

PERMIT / REGISTRATION APPLICATION

SUBMITTAL OF THIS APPLICATION DOES NOT GRANT PERMISSION TO CONSTRUCT OR TO OPERATE EQUIPMENT EXCEPT AS SPECIFIED IN RULE 24(d)

IMPORTANT REMINDERS: Read instructions on the reverse side of this form prior to completing this application. Please ensure that all of the following are included before you submit the application:

- Appropriate Permit Fee
- Completed Supplemental Form(s)
- Signature on Application

REASON FOR SUBMITTAL OF APPLICATION: (check the appropriate item and enter Application (AP) or Permit to Operate (PO) number if required)

- 1. New Installation
- 2. Existing Unpermitted Equipment or Rule 11 Change
- 3. Modification of Existing Permitted Equipment
- 4. Amendment to Existing Authority to Construct or AP
- 5. Change of Equipment Location
- 6. Change of Equipment Ownership
- 7. Change of Permit Conditions
- 8. Change Permit to Operate Status to Inactive
- 9. Banking Emissions
- 10. Registration of Portable Equipment
- 11. Other (Specify) _____
- 12. List affected AP/PO#(s): _____

APPLICANT INFORMATION

- 13. Name of Business (DBA) _____
- 14. Nature of Business _____
- 15. Does this organization own or operate any other APCD permitted equipment at this or any other adjacent locations in San Diego County? Yes No
If yes, list assigned location ID's listed on your PO's _____
- 16. Type of Ownership Corporation Partnership Individual Owner Government Agency Other _____
- 17. Name of Legal Owner (if different from DBA) _____

<p>A. Equipment Owner</p> <p>18. Name <u>NEO SAN DIEGO</u></p> <p>19. Mailing Address _____</p> <p>20. City _____</p> <p>21. State _____ Zip _____</p> <p>22. Phone () _____ FAX () _____</p>	<p>B. Authority to Construct (if different from A)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p>C. Permit to Operate (if different from A)</p> <p>23. Name _____</p> <p>24. Mailing Address _____</p> <p>25. City _____</p> <p>26. State _____ Zip _____</p> <p>27. Phone () _____ FAX () _____</p>	<p>D. Billing Information (if different from A)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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EQUIPMENT/PROCESS INFORMATION: Type of Equipment: Stationary Portable.
 If portable, will operation exceed 12 consecutive months at the same location Yes No

28. Equipment Location Address 5349 Carl Vogt City S.D. Parcel No. _____
 29. State _____ Zip _____ Phone () _____ FAX () _____
 30. Site Contact _____ Title _____ Phone () _____
 31. General Description of Equipment/Process _____

32. Application Submitted by Owner Operator Contractor Consultant Affiliation _____

EXPEDITED APPLICATION PROCESSING: I hereby request Expedited Application Processing and understand that:
 a) Expedited processing will incur additional fees and permits will not be issued until the additional fees are paid in full (see Rule 0(d)(8)(iv) for details).
 b) Expedited processing is contingent on the availability of qualified staff. c) Once engineering review has begun this request cannot be cancelled.
 d) Expedited processing does not guarantee action by any specific date nor does it guarantee permit approval.

I hereby certify that all information provided on this application is true and correct.

34. SIGNATURE _____ Date _____
 35. Print Name _____ Title _____
 36. Company _____ Phone () _____ E-mail Address _____

APCD USE ONLY							
AP # <u>2011-APP-001724</u>	Cust. No. <u>1976-09779</u>	Sector: _____	UTM's X _____	Y _____	SIC _____		
Receipt # _____	Date _____	Amt Rec'd \$ <u>5108.-</u>	Fee Code <u>TIV</u>				
Engineering Contact _____	Fee Code _____	AP Fee \$ _____	T&M Renewal Fee \$ _____				
Refund Claim # _____	Date _____	Amt \$ _____					
Application Generated By NV# _____	NC # _____	Other _____	Date _____	Inspector _____			

4.07 - TW/flm TIV \$5000 NBF \$95 ITA \$13
RENEWAL FEES

**San Diego County Air Pollution Control District
10124 Old Grove Road San Diego CA 92131-1649
(858) 586-2600 FAX (858) 586-2601**

**TITLE V APPLICATION
Stationary Source Summary (FORM 1401-A1)**

Company Name NEO San Diego LLC.	District Use Only NEDS # SITE ID # <u>1996-09779</u>
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I. FACILITY IDENTIFICATION

- Facility Name (if different than company name): NEO San Diego LLC
- Four digit SIC Code: 4911
- Parent Company (if different than Company Name): _____
- Mailing Address: 5087 Junction Road
City Lockport State NY Zip 14094
- Street Address or Source Location: 5244 Convoy Street
City San Diego State CA Zip 92111
- UTM Coordinates: _____
- Source Located within 50 miles of a state line: Yes No (All sources **are** within 50 miles)
- Source Located within 1000 feet of a school: Yes No
- Type of Organization: Corporation Sole Ownership Government
 Partnership Utility Company
- Legal Owner's Name: NEO San Diego LLC
- Owner's Agent name (if any): _____
- Responsible Official: Anthony J. Falbo
- Plant Site Manager/Contact: Bryan Lawrence Phone #: 949-355-5230 FAX #: 866-683-9459
- Application Contact: Suparna Chakladar
- Type of Facility: Landfill Gas Collection and Control
- General description of processes/products: Landfill gas collection system and flare system consisting of: gas collection wells; a condensate system; two 3000 scfm blowers, two enclosed ground flares; flare station control and monitoring system with an in-line gas oxygen analyzer, gas flow meter, and condensate management system.
- Is a Federal Risk Management Plan (RMP) pursuant to Section 112(r) required? Yes No
(If application is submitted after RMP due date, attach verification that plan is registered with the appropriate agency.)

II. TYPE OF PERMIT ACTION (check)	CURRENT PERMIT (permit number)	EXPIRATION (date)
<input type="checkbox"/> Initial Title V Application	N/A	N/A
<input checked="" type="checkbox"/> Permit Renewal	974746	08-27-2012
<input type="checkbox"/> Significant Permit Modification		
<input type="checkbox"/> Minor Permit Modification		
<input type="checkbox"/> Administrative Amendment		

III. DESCRIPTION OF PERMIT ACTION

- Does the permit action requested involve: Temporary Source Voluntary Emissions Caps
 Acid Rain Source Alternative Operating Scenarios Abatement Devices
 CEMs Permit Shield
 Outdated SIP Requirement Streamlining Multiple Applicable Requirement Streamlining
 Source Subject to MACT Requirements [Section 112]
 Source Subject to Enhanced Monitoring (40CFR64) [Compliance Assurance Monitoring]
- Is source operating under a Compliance Schedule? Yes No Proposed
- Is source operating under a Variance Yes No (If Yes, please attach variance information)
- For permit modification, provide a general description of the proposed permit modification:

IV. SUPPLEMENTAL ATTACHMENTS*: 1401-A1-A2, G, H1, H2, I, M, P, Q

* Means all attachments to the complete application.

FORTISTAR Methane Group

NEO San Diego LLC
5244 Convoy Street ♦ San Diego, California 92111-1208
Tel. (858) 715-0936 ♦ Fax. (858) 715-4620

June 27, 2011

Title V Team Lead
Air Pollution Control District
County of San Diego
10124 Old Grove Road
San Diego, CA 92131-1649

Re: San Diego APCD Permit No. 974746
NEO San Diego LLC.

To Whom it May Concern:

Enclosed is the Title V Permit Renewal application for the Miramar landfill gas-to-energy site located at 5244 Convoy Street and owned by MM San Diego LLC. Only the application forms with changes are included in this submittal. Per last year's instructions from Mr. Stan Romalczyk, a renewal fee in the amount of \$5,108.00 is enclosed.

Please direct all questions regarding this submittal to Suparna Chakladar at (951) 833-4153.

Sincerely,



Anthony J. Falbo
Senior Vice President - Operations
FORTISTAR Methane Group
NEO San Diego LLC

Enclosures

cc: Suparna Chakladar, FMG

**San Diego County Air Pollution Control District
10124 Old Grove Road San Diego CA 92131-1649
(858) 586-2600 FAX (858) 586-2601**

**TITLE V APPLICATION
Stationary Source Summary (FORM 1401-A2)**

Company Name <u>NEO San Diego LLC</u>	District Use Only NEDS # SITE ID # <u>1996-09779</u>
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I. MAJOR SOURCE APPLICABILITY

Check appropriate pollutant(s) for which you are a Major Source under Title V. Applicability is based on potential to emit. **If more space is necessary, use additional forms. Please type or print legibly.**

POLLUTANT	MAJOR SOURCE THRESHOLD TOTAL EMISSIONS, TPY	(check if appropriate)
VOC	100	<input type="checkbox"/>
PM ₁₀	100	<input type="checkbox"/>
SO ₂	100	<input type="checkbox"/>
NO _x	100	<input type="checkbox"/>
CO	100	<input type="checkbox"/>
ODC	100	<input type="checkbox"/>
LEAD COMPOUNDS	10	<input type="checkbox"/>
HAZARDOUS AIR POLLUTANTS		
SINGLE HAP	10	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
COMBINATION HAP	25	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Attach all necessary calculations to this form as applicable. NOTE: Calculations are only needed if no Emission Inventory is on file with the District

Reference Annual Emission Inventory
Anthony J. Falbo
Signature of Responsible Official

Inventory Year 2010
6-28-11
Date

ANTHONY J. FALBO
Print Name of Responsible Official
SENIOR VICE PRESIDENT
Title of Responsible Official

(716) 439-1004
Telephone No. of Responsible Official

II. EMISSIONS CALCULATIONS ATTACHED (as needed)

Yes No

DISTRICT USE ONLY

Date Application Received: 6-30-11
Application Filing Fee: 5,108.-
Receipt #: _____

Application # 2011-APP-001724
District Received Stamp: _____
Fee Code: TIV