

## 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:**

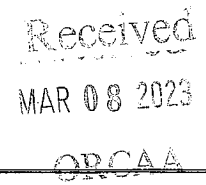
1. Please complete all the fields below. **This NOC application is considered incomplete until signed.**
2. If the application contains any confidential business information, please complete a Request of Confidentiality of Records ([www.orcaa.org/forms](http://www.orcaa.org/forms)).
3. Duty to Correction 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: <b>GRAYS HARBOR COMMUNITY HOSPITAL</b>	<b>For ORCAA use only</b>
Mailing Address: <b>915 ANDERSON DRIVE ABERDEEN, WA 98520</b>	File No: <b>615</b> County No: <b>27</b> Source No: <b>920</b> Application No: <b>23NCC1589</b>
Physical Address of Project or New Source: <b>915 ANDERSON DRIVE ABERDEEN, WA 98520</b>	Date Received: <b>Received</b>  <b>MAR 08 2023</b>  <b>ORCAA</b>
Billing Address: <b>1006 NORTH H STREET ABERDEEN, WA 98520</b>	
Project or Equipment to be installed/established: <b>EXISTING EQUIPMENT PER ATTACHED FORM 11 AND FORM 18</b>	
Anticipated startup date: <b>3/28/23</b> Is facility currently registered with ORCAA? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<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: <b>TOM JENSEN</b>	<b>Agency Use Only</b>
Title: <b>CEO</b>	
Email: <b>TJENSEN@GHCARES.ORG</b> Phone: <b>360.537.5117</b>	
Authorized Representative for Application (if different than owner): <b>DWAYNE LUNDE</b>	
Title: <b>DIRECTOR PLANT SERVICES</b>	
Email: <b>DLUNDE@GHCARES.ORG</b> Phone: <b>360.537.5024</b>	
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)	
<b>Dwayne E Lund</b>	Date: <b>3/2/2023</b>
<p><b>IMPORTANT:</b> 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

<b>Business Name</b>	<b>FOR ORCAA USE</b>
<b>Physical Site Address (Street address, city, state, zip)</b> GRAYS HARBOR COMMUNITY HOSPITAL 915 ANDERSON DRIVE ABERDEEN, WA 98520	FILE # 615
	CTY # 27
	SRC # 920
<b>Previous Business Name (if applicable)</b>	Date Received
	

#### Contact Information

<b>Inspection Contact</b>	
Name	DWAYNE WUNDE
Title	DIRECTOR PLANT SERVICES
Phone	360.537.5024
Email	DLUNDE@GHCARES.ORG
<b>Billing Contact</b>	
Name	
Title	ACCOUNTS PAYABLE CLERK
Phone	360 537 6148
Email	ACCOUNTING@GHCARES.ORG
<b>Emission Inventory Contact</b>	
Name	DWAYNE WUNDE
Title	DIRECTOR PLANT SERVICES
Phone	360.537.5024
Email	DLUNDE@GHCARES.ORG
<b>Complaint Contact</b>	
Name	DWAYNE WUNDE
Title	DIRECTOR PLANT SERVICES
Phone	360.537.5024
Email	DLUNDE@GHCARES.ORG
<b>Permit Contact</b>	
Name	DWAYNE WUNDE
Title	DIRECTOR PLANT SERVICES
Phone	360 537 5024
Email	DLUNDE@GHCARES.ORG

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.

## Notice of Construction (NOC) Fee Schedule

Effective July 1, 2022

### NOC Fees - ORCAA Rule 3.3(a)

	Filing Fee
+	Additional NOC Processing Fees
+	Other Costs
	<u>NOC Fee</u>

### Filing Fee - ORCAA Rule 3.3(b)

	Complexity Fee
+	<u>Equipment Fee(s) (for each piece of equipment, unless they are identical per 3.3(b)(2))</u>
	Filing Fee

### Complexity Fee

Complexity Level 1	\$ 1203
Complexity Level 2 <sup>1</sup>	\$ 2408
Complexity Level 3 <sup>1</sup>	\$ 4027
Complexity Level 4 <sup>1</sup>	\$ 9744

### Equipment Fee

Equipment/Activity	Fee	Base-Fee Hours
Abrasive Blasting	\$ 462	5
Asphalt Plant	\$ 3424	37
<i>Combustion Equipment not otherwise listed (Million Btu/hr heat input at design capacity)</i>		
Less than 10	\$ 1110	12
10 or more but less than 30	\$ 1203	13
30 or more but less than 100	\$ 2405	26
More than 100	\$ 6478	70
Temporary Combustion Equipment (Onsite < 1 year)	One half the filing fee	One half the base-fee hours
Coffee Roaster	\$ 647	7
<i>Composting Operation (Average material throughput – tons per day)</i>		
Less than 50	\$ 1203	13
50 or more but less than 200	\$ 2128	23
More than 200	\$ 3146	34
Concrete Batch Plant	\$ 1851	20
Crematory	\$ 1018	11
Dry Cleaner (per machine)	\$ 647	7
Dry Kilns	\$ 1203	13
Emergency Engine – cumulative horsepower < 2000 bhp	\$ 832	9
Emergency Engine -cumulative horsepower ≥ 2000 bhp	\$ 1665	18
Non-Emergency Engine (per engine)	\$ 1203	13
Gasoline Dispensing Station	\$ 647	7
Log yard	\$ 647	7

Printing	\$ 647	7
Process Equipment ≤20,000 cubic feet per minute at design capacity	\$ 926	10
Rock Crushing Plant – includes General Order	\$ 462	5
Soil Remediation	\$ 1203	13
Spray Painting – Autobody (per operation/booth)	\$ 740	8
Surface Coating – Aviation, Wood, Truck Bed Lining, Boat, Other (per operation/booth)	\$ 1296	14
Storage Tanks ≤10,000-gallon total capacity (other than at retail gasoline dispensing stations)	\$ 832	9
Wastewater Treatment Plant	\$ 1943	21
Welding	\$ 926	10
Other Equipment not listed above - Small <sup>2</sup>	\$ 462	5
Other Equipment not listed above - Medium <sup>2</sup>	\$ 1296	14
Other Equipment not listed above - Large <sup>2</sup>	\$ 3146	34
Equipment Modification - Modification as defined in ORCAA Rule 1.4 <sup>3</sup> are physical changes or changes in the method of operation that may cause an emissions increase	One half the applicable filing fee	One half the associated base-fee hours
In-Kind Replacements – replacement of equipment with a unit of same or smaller size, except for asphalt plants, combustion equipment >30 MMBtu/hr, and other replacements as determined by the Executive Director	One half the applicable filing fee	One half the associated base-fee hours

### Control Device Replacement (No Complexity Fee)

Equipment/Activity	Fee	Base-Fee Hours
Control Device Replacement per ORCAA Rule 6.1.10 NOC	\$ 740	8

### Change in Conditions Per Rule 6.1.11<sup>4</sup> (No Complexity Fee)

Equipment/Activity	Fee	Base-Fee Hours
Change in Conditions	\$ 647	7

### Additional NOC Processing Fees - ORCAA Rule 3.3(c)

Additional NOC Processing fees, including work that exceeds the base-fee hours, will be billed at the following hourly rate as specified in ORCAA Rule 3.3(d).

Hourly Rate	\$ 92.53
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### Other Costs - ORCAA Rule 3.3(d)

Publishing and consulting costs incurred will be billed to the applicant as specified in ORCAA Rule 3.3(d).

### Variance - ORCAA Rule 2.3 or Voluntary Limit per Rule 6.1.12 (SMO)

Fees	Fee	Base-Fee Hours
Filing Fee	\$ 1296	14
Add'l processing costs above allowed hours – per hour	\$ 92.53	
Actual legal notice fees	Actual cost	
Actual ORCAA legal fees	Actual cost	

**<sup>1</sup>Complexity – Level 1, Level 2, Level 3 and Level 4**

The following includes equipment that would be considered in each permit complexity class if installed by themselves. If the application includes more than one piece of equipment/process or if your equipment/process is not listed, please contact ORCAA Engineering Department for a complexity determination for your project.

**Level 1**

Abrasive Blasting  
Coffee Roaster  
Dry Cleaner  
Emergency Engine  $\leq 2000$ bhp  
Gasoline Dispensing Facilities  
Rock Crushing Plant  
Spray Painting – Autobody  
Storage Tanks <10,000-gallon capacity -  
excluding gasoline dispensing facilities

**Level 2**

Combustion Equipment <30 MMBtu/hr  
Compost <50 ton/day  
Cremator  
Emergency Engine  $\geq 2000$ bhp  
Non-Emergency Engine  
Process Equipment  
Soil Remediation  
Surface Coating (excluding autobody)  
Welding

**Level 3**

Combustion Equipment 30-100 MMBtu/hr  
Compost 50-200 tons/day

**Level 4**

Asphalt Plant  
Combustion Equipment >100 MMBtu/hr

<sup>2</sup>Equipment fees for other equipment not classified above is determined based on the size and the type of the unit. Please contact ORCAA Engineering Department for assistance.

<sup>3</sup>Per Rule 1.4, a “Modification” means any physical change in, or change in method of operation of, a stationary source that increases the amount of any air contaminant emitted by such stationary source or that result in the emissions of any air contaminant not previously emitted.

<sup>4</sup>Changes in Conditions that will result in an emissions increase are reviewed as a “modification”



# OLYMPIC REGION CLEAN AIR AGENCY

2940 Limited Lane NW - Olympia, Washington 98502

Telephone: (360)-539-7610 – Fax: (360)-491-6308

[www.orcaa.org](http://www.orcaa.org)

## FORM 11

Fill out all the applicable equipment information requested below and submit the appropriate fees.

### BOILERS AND HEATERS

#### General Information

Facility Name: <b>GRAYS HARBOR COMMUNITY HOSPITAL</b>	Contact Person: <b>DWAYNE LUNDE</b>
	Phone Number: <b>360 537 5024</b>
	Email: <b>DLUNDE@GHCARES.ORG</b>
Facility Operating Schedule: <b>24</b> hrs/day, <b>7</b> days/wk, <b>52</b> wks/yr	Boiler Operating Schedule: <b>24</b> hrs/day, <b>7</b> days/wk, <b>52</b> wks/yr
Indicate days when operating: <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> Thu <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/> Sat <input checked="" type="checkbox"/> Sun	Indicate days when operating: <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> Thu <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/> Sat <input checked="" type="checkbox"/> Sun

Type of Boiler: <b>STEAM</b>	
Manufacturer: <b>HURST</b>	
Model #: <b>400</b>	Serial #: <b>S500-150-71</b>
Date of Construction: <b>2000</b>	
Date of Installation: <b>2001</b>	
Cost of Modifications:	

#### Technical Specifications

Fuel Types (list all and attach MSDS):	1. <b>NATURAL GAS</b>		
	2. _____		
	3. _____		
Average Heat Rate MMBtu/hr (HHV):	1. <b>4.5 MMBTU</b>		
	2. _____		
	3. _____		
Design Maximum Heat Rate MMBtu/hr (HHV):	1. <b>6 MMBTU</b>		
	2. _____		
	3. _____		
Heat Transfer Medium:	Temp <b>311</b> °F	Pressure (psi) <b>65</b>	Flow Rate (specify units)
	Input _____ Output _____	Input _____ Output _____	Average _____ Design Maximum _____
Fire Box	Average Temperature (°F) <b>453.3</b>		
	Volume of Fire box (ft <sup>3</sup> ) _____		

	Design Fire Box Gas Velocity (ft/s) _____ Residence Time in Fire Box (sec) _____
<b>Stack Parameters</b>	Stack Height (ft) <u>70</u> Stack diameter (ft) <u>1 1/2' to 3'</u> Stack Gas Flowrate (ft <sup>3</sup> /min) _____ At Average Firing Rate _____ At Maximum Firing Rate _____ Stack Temperature (°F) <u>329</u>
<b>Design Total Supplied Air (scfm):</b>	<b>Design % Excess Air (vol):</b>

**Emissions Data**

<b>Check all pollution controls proposed and complete the indicated forms:</b>	<input type="checkbox"/> Multiclone (complete Form 31) <input type="checkbox"/> Electrostatic Precipitator (complete Form 33) <input type="checkbox"/> Wet Scrubber (complete Form 32) <input type="checkbox"/> NOx controls (attach description) <input type="checkbox"/> Baghouse (complete Form 12) <input type="checkbox"/> Other (specify) _____
<b>Items Vented to Air Pollution Control Device (check all that apply):</b>	<input type="checkbox"/> Shaker Screens <input type="checkbox"/> Elevators Head <input type="checkbox"/> Elevator boot <input type="checkbox"/> Hot aggregate bins <input type="checkbox"/> Weigh Hopper/Mixer <input type="checkbox"/> Dryer charge end <input type="checkbox"/> Dryer discharge end <input type="checkbox"/> Other (specify) _____

Pollutant	Maximum Concentrations	Maximum Emission Rates	
		lbs/hr	tpy
Oxides of Nitrogen (NO <sub>x</sub> )	ppmv at 3% O <sub>2</sub> _____		
Particulate Emissions	gr/dscf at 7% O <sub>2</sub> _____		
Carbon Monoxide (CO)	ppmv at 3% O <sub>2</sub> <u>Ø</u>		
Sulfur Dioxide (SO <sub>2</sub> )	ppmv at 3% O <sub>2</sub> _____		
Volatile Organics (VOCs)	ppmv at 3% O <sub>2</sub> _____		

Provide the following information on separate sheets of paper:

1. Description of how fuel quality, temperature, air flowrate, excess air, and other operating variables are controlled.
2. Description of devices used to monitor air pollution controls and emissions.
3. An assembly drawing, dimensioned and to-scale, in plan, elevation and as many sections as needed to clearly show operation of the combustion unit.

**Filing Fee:**

See <https://www.orcaa.org/services/fee-schedules/> for an up-to-date list of fees

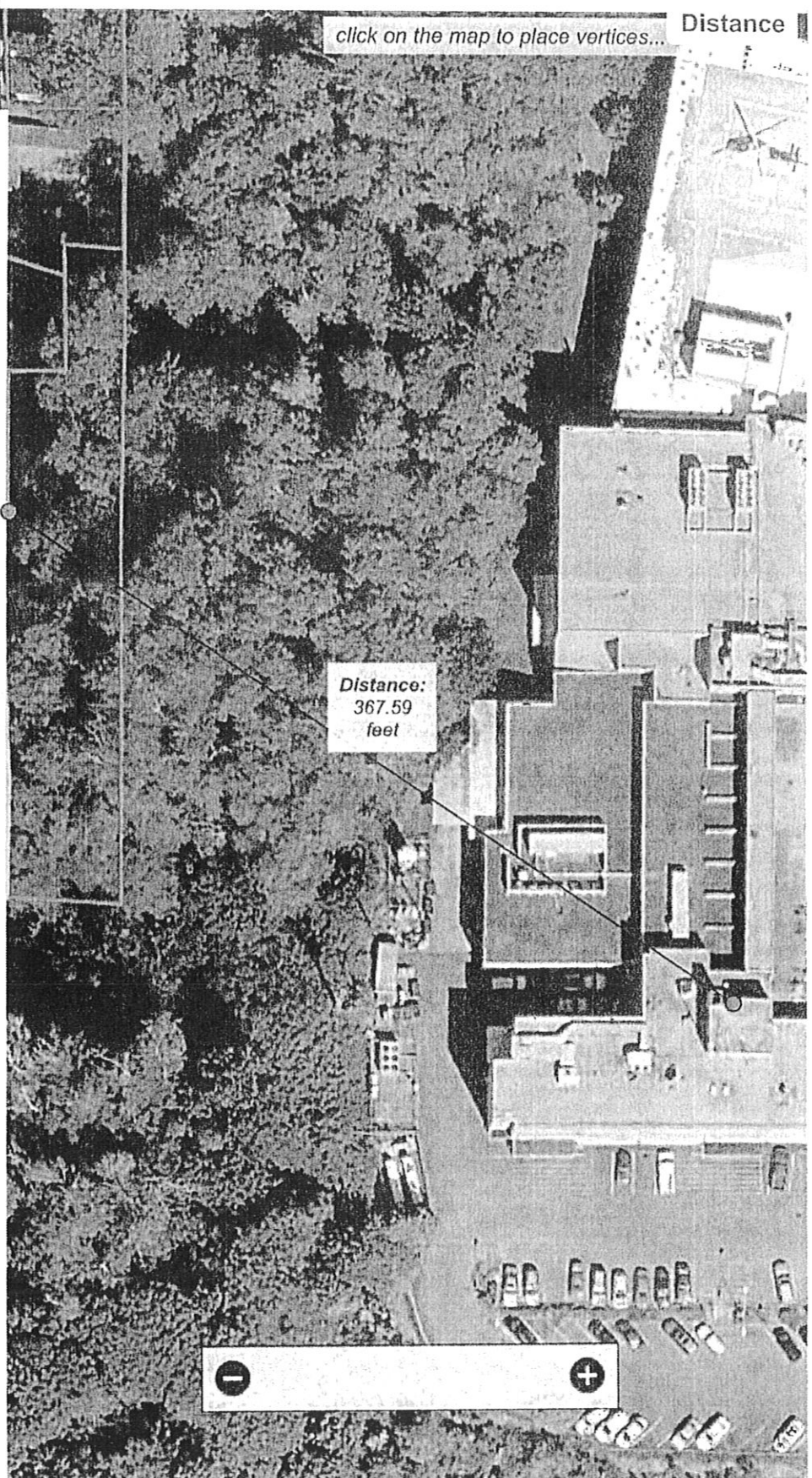
Search

Examples:

Parcel: 767700000100  
Name: SMITH JOHN  
Address: 273 MAIN ST or %MAIN

915 Anderson Drive

MAP IS FOR INFORMATIONAL PURPOSES  
ONLY. DATA MAY NOT BE CURRENT.



Legend

County





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

Table with 3 columns: 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.

1. SUMMARY
New Engine [ ] Engine Modification [ ] New/Additional Fuel [ ] Other: EXISTING [x]
Company Name: GRAYS HARBOR COMMUNITY HOSPITAL
Source Description: STANDBY EMERGENCY GENERATOR #2 WC
Initial Date of Operation: 1997
Operating Schedule: Typical hrs/day \_\_\_\_\_ Days/week \_\_\_\_\_ Weeks/yr \_\_\_\_\_ Maximum hrs/day 14

2. ENGINE INFORMATION
Check here if applying for approval of portable equipment.
Engine Type: (Check one) [ ] 4 Stroke [ ] 2 Stroke Compression Ignition (Diesel) or [ ] 4 Stroke [ ] 2 Stroke Spark Ignition
Engine Manufacturer: CUMMINS Model: DFEC-E Model Year: \_\_\_\_\_
EPA/CARB Engine Family Name: \_\_\_\_\_ Engine Serial No.: J960619825
Engine Displacement: \_\_\_\_\_ (cu in) Maximum rated output (bhp): 685 Typical load as % of bhp rating: 40
Is this an emergency/standby engine? [x] Yes [ ] No

Certification: [ ] EPA Certified [ ] CARB Certified [ ] None
[ ] Naturally aspirated [ ] Supercharged [x] Turbocharged [ ] Inter-cooled [ ] After-cooled
[ ] Timing retard >= 4° [ ] Lean-burn [ ] Rich-burn
Primary Use: [ ] Electrical generation [ ] Cogeneration [ ] Pump driver [ ] Fire pump driver
[ ] Compressor driver [ ] Tub grinder driver [ ] Other: \_\_\_\_\_

3. CONTROL DEVICE INFORMATION
Control device number # \_\_\_\_\_ (If unknown leave blank) [ ] New [ ] Existing
Device 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

Table with 3 columns: Pollutant Name, Wt % Reduction, Basis Code. Rows include Particulates, Organics, Nitrogen Oxides, Sulfur Dioxide, Carbon Monoxide, and Others.

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  Existing  
 Stack outlet height from ground level (ft) 80'  
 Diameter 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) 750

5. AIR TOXIC ASSESSMENT INFORMATION.

Distance from engine to the property line of the nearest residence (ft) 238 or (check if)  Greater than one mile  
 Distance from engine to the property line of the nearest school<sup>1</sup> (ft) \_\_\_\_\_ or (check if)  Greater than 1000 ft  
 Describe 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) 800' 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 <sup>1</sup>	Name	Maximum Fuel Use Rate <sup>2</sup>	Annual Fuel Usage <sup>3</sup>	Typical Heat Content <sup>4</sup>	Sulfur Content <sup>4</sup>	Emission Factors (Optional)								
Pollutant Name	Emission Factor	Units <sup>5</sup>	Basis Code <sup>6</sup>	Control Factor (✓) <sup>7</sup>										
DIESEL		30 gal/hr or SCF/hr	420 gal/yr or therm/yr or SCF/yr			Particulates								
						Organics								
						Nitrogen Oxides								
						Carbon Monoxide								
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.									

- Fuel Table: Diesel, Natural Gas, Bio Diesel B100, Landfill Gas, Bio Diesel B20 Blend, Digester Gas, Gasoline, Liquid Petroleum Gas (LPG)
- Maximum fuel use rate units: gallon/hr for liquid fuels and SCF/hr for gaseous fuels. (SCF = Standard Cubic Foot)
- 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)
- 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)
- Emission factors may be reported as gram/brakehp-hr, or as lb per gallon, or as lb per therm, or as lb per SCF.
- See the Control Efficiency/Emission Factor Basis Code table under Section 3 on page 1 of this form.
- 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)

DWAYNE E. WUNDE Name of person certifying (print) DIRECTOR PLANT SERVICES Title of person certifying [Signature] Signature of person certifying 2/28/2023 Date

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_



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**Form 18**  
**Internal Combustion Engines**

NOC #	Date	File #
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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: EXISTING

Company Name GRAYS HARBOR COMMUNITY HOSPITAL    County No.\* \_\_\_\_\_

Source Description EMERGENCY STANDBY GENERATOR #3 WC    Source No.\* \_\_\_\_\_  
\*(If unknown leave blank)

Initial Date of Operation 10/2007    (Not required for modification of an existing permitted source)

Operating Schedule    Typical hrs/day \_\_\_\_\_    Days/week \_\_\_\_\_    Weeks/yr \_\_\_\_\_    Maximum hrs/day 14

**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 Ignition

Engine Manufacturer CUMMINS    Model 450DFEJ    Model Year \_\_\_\_\_

EPA/CARB Engine Family Name \_\_\_\_\_    Engine Serial No. J070116938

Engine Displacement \_\_\_\_\_ (cu in)    Maximum rated output (bhp) 680    Typical load as % of bhp rating 40

Is this an emergency/standby engine?     Yes     No

(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 ≥ 4°     Lean-burn     Rich-burn

Primary 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     Existing

Device 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

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  Existing  
 Stack outlet height from ground level (ft) 80  
 Diameter 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) 750+

5. AIR TOXIC ASSESSMENT INFORMATION.

Distance from engine to the property line of the nearest residence (ft) 238' or (check if)  Greater than one mile  
 Distance from engine to the property line of the nearest school<sup>1</sup> (ft) \_\_\_\_\_ or (check if)  Greater than 1000 ft  
 Describe 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) 800' 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 <sup>1</sup>	Name	Maximum Fuel Use Rate <sup>2</sup>	Annual Fuel Usage <sup>3</sup>	Typical Heat Content <sup>4</sup>	Sulfur Content <sup>4</sup>	Emission Factors (Optional)									
Pollutant Name	Emission Factor	Units <sup>5</sup>	Basis Code <sup>6</sup>	Control Factor (✓) <sup>7</sup>											
<u>DIESEL</u>		<u>30</u> gal/hr or SCF/hr	<u>420</u> gal/yr or therm/yr or SCF/yr												
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.										

- Fuel Table:** Diesel, Natural Gas, Bio Diesel B100, Landfill Gas, Bio Diesel B20 Blend, Digester Gas, Gasoline, Liquid Petroleum Gas (LPG)
- Maximum fuel use rate units: gallon/hr for liquid fuels and SCF/hr for gaseous fuels. (SCF = Standard Cubic Foot)
- 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)
- 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)
- Emission factors may be reported as gram/brakehp-hr, or as lb per gallon, or as lb per therm, or as lb per SCF.
- See the Control Efficiency/Emission Factor Basis Code table under Section 3 on page 1 of this form.
- 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)

DWAYNE E LUNDE  
Name of person certifying (print)

DIRECTOR PLANT SERVICES  
Title of person certifying

Dwayne E. Lund  
Signature of person certifying

2/28/2028  
Date

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

click on the map to place vertices... Distance

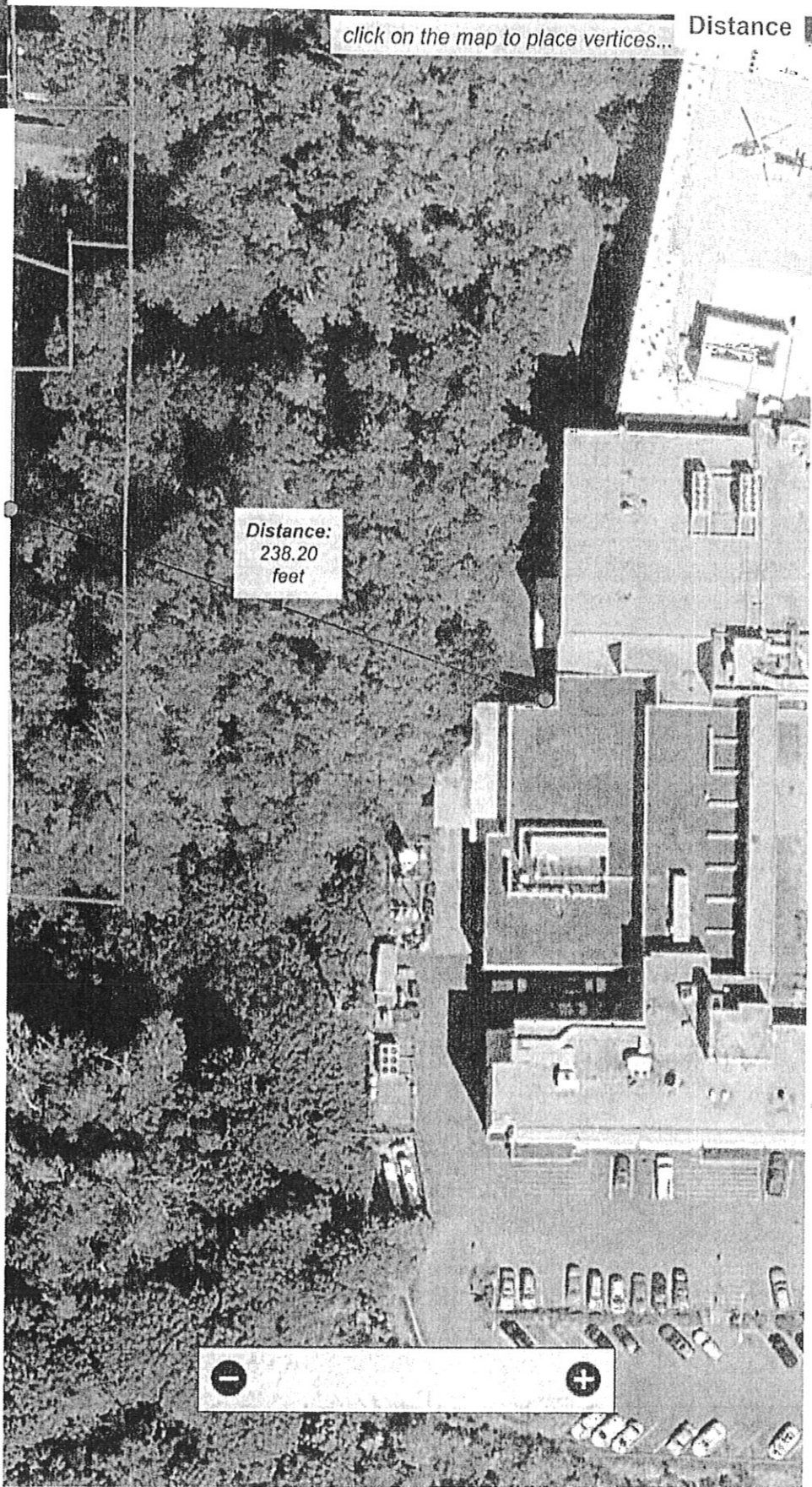
Search

Examples:

Parcel: 767700000100  
Name: SMITH JOHN  
Address: 273 MAIN ST or %MAIN

915 Anderson Drive

MAP IS FOR INFORMATIONAL PURPOSES  
ONLY. DATA MAY NOT BE CURRENT.



Distance:  
238.20  
feet

Legend

 County

## EQUIPMENT NARRATIVE

**Hurst Boiler:** This boiler is used to provide heating water to our reheat boxes via heat Exchanger and low pressure steam for heating coils in air handlers. This boiler also provides Steam for sterilization of surgical instruments and waste. Finally, this boiler provides domestic hot water via heat exchanger.

**Emergency Standby Generator #2:** This generator is used to provide emergency power to the hospital in the event of a power loss.

**Emergency Standby Generator #3:** This generator is used to provide emergency power to the hospital in the event of a power loss.