 feet of the fa	ools (K-12) within cility property line?		No ○ Yes		
Section F - Authorization/Signature / hereby certify	that all information con	tained herein and informa	ation submitted with this a	pplication are tr	ue and correct.		
17. Signature of Responsible Official:	8. Title of Responsib  Manager of St		19. I wish to review the (This may cause a d	lelay in the	o issuance. O No		
20. Print Name: 21. Date: 10 /2 /2 Day 22. Do you claim confidentiality of							
Donald Treinen 10/2/2024 data? (If Yes, see instructions.) No • Yes							
	Form 400-CEQA		I Form(s) (ie., Form 400-		Fees Enclosed		
	7,734-76	PAYMENT TRACE	83	(O)	16/2024 22		
	QUIPMENT CATEGORY	CODE TEAM ENGINEE	ER REASON/ACTION TAK	EN			

24 OCT 16 A8:19

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



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 STATE	2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 800075				
Section B - Equipment Location Address	Section C - Permit Mailing Address				
3.	4. Permit and Correspondence Information:  Check here if same as equipment location address  111 North Hope St Room 1050  Address  Los Angeles  City  Andrea Villarin  Contact Name  (213) 367-0409  Phone # Ext. Fax #  Andrea. Villarin@ladwp.com  E-Mail				
Section D - Authorization/Signature	C-IVIdII				
and that the application may be subject to additional to Permit Processing neither guarantees action by any s Express Permit Processing is subject to availability o	es must be submitted at the time of application submittal, fees per Rule 301. I understand that requests for Express specific date nor does it guarantee permit approval; that f qualified staff; and that once Express Permit Processing ded. I hereby certify that all information contained herein see and correct.				
5. Signature of Responsible Official:	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 ONL		APPLIC	ATION TRAC	KING #		TYPE B C	EQUIPMENT CATEGORY CODE:	FEE SCHEDULE:	FEE SCHEDULE: V/	
ENG.	A	R	ENG.	A	R	CLASS	ASSIGNMENT	CHECK/MONEY ORDER	AMOUNT	TRACKING #
DATE			DATE			1 111	Unit Engineer	#	S	

24 OCT 16 A8:19

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.agmd.gov

The SCAQMD is required by state law, the California Environmental Quality Act (CEQA), to review discretionary permit project applications for potential air quality and other environmental impacts. This form is a screening tool to assist the SCAQMD in clarifying whether or not the project <sup>1</sup> has the potential to generate significant adverse environmental impacts that might require preparation of a CEQA document [CEQA Guidelines § 15060(a)]. Form 400-CEQA and the instructions for guidance on completing this form are available at <a href="http://www.agmd.gov/home/regulations/ceqa/ceqa-permit-forms">http://www.agmd.gov/home/permits/permit-application-forms</a>. 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.

Secti	ion A -	Facil	ity Information						
3. Pro	A CITY	, DW	Susiness Name of Operator to Appear on the Permit):  P SCATTERGOOD GENERATING STATION  800075  Ston:  cycle combustion turbine, Unit 8						
Secti	ion B -	Revi	ew For Exemption From Further CEQA Action						
			No" as applicable. If "Yes" is checked for any question in Section B, skip Section C and proceed to page 2 and D - Signatures.						
	Yes No Is this application for:								
1.	0	0	A request for a change of operator only (without equipment or process change modifications)?						
2.	0	0	A functionally identical permit unit replacement with no increase in equipment unit rating or emissions?						
3.	0	0	A change of daily VOC permit limit to a monthly VOC permit limit?						
4.	0	0	Equipment damaged as a result of a disaster during state of emergency?						
5.	0	0	A Title V (e.g., SCAQMD Regulation XXX) permit renewal without equipment or process change modifications?						
6.	0	0	A Title V administrative permit revision?						
7.	0	0	The conversion of an existing permit into an initial Title V permit?						
Secti	ion C –	Revie	ew of Impacts Which May Trigger Further CEQA Review						
			No" as applicable. To avoid delays in processing your application(s), explain all "Yes" responses on a separate it to this form.						
	Yes	No							
1.	0	0	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.	0	0	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.	0	0	Is this project part of a larger project? If "Yes" is checked, attach a separate sheet to briefly describe the larger project.						
4.	0	0	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.agmd.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.	0	0	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-permit-forms] <sup>2</sup> ? If "Yes" is checked, attach a separate sheet to identify each air toxic and corresponding quantity to be emitted.						
6.	0	0	Will the project require any demolition, excavation, and/or grading construction activities that encompass an area exceeding 20,000 square feet?						

<sup>2</sup> 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 (OEHHA) or have a combination of OEHHA-approved and non-approved CPs or RELs.

<sup>&</sup>lt;sup>1</sup> A "project" means the whole of an action which has a potential for resulting in physical change to the environment, including construction activities, clearing or grading of land, improvements to existing structures, and activities or equipment involving the issuance of a permit. For example, a project might include installation of a new, or modification of an existing internal combustion engine, dry cleaning facility, boiler, gas turbine, spray coating booth, solvent cleaning tank, etc

Secti	on C -	Revie	ew of Impacts Which May Trigger Further CEQA	(concluded)						
	Yes	No								
7.	0	0	liquefied petroleum gas (LPG), or landfill gas)? If " fuel use via on the Greenhouse Gas (GHG) online estimate	mbustion equipment that uses fuel (e.g., gasoline, diesel, natural gas, Yes" is checked, then the applicant will need to calculate the amount of GHGs from or [http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms], and and providing the documentation. Refer to the Instructions for Form 400-CEQA for						
8.	0	0	chemicals listed on Form 400-CEQA, Table 3 - Gree	ot addressed in Question 7 that require the use of, or will generate, any inhouse Gases [http://www.aqmd.gov/home/regulations/ceqa/ceqa-permitentify each equipment unit, the chemical name(s), and the quantity of each						
9.	0	0	Will the project include the open outdoor storage If "Yes" is checked, include a plot plan with the application	of dry bulk solid materials that could generate dust?  n package.						
10.	0	0	permit requirements? For example, landfills, materials	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.	0	0	Will the project cause an increase of emissions fro	m marine vessels, trains and/or airplanes?						
12.	0	0	The following examples identify some, but not all, types generates steam; 2) a project that uses water as part of o the production process; 4) a project that requires a new, lines, sewage hook-ups etc.; 5) a project where the water for the project; 6) a project that requires new or the ex	Will the project increase demand for potable water at the facility by more than 262,820 gallons per day in 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 enerates steam; 2) a project that uses water as part of operating air pollution control equipment; 3) a project that requires water as part of operating air pollution process; 4) a project that requires a new, or the expansion of an existing, sewage treatment facility, new water lines, sewage ness, sewage hook-ups etc.; 5) a project where the water demand exceeds the capacity of the local water purveyor to supply sufficient water or the project; 6) a project that requires new or the expansion of existing, water supply and conveyance facilities; and, 7) a project that requires new or the expansion of existing, water supply and conveyance facilities; and, 7) a project that requires new or the expansion of existing, water supply and conveyance facilities; and, 7) a project that requires and the project that requires new or the expansion of existing, water supply and conveyance facilities; and, 7) a project that requires new or the expansion of existing the project that requires new or the expansion of existing the project that requires new or the expansion of existing the project that requires new or the expansion of existing the project that requires new or the expansion of existing the project that requires new or the expansion of existing the project that requires new or the expansion of existing the project that requires new or the expansion of existing the project that requires new or the expansion of existing the project that requires new or the expansion of existing the project that requires new or the expansion of existing the project that requires new or the expansion of existing the project that requires new or the expansion of existing the project that requires new or the expansion of existing the project that requires new or the expansion of existing the projec						
13.	0	0	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.	0	0	Will the project result in the need for more than 3	50 new employees?						
15.	0	0	Will the project result in an increase in heavy-duty truck round-trips per day?	transport truck traffic to and/or from the facility by more than 350						
16.	0	0	Will the project result in an increase in customer to	raffic by more than 700 visits per day?						
17.	0	0	Will the project result in temporary or permanent noise ordinance?	noise or vibration in excess of what is allowed by the applicable local						
18.	0	0	Will the project create a permanent need for new Check "No" if the projected potential amount of solid was	or additional solid waste disposal? te to be generated by the project is less than five tons per day.						
19.	0	0	Will the project create a permanent need for new Check "No" if the projected potential amount of hazardou equivalent in pounds).	or additional hazardous waste disposal? is wastes to be generated by the project is less than 42 cubic yards per day (or						
20.	0	0	Will the project include equipment that after insta surroundings or block views?	llation or modification will change the visual character of the site and its						
21.	0	0	Will the project have equipment that will create a	new source of external lighting that will be visible at the property line?						
Secti	on D -	SIGN	ATURES							
HERE	BY CERTI	FY THAT	ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUB	MITTED WITH THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.						
APPLIC	ABILITY.		0	RVES THE RIGHT TO CONSIDER OTHER PERTINENT INFORMATION IN DETERMINING CEQ.						
			ible Official of Firm: Horuld Irlinh	Title of Responsible Official of Firm: Manager of Steam Generation						
			nsible Official of Firm: Donald Treinen	4. Date Signed: 10/2/2024						
(2	13) 36	7-437		7. Email of Responsible Official of Firm: donald.treinen@ladwp.com						
8. Sign	ature of	Preparei	r, (If prepared by person other than responsible official of firm): Lesa Janap	9. Title of Preparer:						
10. Pri	nt Name	of Prepa		Environmental Engineering Associate  11. Date Signed:   10 / 1 / 2 0 2 4						
	one # of (	The Section of	: 13. Fax # of Preparer:	14. Email of Preparer: tejasree.ganapa@ladwp.com						

Print date: 10/2/2024

### 400-CEQA AQMD Greenhouse Gas Estimator

Facility Name
Scattergood Generating Station
800075
Project Description
Installation of combined cycle unit

GHG Calculation:  $CO_2e MT/yr = [1b/yr CO_2 + (25* lb/yr CH_4) + (298* lb/yr N_2O)] * [1 MT/2,205 lb]$ 

			Equipment	Ope	rating Sch	edule		Greenhouse	Gas Emissions	
Equipment Description	Equipment Type Fuel Type	Fuel Type	Fuel Type Pating	Hours/day	Days/wk	Weeks/yr	CO <sub>2</sub> (lbs/yr)	CH <sub>4</sub> (lbs/yr)	N <sub>2</sub> O (lbs/yr)	CO <sub>2</sub> eq (MT/yr)
Combined cycle unit, able	Engine-Prime Power	Natural Gas	2224	24	7	52	2.27E+09	4.28E+04	4.28E+03	1.03E+06
Please note that a more d		calculations is p	provided as pa	art of the p	ermit appli	cations.				
					0					
					113					

Print date: 10/2/2024

		Equipment	Equipment Operating Sch		edule		Greenhouse Gas Emissions		
Equipment Description Equipment Type Fuel Type	Rating (MMBtu/hr)	Hours/day	Days/wk	Weeks/yr	CO <sub>2</sub> (lbs/yr)	CH <sub>4</sub> (lbs/yr)	N <sub>2</sub> O (lbs/yr)	CO <sub>2</sub> eq (MT/yr)	
	-								
							1 444741	1005.05	2.00
					Total	2.27E+09	4.28E+04	4.28E+03	1.03E+0



### 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 Info	ormation	
	e of Operator To Appears On The Permit): ATTERGOOD GENERATING STATION	Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 800075
A Committee of the Comm	ar Playa Del Rev. CA 90293	sus location in AQMD's jurisdiction, please list the initial location site):  • Fixed Location  • Various Locations
Section B - Location Dat		
Plot Plan		ales. Identify and locate the proposed equipment on the map. A copy of the appropriate nows the major streets and location of the equipment is acceptable.
	Is the facility located within a 1/4 mile radius (1,320 feet) of the 1	of the outer boundary of a school? O Yes
Location of Schools Nearby	School Address:	School Address:
Economic Control News (	CA Health & Safety Code 42301.9: "School" means any pub	Distance from stack or equipment vent feet to the outer boundary of the school: feet lic or private school used for purposes of the education of more than 12 children in
		include any private school in which education is primarily conducted in private homes.
Population Density	Urban	counted for by urban land use categories, i.e., multi-family dwelling or industrial.)
Zoning Classification	Mixed Use Residential Commercial Zone (M-U)     Heavy Commercial (C-4)	Service and Professional Zone (C-S)     Medium Commercial (C-3)     Commercial Manufacturing (C-M)
Section C - Emission Re	lease Parameters - Stacks, Vents	
Stack Data	Stack Height: 180.00 feet (above ground level)  Stack Inside Diameter: 7.01 inches  Rain Cap Present: Yes No  If the stack height is less than 2.5 times the closest building h (attach additional sheet if necessary):  Building #/Name: See attached sheet.	What is the height of the closest building nearest the stack?111feet  Stack Flow:1,534,886_ acfm
	Building Height:feet (above ground lev	
	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*:  Distance to nearest business:	1,270 feet 1,040 feet
Building Information	Are the emissions released from vents and/or openings for the second sec	Building Width:feet
	Building Height:feet (above ground leve	el) Building Length:feet

<sup>\*</sup>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.

### 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	d herein and information	n submitted with this	application is true and correct.	
Signature of Preparer: Leyadanapa	Title of Preparer: Environ. Engine	ering Associate	Preparer's Phone #: (213) 367-6 Preparer's Email: tejasree.gana	
Contact Person: Andrea Villarin  Contact's Email: Andrea.Villarin@ladw	vp.com	Contact's Phone#:_ Contact's Fax#:	(213) 367-0409	Date Signed: 10/2/2024
Pursuant to the California Public Records Act, you must make such claim at the time of su Check here if you claim that this form or its attact	disclosure because it quad in the disclosure it quad in the district.	d any supplemental do valifies as a trade secre	t, as defined in the District's Guidelines fo	be disclosed to a third party. If you wish to or Implementing the California Public Records

### **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

		1			
	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 Dig
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



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

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

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 A - Operato	or Information				
	ne of Operator That Appears On Permit): ATTERGOOD GENERATING STATI		D Facility ID (Available		e Issued By AQMD): 00075
Address where the equipme	ent will be operated (for equipment which will be moved	to various location in AQM	MD's jurisdiction, please	list the initial location	site):
12700 Vista Del M	ar, Playa Del Rey, CA 90293		•	Fixed Location	O Various Locations
Section B - Equipm	ent Description				48h 38
	Manufacturer:	Model:		Serial No.:	
	Mitsubishi Power Americas	M501GAC			
Turbine	Size (based on Higher Heating Value - HHV):  Manufacturer Maximum Input Rating:		MMBTU/hr		kWh
	Manufacturer Maximum Output Rating:		MMBTU/hr		kWh
			Emergency Peaking		, KVVII
Function (Check all that apply)	☐ Steam Generation ☐ Exhaust Ga		Other (specify):		
Cycle Type	○ Simply Cycle ○ Regeneration				
Combustion Type	○ Tubular	ar (	O Annular		
Fuel (Turbine)			☑ Other*: hydro		and sulfur content).
	Steam Turbine Capacity:	иW			
Heat Recovery Steam	Low Pressure Steam Output Capacity:	lb/hr @	°F		
Generator (HRSG)	High Pressure Steam Output Capacity:	lb/hr @	*F		
	Superheated Steam Output Capacity:	lb/hr @	°F	6_	
	Manufacturer:		Model:		
Duct Burner	Number of burners:  Type:	TO THE RESIDENCE OF THE PERSON			
Fuel (Duct Burner)		The state of the s	Other*: n fuel analysis indicating	higher heating value	and sulfur content).

