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).
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: Northwest Pipeline, LLC	**For ORCAA use only**
Mailing Address: 8907 NE 219th St, Battle Ground, WA 98604	File No: 737 County No: 67 Source No: 26 Application No: 24NOC1664
Physical Address of Project or New Source: 2944 93rd Ave, Olympia, WA 98503	Date Received: Received JUN 20 2024 ORCAA
Billing Address: 8907 NE 219th St, Battle Ground, WA 98604	

Project or Equipment to be installed/established:

Modify permit to correct emergency generator HP

Anticipated startup date: ___ / ___ / ____ Is facility currently registered with ORCAA? Yes ☑ No ☐

This project must meet the requirements of the State Environmental Policy Act (SEPA) before ORCAA can issue final approval. Indicate the SEPA compliance option:

- ☐ SEPA was satisfied by _____ (government agency) on ___/___/___ (date) - Include a copy of the SEPA determination
- ☐ SEPA threshold determination by _____ (government agency) is pending - Include a copy of the environmental checklist
- ☐ ORCAA is the only government agency requiring a permit - Include ORCAA Environmental Checklist
- ☐ This project is exempt from SEPA per _____ (WAC citation).

Name of Owner of Business: Northwest Pipeline, LLC		Agency Use Only
Title:		
Email:	Phone:	
Authorized Representative for Application (if different than owner): Camilo Amezquita		
Title: VP GM Northwest Pipeline		
Email: camilo.x.amezquita@williams.com	Phone: (713) 591-4583	
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)		
Camilo Amezquita	**Date:** 6/17/24	
IMPORTANT: Do not send via email or other electronic means. ORCAA must receive Original, hardcopy, signed application and payment prior to processing application.		

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FORM 1D- Contact Information

Business Name Northwest Pipeline LLC - Tumwater Compressor Station	**FOR ORCAA USE**
	FILE # 737
Physical Site Address (Street address, city, state, zip)	**CTY #** 67
2944 93rd Ave, Olympia, WA 98503	**SRC #** 26
	Date Received Received JUN 20 2024 ORCAA
Previous Business Name (if applicable)	

Contact Information

Inspection Contact	
Name Monica Mogg	Title Environmental Specialist
Phone (360) 600-1907	Email monica.mogg@williams.com
Billing Contact	
Name Monica Mogg	Title Environmental Specialist
Phone (360) 600-1907	Email monica.mogg@williams.com
Emission Inventory Contact	
Name Monica Mogg	Title Environmental Specialist
Phone (360) 600-1907	Email monica.mogg@williams.com
Complaint Contact	
Name Monica Mogg	Title Environmental Specialist
Phone (360) 600-1907	Email monica.mogg@williams.com
Permit Contact	
Name Monica Mogg	Title Environmental Specialist
Phone (360) 600-1907	Email monica.mogg@williams.com

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: Northwest Pipeline LLC — County No.*: 67

Source Description: Tumwater Compressor Station — Source No.*: 26 *(If unknown leave blank)*

Initial Date of Operation: _____ *(Not required for modification of an existing permitted source)*

Operating Schedule: *Typical hrs/day* 24 *Days/week* 7 *Weeks/yr* 24 *Maximum hrs/day* 24

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: Caterpillar — Model: 3412 — Model Year: 2002

EPA/CARB Engine Family Name: _____ — Engine Serial No.: AFE00299

Engine Displacement: 1,649 *(cu in)* — Maximum rated output *(bhp)*: 690 — Typical load as % of bhp rating: _____

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)*

Pollutant Name	Wt % Reduction	Basis Code
Particulates		
Organics		
Nitrogen Oxides		
Sulfur Dioxide		
Carbon Monoxide		
Others – ☐ Check here and attach a separate list of pollutants. Include the basis code and the control efficiency.		

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

(1) Source testing or other measurement by plant
(2) Source testing or measurement by ORCAA
(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
(8) Guess
(9) EPA/CARB Certification

Continued on reverse side

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Form 18 (continued)
Internal Combustion Engines

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)* _____

Diameter of stack outlet *(inches)* _____ 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)* _____ or *(check if)* ☐ Greater than one mile

Distance from engine to the property line of the nearest school[1] *(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)* _____ 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

Fuel[1] Natural gas Name _____

Maximum Fuel Use Rate[2] _____ *gal/hr or SCF/hr*

Annual Fuel Usage[3] _____ *gal/yr or therm/yr or SCF/yr*

Typical Heat Content[4] _____ *BTU/gal or BTU/SCF*

Sulfur Content[4] _____ *wt% liquids or ppmv gases*

Emission Factors *(Optional)*

Pollutant Name	Emission Factor	Units[5]	Basis Code[6]	Control Factor (√)[7]
Particulates				☐
Organics				☐
Nitrogen Oxides				☐
Carbon Monoxide				☐

Others – ☐ Check here and attach a separate list under each fuel used.

Secondary Fuel

Fuel[1] _____ Name _____

Maximum Fuel Use Rate[2] _____ *gal/hr or SCF/hr*

Annual Fuel Usage[3] _____ *gal/yr or therm/yr or SCF/yr*

Typical Heat Content[4] _____ *BTU/gal or BTU/SCF*

Sulfur Content[4] _____ *wt% liquids or ppmv gases*

Emission Factors *(Optional)*

Pollutant Name	Emission Factor	Units[5]	Basis Code[6]	Control Factor (√)[7]
Particulates				☐
Organics				☐
Nitrogen Oxides				☐
Carbon Monoxide				☐

Others – ☐ 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)*

Camilo Amezquita	VP/GM of NWP	Camilo Amezquita	6/17/24
Name of person certifying (print)	Title of person certifying	Signature of person certifying	Date

Phone Number: Email: