

OLYMPIC REGION CLEAN AIR AGENCY

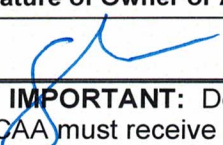
2940 Limited Lane NW - Olympia, Washington 98502 - 360-539-7610 – Fax 360-491-6308

FORM 1- NOTICE OF CONSTRUCTION

TO CONSTRUCT - INSTALL - ESTABLISH OR MODIFY AN AIR CONTAMINANT SOURCE

Form 1 Instructions:

1. Please complete all the fields below. **This NOC application is considered incomplete until signed.**
2. If the application contains any confidential business information, please complete a Request of Confidentiality of Records (www.orcaa.org).
3. Duty to Correction Application: An applicant has the duty to supplement or correct an application. Any applicant who fails to submit any relevant facts or who has submitted incorrect information in a permit application must, upon becoming aware of such failure or incorrect submittal, promptly submit supplementary factors or corrected information.

Business Name: WASHINGTON STATE HEALTH CARE AUTHORITY		For ORCAA use only	
Mailing Address: PO Box 42692 OLYMPIA WA 98504		File No: 477	
Physical Address of Project or New Source: 626 8TH AVE SE OLYMPIA WA 98504		County No: 67	
Billing Address: PO Box 42691 OLYMPIA WA 98504		Source No: 129	
Project or Equipment to be installed/established: EMERGENCY POWER GENERATOR		Application No: 21NOC1523	
Anticipated startup date: - / - / 2006		Date Received:	
Is facility currently registered with ORCAA? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Received AUG 31 2021 ORCAA	
<p>This project must meet the requirements of the State Environmental Policy Act (SEPA) before ORCAA can issue final approval. Indicate the SEPA compliance option:</p> <p><input type="checkbox"/> SEPA was satisfied by _____ (government agency) on ____/____/____ (date) - Include a copy of the SEPA determination</p> <p><input type="checkbox"/> SEPA threshold determination by _____ (government agency) is pending - Include a copy of the environmental checklist</p> <p><input type="checkbox"/> ORCAA is the only government agency requiring a permit - Include ORCAA Environmental Checklist</p> <p><input type="checkbox"/> This project is exempt from SEPA per _____ (WAC citation).</p>			
Name of Owner of Business: STATE OF WASHINGTON		Agency Use Only	
Title:			
Email:	Phone:		
Authorized Representative for Application (if different than owner): KELLY PALMER			
Title: FACILITIES MANAGER			
Email: Kelly.palmer@HCA.WA.GOV	Phone: 360-584-2465		
I hereby certify that the information contained in this application is, to the best of my knowledge, complete and correct.			
Signature of Owner or Authorized Representative: (sign in Blue Ink)			
		Date: 8/13/21	
<p>IMPORTANT: Do not send via email or other electronic means. ORCAA must receive Original, hardcopy, signed application and payment prior to processing application.</p>			

OLYMPIC REGION CLEAN AIR AGENCY

2940 Limited Lane NW - Olympia, Washington 98502 - 360-539-7610 – Fax 360-491-6308

FORM 1D- Contact Information

Business Name WASHINGTON STATE HEALTH CARE AUTHORITY	FOR ORCAA USE
	FILE #
Physical Site Address (Street address, city, state, zip) 626 8TH AVE SE OLYMPIA WA 98504	CTY #
	SRC #
Previous Business Name (if applicable)	Date Received Received AUG 31 2021 ORCAA

Contact Information

Inspection Contact	
Name KELLY PALMER	Title FACILITIES MANAGER
Phone 360-584-2465	Email kelly.palmer@HCA.WA.GOV
Billing Contact	
Name HCA ADMIN ACCOUNTS PAYABLE	Title FSD
Phone —	Email HCAAdminAccountsPayable@HCA.WA.GOV
Emission Inventory Contact	
Name KELLY PALMER	Title
Phone	Email
Complaint Contact	
Name KELLY PALMER	Title
Phone	Email
Permit Contact	
Name KELLY PALMER	Title
Phone	Email

The **inspection contact** is the on-site person responsible for the everyday operation of the site and is available for inspections.

The **billing contact** is the person invoices are sent.

The **emission inventory contact** is the person requests for emissions information and material use information are sent.

The **complaint contact** is the person who receives and responds to complaints received on-site and who is contacted regarding complaints ORCAA receives.

The **permit contact** is the person responsible for filling out permit applications and receiving approval from ORCAA.

**OLYMPIC REGION CLEAN AIR AGENCY (ORCAA)**

2940 Limited Lane NW, Olympia, WA 98502
Engineering Division (360) 539-7610
Website: orcaa.org fax (360) 491-6308

**Form 18
Internal Combustion Engines**

NOC #	Date	File #

Form 18 is to be completed for all internal combustion engines except turbines. (For turbines, submit Form 17). Submit one form for each engine. If this is a new engine or a modification to an existing engine, your application must also include Form 5 and an analysis of toxic air pollutant emissions in accordance with Chapter 173-460 of the Washington Administrative Code. Completion of Form 5 requires determining daily and annual toxic air pollutant emissions based on the maximum potential to emit of the engine. Additional forms and all ORCAA regulations and rules are available on the Agency's web site. Contact ORCAA's Engineering Division at the above telephone number if you need assistance completing this form. Please include the engine manufacturer's equipment specification sheet or brochure if one is available.

1. SUMMARY ☐ New Engine ☐ Engine Modification ☐ New/Additional Fuel ☐ Other:Company Name WASHINGTON STATE HEALTH CARE AUTHORITY County No.* _____Source Description EMERGENCY GENERATOR Source No.* _____Initial Date of Operation 2006 (Not required for modification of an existing permitted source) *(If unknown leave blank)Operating Schedule Typical hrs/day 0.5 Days/week 0.5 Weeks/yr 26 Maximum hrs/day _____**2. ENGINE INFORMATION** ☐ Check here if applying for approval of portable equipment.

(See ORCAA Regulation 6.1.1 for portable equipment requirements)

Engine Type: (Check one) ☐ 4 Stroke ☐ 2 Stroke Compression Ignition (Diesel) or ☒ 4 Stroke ☐ 2 Stroke Spark IgnitionEngine Manufacturer VOLVO Model TAD1641GE Model Year 2005EPA/CARB Engine Family Name SVPXL16.1ACC Engine Serial No. 2016006469Engine Displacement 984 (cu in) Maximum rated output (bhp) 500KW Typical load as % of bhp rating 22Is this an emergency/standby engine? ☒ Yes ☐ No 565 20%

(Complete and check all that apply)

Certification: ☐ EPA Certified ☐ CARB Certified☒ None (If None is checked, please indicate below the items applicable to this engine.)☐ Naturally aspirated ☐ Supercharged ☒ Turbocharged ☒ Inter-cooled ☐ After-cooled☐ Timing retard $\geq 4^\circ$ ☐ Lean-burn ☐ Rich-burnPrimary Use: ☒ Electrical generation ☐ Cogeneration ☐ Pump driver ☐ Fire pump driver☐ Compressor driver ☐ Tub grinder driver ☐ Other: _____**3. CONTROL DEVICE INFORMATION** Complete this section only if the engine exhausts to an add-on control device.☐ Check here if the engine has more than one add-on control device and repeat this section for each. Include manufacturer's technical specification sheet or brochure for each control device.Control device number # _____ (If unknown leave blank) ☐ New ☐ ExistingDevice type: ☐ Diesel catalyzed particulate filter ☐ Oxidation catalyst ☐ Selective catalytic reduction (SCR)☐ Non-selective catalytic reduction (NSCR or 3-way catalyst) ☐ Other: _____

Make, Model, and Rated Capacity _____

Control device control efficiencies at typical operation (Use the basis codes listed below. If unknown leave blank)

Control Efficiency/Emission Factor Basis Codes: (Submit supporting documentation if available)

(1) Source testing or other measurement by plant

(8) Guess

(2) Source testing or measurement by ORCAA

(9) EPA/CARB Certification

(3) Specification from vendor

(4) Material balance by plant using knowledge of process

(5) Material balance by ORCAA

(6) EPA Document AP-42 Emission Factors

(7) Taken from literature other than AP-42

Continued on reverse side

Pollutant Name	Wt % Reduction	Basis Code
Particulates		
Organics		
Nitrogen Oxides		
Sulfur Dioxide		
Carbon Monoxide		
Others – <input type="checkbox"/> Check here and attach a separate list of pollutants. Include the basis code and the control efficiency.		