### 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.

	Selective Catalytic	Reduction (SCR)*	Selective Non-Catalytic R	Reduction (SNCR)*	
e-	O Oxidation Catalyst	* 0	Other (specify)*:		
Air Pollution Control	O Steam/Water Inject * Separate application is r		lbs. water/l	lbs. fuel, or	_mole water/mole
	Capital Cost:	Installation	Cost:	Annual Operating Cost:_	
t	Manufacturer:		Mod	el:	
r	Catalyst Dimensions:	Length:ft	in. Width:	ftin. Hefght:	ft
Oxidation Catalyst Data	Catalyst Cell Density:	cells/sq.ir	. Pressure Drop Ac	eross Catalyst:	
(If Applicable)	Manufacturer's Guarante	ee: CO Control Efficiency:	%	Catalyst Life:	yrs
·		VOC Control Efficiency:_	%	Operating Temp, Range:	
	Space Velocity (gas flow	rate/catalyst volume):	Area Velocit	ty (gas flow/wetted catalyst surface a	ırea):
	VOC Concentration into	Catalyst: PP	MVD@ 15%O <sub>2</sub> CO Con	centration inot Catalyst:	PPMVD
Section C - Operati		- "			
	~ . <b>*</b>	Maximum Emiss	ons Before Control *	Maximum Emissio	ons After Contro
	~ . <b>*</b>	PPM@15% O <sub>2</sub> , dry	ons Before Control *	Maximum Emissio	
,			ons Before Control *		·lb/hō
,	Pollutants		ons Before Control *	'PPM@15% O <sub>2</sub> , dry	·lb/hō
,	Pollutants ROG		ons Before Control *	PPM@15% O <sub>2</sub> , dry	1b/hō 6.78 19.4
On-line Emissions Data	Pollutants  ROG  NOX		ons Before Control *	PPM@15% O <sub>2</sub> , dry 2 2	1b/hō 6.78 19.4 8.89
*	Pollutants  ROG  NOX  CO		ons Before Control *	PPM@15% O <sub>2</sub> , dry 2 2	19/hō 6.78 19.4 8.89 10.14
*	Pollutants  ROG  NOX  CO  PM10		ons Before Control *	PPM@15% O <sub>2</sub> , dry 2 2	6.78 19.44 8.89
*	Pollutants  ROG  NOX  CO  PM <sub>10</sub> SOX	PPM@15% O <sub>2</sub> , diy	ons Before Control *	PPM@15% O <sub>2</sub> , dry  2  2  1.5	19/hō 6.78 19.4 8.89 10.14
*	Pollutants  ROG  NOX  CO  PM <sub>10</sub> SOX	PPM@15% O <sub>2</sub> , diy	ons Before Control *	PPM@15% O <sub>2</sub> , dry  2  2  1.5	19/hō 6.78 19.4 8.89 10.14
On-line Emissions Data	Pollutants  ROG  NOX  CO  PM <sub>10</sub> SOX  NH <sub>3</sub>	PPM@15% O <sub>2</sub> , dry	ons Before Control *  Ib/hour  emperature, fuel consumption	PPM@15% O <sub>2</sub> , dry  2  2  1.5  5  ion, and MW output.	19.4 19.4 8.89 10.1 1.78
On-line Emissions Data	Pollutants  ROG  NOX  CO  PM <sub>10</sub> SOX  NH <sub>3</sub> Reference (attach data):	PPM@15% O <sub>2</sub> , dry  * Based on ssion Data	ission Factors	PPM@15% O <sub>2</sub> , dry  2  2  1.5  5  ion, and MW output.	19.44 8.89 10.16 1.78
On-line Emissions Data	Pollutants  ROG  NOX  CO  PM10  SOX  NH3  Reference (attach data):  Manufacturer Emis	PPM@15% O <sub>2</sub> , dry  * Based on ssion Data	ission Factors	PPM@15% O <sub>2</sub> , dry  2  2  1.5  5  ion, and MW output.  AQMD Emission Factors	1b/hōt 6.78 19.48 8.89 10.18 1.78

#### 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.

Shutdown Data  No. of Shutdowns per day: 3 No. of Shutdowns per year: 792 Duration of each Shutdown: 55    Startup Emissions	Startup Data	No. of Startups per day:	3	_ No. of Startups	per year:	792	Duration of e	ach startup:	1_	hı
Pollutants PPM@15% 02 dry Ibihour PPM@15% 02 dry Ibihour ROG ROG S20 250 A0 250 NOX 60 A0 40 CO 1400 730 PM16 6.2 3.6 S0X 1.06 1.52 NH3 NOX CEMS Make: TBD CEMS Model: TEMS Model: TEMS Model: TEMS Model: TEMS TEMS TEMS TEMS TEMS TEMS TEMS TEMS	Shutdown Data	No. of Shutdowns per day:	3	_ No. of Shutdov	ns per year:_	792	Duration of e	ach Shutdown:	.5	hi
PMS 15% 02 dry   Ibihour   Ibihou	है हैं। इ. इ.			Startup Emis	sions		S	hutdown Emissio	ns	
Nox   60   40	F.'	Pollutants	PPM@159	% O <sub>2</sub> , dry	lb/hour		PPM@15% O <sub>2</sub>	, dry	lb/hour	
PM10   Finishions Data   CO   1400   730   730   PM10   6.2   3.6   3.6   50x   1.06   1.52   NH3		ROG			520				250	
PMito 6.2 3.6  SOX 1.06 1.52  NH3  Continuous Emission Monitoring System (CEMS): CEMS Make: TBD  CEMS Model: TBD  Will the CEMS be used to measure both on-line and startup/shutdown emissions?  Yes  No  The following parameters will be continuously monitored:  NOX  CO  Q2  Fuel Flow Rate  Ammonia Injection Rate Other (specify):  Ammonia Stack Concentration: Ammonia CEMS Make:  Ammonia CEMS Model:  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  Thereby certify that all information contained herein and information submitted with this application is true and correct.  Signature: Date: Tejasree Ganapa  Phone #: (213) 367-6332 Fax #: Email: tejasree.ganapa@ladwp.com  Phone #: (213) 367-6409 Fax #:	Startup and Shutdown	NOx			60				40	
SOx 1.06 1.52  NH3  Continuous Emission Monitoring System (CEMS): CEMS Make: TBD  CEMS Model: TBD  Will the CEMS be used to measure both on-line and startup/shutdown emissions?  Yes O No  The following parameters will be continuously monitored:  Nox CO O2  Fuel Flow Rate Ammonia Injection Rate Other (specify):  Ammonia Stack Concentration: Ammonia CEMS Make:  Ammonia CEMS Model:  Operating Schedule*  Normal: Andrea Villarin  Normal: Date:  10/2/2624  Fine Environ. Eng Assoc. LADWP  Phone #: Tejasree Ganapa  Phone #: Tejasree Ganapa  Phone #: Tejasree Ganapa  Fax #:  Email: tejasree.ganapa@ladwp.com  Phone #: (213) 367-6332  Fax #:  Email: tejasree.ganapa@ladwp.com  Phone #: (213) 367-0409  Phone #: (213) 367-0409		СО			1400				730	
Continuous Emission Monitoring System (CEMS): CEMS Make: TBD  CEMS Model: TBD  Will the CEMS be used to measure both on-line and startup/shutdown emissions?  Yes O No  The following parameters will be continuously monitored:  Nox	S CO CO	PM <sub>10</sub>			6.2				3.6	
Continuous Emission Monitoring System (CEMS): CEMS Make: TBD  CEMS Model: TBD  Will the CEMS be used to measure both on-line and startup/shutdown emissions?    Will the CEMS be used to measure both on-line and startup/shutdown emissions?    Nox		SOx			1.06				1.52	
CEMS Model: TBD  Will the CEMS be used to measure both on-line and startup/shutdown emissions?		ÑḤ3								
CEMIS Model: TBD  Will the CEMS be used to measure both on-line and startup/shutdown emissions?	13.	0-41		OFMEN OF	ususus TB	BD .		-		
Will the CEMS be used to measure both on-line and startup/shutdown emissions?	The state of the s	Continuous Emission Monit	oring System (							
The following parameters will be continuously monitored:    Nox   CO   Do or   Oo or   Oo or	į.									
Nox   Co   Co   Co   Co   Co   Co   Co	i vi	Will the CEMS be used to m	easure both on	ı-line and startup/	shutdown emi	ssions? ①	Yes O	No		
NOX   CO   CO2	Monitoring and Reporting	The following parameters w	ill be continuo	usly monitored:						
Ammonia CEMS Make:    Ammonia CEMS Model:	(3)		⊠ со		⊠ 0₂	r				
Ammonia CEMS Make:    Ammonia CEMS Model:	ا	▼ Fuel Flow Rate								
Ammonia CEMS Model:  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  Thereby certify that all information contained herein and information submitted with this application is true and correct.  Signature:  Date:  Title:  Company Name:  Environ. Eng Assoc. LADWP  Name:  Andrea Villarin  Phone #: (213) 367-6332  Email: tejasree.ganapa@ladwp.com  Phone #: (213) 367-0409	<b>A</b> .			•						
Operating Schedule Normal: 24 hours/day 7 days/week 52 weeks/yr  Section D - Authorization/Signature  Thereby certify that all information contained herein and information submitted with this application is true and correct.  Signature: Date: Tejasree Ganapa Phone#: (213) 367-6332  Email: tejasree.ganapa@ladwp.com  Phone#: (213) 367-0409  Phone#: (213) 367-0409	Lan.									
Operating Schedule  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.  Signature:  Date:  Tejasree Ganapa  Phone #:  (213) 367-6332  Email:  tejasree.ganapa@ladwp.com  Phone #:  Contact  Name:  Andrea Villarin  Phone #:  (213) 367-0409				Allianona ociao						
Maximum: 24   hours/day   7   days/week   52   weeks/yr	Operating Schedule	Normal: 24	hours/c		7	days/week		weeks/yr		
I hereby certify that all information contained herein and information submitted with this application is true and correct.    Signature: Date: Tejasree Ganapa   10/2/2624   Phone#: (213) 367-6332   Email: tejasree.ganapa@ladwp.com	, st	Maximum: 24	hours/c	day	7	days/week	52	weeks/yr		
Signature:  Date: Tejasree Ganapa  Phone #: (213) 367-6332  Email: tejasree.ganapa@ladwp.com    Name: Andrea Villarin   Phone #: (213) 367-0409	* "	ization/Signature			ı				i di dina	
Preparer	Section D - Author		***		-					
Preparer   Title:   Company Name:   Phone #: (213) 367-6332   Email:   tejasree.ganapa@ladwp.com   Fax #: (213) 367-0409   Fax #: (213) 367-0409	1 #1.5	rmation contained herein and i	nformation sub	mitted with this a	pplication is to	rue and correc	iL			
Environ. Eng Assoc. LADWP Email: tejasree.ganapa@ladwp.com  Name: Andrea Villarin Fax #:  (213) 367-0409	I hereby certify that all info	;	Date:		Name:					
Name: Fax #: Contact Andrea Villarin (213) 367-0409	I hereby certify that all info	Yanepa	Date:		Name: Tej:	asree Gar	nap <u>a</u> Fav#	:		
Contact N Andrea Villarin (213) 367-0409	I hereby certify that all info	Janepa Compan	Date:   0 / 1 y Name:		Name: Tej: Phone #: (2	asree Gar 113) 367-6	nap <u>a</u> Fax#	:		
	I hereby certify that all info Signature: Preparer Info	Janepa Compan	Date:   0 / 1 y Name:		Name: Tej: Phone #: (2 Email: tejas	asree Gar 113) 367-6	nap <u>a</u> 5332 @ladwp.com			
Manager of Air Quality LADWP Andrea.Villarin@ladwp.com	Preparer Title:  Environ. E  Contact Andr	Janepa Compan Eng Assoc. LADV ea Villarin	Date: _		Name: Tej: Phone #: (2 Email: teja: Phone #: (2	asree Gar 113) 367-6 sree.ganapa	napa Fax # 332 @ladwp.com Fax #			
	Preparer Info Signature:  Preparer Info Title:  Contact Info Title:  Contact Info Title:	Janepa Compan Eng Assoc. LADV ea Villarin Compan	Date:    O /   y Name:  VP		Name: Tej: Phone #: (2 Email: tejas Phone #: (2 Email:	asree Gar 13) 367-6 sree.ganapa 13) 367-0	napa Fax # @ladwp.com 409 Fax #			=
	Preparer Info Signature:  Preparer Info Title:  Contact Info Title:  Contact Info Title:	Janepa Compan Eng Assoc. LADV ea Villarin Compan	Date:    O /   y Name:  VP		Name: Tej: Phone #: (2 Email: tejas Phone #: (2 Email:	asree Gar 13) 367-6 sree.ganapa 13) 367-0	napa Fax # @ladwp.com 409 Fax #		•	

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



### 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					w.aqma.gov
1. Facility Name (Business Name of Operator to Appear on the Pe	ermit):		12	. Valid AQMD Facility ID (Ava	ilable On
LA CITY, DWP SCATTERGOOD GEN	ERATING STA	TION		Permit Or Invoice Issued By AQMD):	
Owner's Business Name (If different from Business Name of C		.,,,,		900075	
Los Angeles Department of Water and				800075	
Section B - Equipment Location Address		Section C - Permit	Mailing Address		1
4. Equipment Location Is:   Fixed Location	O Various Location	5. Permit and Corresp			
(For equipment operated at various locations, provide add			ame as equipment location	n address	
12700 Vista Del Mar		111 North Hope	St Room 1050		
Street Address		Address		P. J. Toronton	-
Playa Del Rey , CA 902	93	Los Angeles		, CA 90012	
City Zip		City		State Zip	tal.
Abdul Rehman Plant Man Contact Name Plant Man	ager	Andrea Villarin Contact Name		Manager of Air Qual	ity
(310) 524-8500		(213) 367-0409		1100	
Phone # Ext. Fax #		Phone #	Ext.	Fax #	
E-Mail: Abdul.Rehman@ladwp.com		E-Mail: Andrea. Villa	arin@ladwp.com		
Section D - Application Type					
6. The Facility Is: O Not In RECLAIM or Title V	O In RECLAIM	O In Title V	● In RECLAIM & T	itle V Programs	
7. Reason for Submitting Application (Select only ONE):		2000			
7a. New Equipment or Process Application:	7c. Equipment or P	rocess with an Existing	g/Previous Application	or Permit:	
New Construction (Permit to Construct)	O Administrative (				
C Equipment On-Site But Not Constructed or Operational	Alteration/Modif			Existing or Previous	s
C Equipment Operating Without A Permit *		ication without Prior Appr	rough *	Permit/Application	
1.프로그램 : [1] - [1]			If you checked any of the it		
Compliance Plan	Change of Con			7c., you MUST provide an	
Registration/Certification		dition without Prior Appro	oval *	Permit or Application Nur	nber:
Streamlined Standard Permit	C Change of Loca		14		
7b. Facility Permits:		tion without Prior Approv			
○ Title V Application or Amendment (Refer to Title V Matrix)	C Equipment Ope	rating with an Expired/Ina	active Permit *		
O RECLAIM Facility Permit Amendment	* A Higher Permit Proce	essing Fee and additional An	nnual 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. I 08/26/2026	Estimated End Date of 0 12/31	onstruction (mm/dd/yyy /2029	y): 8c. Estimated St	art Date of Operation (mm/dd 12/31/2029	/уууу):
9. Description of Equipment or Reason for Compliance Plan	(list applicable rule):	10. For Identical equi	pment, how many addit	ional	
Application for Permit to Construct and Permit to C SCR/CO Catalyst, Combined Cycle Combustion T	•		peing submitted with thi red for each equipment / p		
11. Are you a Small Business as per AQMD's Rule 102 definit			Violation (NOV) or a No		O Yes
(10 employees or less and total gross receipts are \$500,000 or less <b>OR</b> a not-for-profit training center)	No ○ Yes	Comply (NC) be	en issued for this equip If Yes, provide NO	mient:	res
Section E - Facility Business Information					
What type of business is being conducted at this equipmed     Utility	ent location?	14. What is your busi (North American In	ness primary NAICS Condustrial Classification Sys	ode? stem) 2211	1
15 Are there other facilities in the SCAOMD	○ No	16. Are there any sch 1000 feet of the fa	ools (K-12) within acility property line?	⊙ No	○ Yes
	ify that all information con			application are true and correct.	
17. Signature of Responsible Official:	18. Title of Responsib	le Official:		e permit prior to issuance.	O No
Honald Inline		eam Generation	application proces		Yes
20. Print Name: Donald Treinen	21. Date: 10/2/.	2024	22. Do you claim cont data? (If Yes, see		<b>⊙</b> Yes
23. Check List: X Authorized Signature/Date	➤ Form 400-CEQA	Supplementa	Form(s) (ie., Form 400	-E-xx) X Fees Enclos	ed
AGMD APPLICATION TRACKING # CHECK # AM \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	OUNT RECEIVED	PAYMENT TRACE	KING#	VALIDATION (O/L/2	024 8
DATE APP DATE APP CLASS BASIC	EQUIPMENT CATEGORY	CODE TEAM ENGINE	ER REASON/ACTION TAX		



### 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 SCA	TTERGOOD GENERATING STATION 800075
Address where the equipment	t 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	r, Playa Del Rey, CA 90293 © Fixed Location O Various Locations
Section B - Equipme	nt Description
1	Selective Catalytic Reduction (SCR)
	Manufacturer: Haldor Topsoe or equivalent Catalyst Active Material:
	07.004
SCR Catalyst	Model Number: GT-201 Type:
	Size of Each Layer or Module: L: 2 ft. in. W: 13 ft. 11 in. H: 4 ft. 7.7 in.
	No. of Layers or Modules: 30 Total Volume: 1589 cu. ft. Total Weight: lbs.
Reducing Agent	○ Urea ○ Anhydrous Ammonia
Reducing Agent Storage*	Diameter:ftin. Height:ftin. Capactity:90000_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: 2 ppm %0 <sub>2</sub> : 15.00 NOx: gm/bhp-hr Ammonia Slip: 5 ppm @ 15.00 %0 <sub>2</sub>
Catalyst Life	years (expected)
Cost	Capital Cost: Installation Cost: Catalyst Replacement Cost:
	Oxidation Catalyst
	Manufacturer: Johnson Matthey or equivalent Catalyst Active Material:
[ _ <b>[</b> ]	Model Number: SO-13200421 Type: Platinum, wash-coated metallic substrate
Oxidation Catalyst	
	Size of Each Layer or Module:         L: 1 ft. in.         in.         W: 13 ft. in.         in.         H: 35 ft. in.         in.
	No. of Layers or Modules: 455 Total Volume: 374.6 cu. ft. Total Weight: lbs.
Space Velocity	Gas Flow Rate/Catalyst Volume: per hour
	voc: 2 ppm voc: gm/bhp-hr %0 <sub>2</sub> : 15.00
Manufacturer's Guarantee	CO:
Catalyst Life	5 years (expected)
Cost	Capital Cost: Installation Cost: Catalyst Replacement Cost:

#### 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 Catal	/st					
1 -y	Manufacturer:	Catalyst Active Material:					
Ammonia Catalyst	Model Number:						
*	Size of Each Layer or Module: L: ft	in. W:ftin. H:ftin.					
Aug	No. of Layers or Modules: Total Volu	ne:cu. ft. Total Weight:lbs.					
Space Velocity	Gas Flow Rate/Catalyst Volume: per ho	ur					
, Manufacturer's Guarantee	NH3:ppm %O <sub>2</sub> :	<b>_</b>					
Catalyst Life	years (expected)						
Cost	Capital Cost: Installation Cost:	Catalyst Replacement Cost:					
Section C - Operation	n Information						
Operating Temperature	Minimum Inlet Temperature:°F (from co	old start) Maximum Temperature:°F					
:	Warm-up Time:hr	min. (maximum)					
Operating Schedule	Normal: 24 hours/day 7	days/week52weeks/yr					
Obergmiß acheinne	Maximum: 24 hours/day 7	days/week52weeks/yr					
Section D - Authoriz	ation/Signature						
	nation contained herein and information submitted with this app						
Preparer   Title:	Janapa 10/2/2024 p	ame: Tejasree Ganapa hone#: (213) 367-6332 mail:					
Environ. En		tejasree.ganapa@ladwp.com hone#: Fax#:					
Contact Title:	A Villarin Company Name:	mail: (213) 367-0409					
<u>Manager o</u>	f Air Quality LADWP	Andrea.Villarin@ladwp.com					

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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.

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### Form 400-A

## Application Form for Permit or Plan Approval List only one piece of equipment or process per form.



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Tel: (909) 396-3385

Section A - Operator Information	The second second		A CONTRACTOR OF THE PARTY OF TH		www.aqmu		
Facility Name (Business Name of Operator to Appear on the Pen	mit):			2. Valid AQMD	Facility ID (Available C		
LA CITY, DWP SCATTERGOOD GENE	- 1	Permit Or Invoice Issued By AQMD):					
3. Owner's Business Name (If different from Business Name of Op-							
Los Angeles Department of Water and P				_	800075		
Section B - Equipment Location Address	Section C - Permit Mailing Address						
	Various Location	5. Permit and Correspondence Information:					
(For equipment operated at various locations, provide addre	ss of initial site.)		ame as equipment local	tion address			
12700 Vista Del Mar Street Address		111 North Hope Address	St Room 1050				
Playa Dei Rey , CA 9029	3	Los Angeles		, CA 90012			
City Zip		City		State Zip			
Abdul Rehman Plant Manag	ger	Andrea Villarin		Manager of Air Quality			
Contact Name Title		Contact Name		Title			
(310) 524-8500 Phone # Ext. Fax #		(213) 367-0409 Phone # Ext.		Eav #			
E-Mail: Abdul.Rehman@ladwp.com		E-Mail: Andrea.Vill		Fax#			
		E-Mail.	<u>@</u>				
Section D - Application Type  6. The Facility Is: O Not In RECLAIM or Title V	O In RECLAIM	O In Title V	● In RECLAIM &	Title V Program			
7. Reason for Submitting Application (Select only ONE):	O III RECEAIN	O III TILLE V	(S) III RECLAIM &	Title v Frogram	3		
7. New Equipment or Process Application:	7c Equipment or I	Process with an Existin	a/Previous Application	or Dormit			
			g/Frevious Application	i or Perint.			
New Construction (Permit to Construct)	O Administrative			Existing or Previous			
C Equipment On-Site But Not Constructed or Operational	Alteration/Modif			Permit/Application			
C Equipment Operating Without A Permit *	-	fication without Prior App	roval *	If you checked any of the items in			
C Compliance Plan	Change of Con	7c., you wido provide an existing					
C Registration/Certification	The second second second second	ondition without Prior Approval * Permit or Application Number:					
Streamlined Standard Permit	Change of Loca		NY.				
7b. Facility Permits:		ation without Prior Approv					
Title V Application or Amendment (Refer to Title V Matrix)	) C Equipment Ope	erating with an Expired/In	active Permit *				
O RECLAIM Facility Permit Amendment	* A Higher Permit Proc	essing Fee and additional Ar	nnual Operating Fees (up to	o 3 full years) may	apply (Rule 301(c)(1)(D)(i))		
8a. Estimated Start Date of Construction (mm/dd/yyyyy): 8b. Es 08/26/2026	Construction (mm/dd/yy 1/2029	yy): 8c. Estimated	8c. Estimated Start Date of Operation (mm/dd/yyyy): 12/31/2029				
9. Description of Equipment or Reason for Compliance Plan (li	ist applicable rule):	10. For Identical equi					
Application for Permit to Construct and Permit to Op	applications are being submitted with this application? (Form 400-A required for each equipment / process)						
Significant Permit Revision  11. Are you a Small Business as per AQMD's Rule 102 definitio	m2		C4 210 1820 16 (445 150*		12.77		
(10 employees or less and total gross receipts are	12. Has a Notice of Violation (NOV) or a Notice to Comply (NC) been issued for this equipment?  • No • Yes						
\$500,000 or less <u>OR</u> a not-for-profit training center)	If Yes, provide NOV/NC#:						
Section E - Facility Business Information							
<ol> <li>What type of business is being conducted at this equipmen Utility</li> </ol>	What is your business primary NAICS Code? (North American Industrial Classification System)     22111						
15 Are there other facilities in the SCAOMD	No • Yes	16. Are there any schools (K-12) within 1000 feet of the facility property line?  • No • Yes					
	that all information con	tained herein and inform		application are	true and correct.		
17. Signature of Responsible Official:	18. Title of Responsib	ole Official: team Generation	19. I wish to review to (This may cause a	a delay in the	to issuance.		
20. Print Name:	21. Date: 10/2/2		application proce 22. Do you claim co data? (If Yes, se	nfidentiality of	O No O Ye		
Donald Treinen				and a facility			
	Form 400-CEQA	PAYMENT TRAC	Il Form(s) (ie., Form 40		X Fees Enclosed DATION		
			15.1141.7 PF	I VALI			
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S.C.A.U.M.D. PERMIT PROCESSING