4. EMISSION POINT/STACK INFORMATION ☐ Check here if the engine has more than one stack or has a continuous pollutant emission monitor and repeat this section for each.Emission point number # _____ (If unknown leave blank) ☐ New ☐ ExistingStack outlet height from ground level (ft) 17Diameter of stack outlet (inches) 8 or Outlet cross-section area (square inches) _____Direction of outlet (check one) ☒ Horizontal ☐ Vertical End of outlet (check one) ☒ Open/hinged flap ☐ Rain cap

Exhaust rate at typical operation (acfm) _____ Exhaust temperature at typical operation (°F) _____

5. AIR TOXIC ASSESSMENT INFORMATION.Distance from engine to the property line of the nearest residence (ft) 192 or (check if) ☐ Greater than one mileDistance from engine to the property line of the nearest school¹ (ft) _____ or (check if) ☒ Greater than 1000 ftDescribe the nearest non-residential, non-school site (check one) ☐ Industrial ☒ Commercial ☐ Hospital☐ Day care center ☐ Other _____Distance from engine to the property line of the nearest non-residential, non-school site (ft) 59 or ☐ Greater than one mile

1. K-12 and more than twelve children only.

6. FUEL DATA Complete the table below for each fuel burned. If you are using a fuel other than those listed in the fuel table, attach a **fuel analysis** indicating the higher heating value, sulfur content, and nitrogen content. Please clearly indicate the measurement unit that corresponds to the information you are submitting. ☐ Check here if you are using more than two fuels, and attach a copy of this page listing the additional fuels.

Primary Fuel					Secondary Fuel				
Fuel ¹	Name	Maximum Fuel Use Rate ²	Annual Fuel Usage ³	Typical Heat Content ⁴	Fuel ¹	Name	Maximum Fuel Use Rate ²	Annual Fuel Usage ³	Typical Heat Content ⁴
	<u>DIESEL</u>	_____ gal/hr or SCF/hr	<u>42</u> gal/yr or therm/yr or SCF/yr	_____ BTU/gal or BTU/SCF			_____ gal/hr or SCF/hr	_____ gal/yr or therm/yr or SCF/yr	_____ BTU/gal or BTU/SCF
		Sulfur Content ⁴ _____ wt% liquids or ppmv gases					Sulfur Content ⁴ _____ wt% liquids or ppmv gases		
Emission Factors (Optional)					Emission Factors (Optional)				
Pollutant Name	Emission Factor	Units ⁵	Basis Code ⁶	Control Factor (✓) ⁷	Pollutant Name	Emission Factor	Units ⁵	Basis Code ⁶	Control Factor (✓) ⁷
Particulates				<input type="checkbox"/>	Particulates				<input type="checkbox"/>
Organics				<input type="checkbox"/>	Organics				<input type="checkbox"/>
Nitrogen Oxides				<input type="checkbox"/>	Nitrogen Oxides				<input type="checkbox"/>
Carbon Monoxide				<input type="checkbox"/>	Carbon Monoxide				<input type="checkbox"/>
Others – <input type="checkbox"/> Check here and attach a separate list under each fuel used.					Others – <input type="checkbox"/> Check here and attach a separate list under each fuel used.				

1. Fuel Table: Diesel Bio Diesel B100 Bio Diesel B20 Blend Gasoline
Natural Gas Landfill Gas Digester Gas Liquid Petroleum Gas (LPG)

2. Maximum fuel use rate units: gallon/hr for liquid fuels and SCF/hr for gaseous fuels. (SCF = Standard Cubic Foot)

3. The annual fuel usage is the actual or projected engine fuel consumption over a rolling 12-month time period. Annual usage units: gallons for liquid fuel, therms for natural gas, and SCF for other gaseous fuels. (therm = 100,000 BTUs, BTU = British Thermal Unit)

4. If you are using diesel, natural gas, or gasoline, you may skip this entry. Heat content units: BTU/gallon for liquid fuels, BTU/SCF for gaseous fuels. Sulfur content units: weight % for liquid fuels, ppmv for gaseous fuels. (ppmv = parts per million by volume)

5. Emission factors may be reported as gram/brakehp-hr, or as lb per gallon, or as lb per therm, or as lb per SCF.

6. See the Control Efficiency/Emission Factor Basis Code table under Section 3 on page 1 of this form.

7. Place a check in this column if the emission factor applies to emissions after an add-on control device.**7. CERTIFICATION** I hereby certify that all information contained herein is true and correct. (Please sign and date this form)Kelly Palmer

Name of person certifying (print)

FACILITIES Manager

Title of person certifying

[Signature]
Signature of person certifying8/13/21

Date

Phone Number:

Email: