



See application instructions.

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

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

Section I - Repowering Extension Plan

1. Facility Name (Business Name of Operator That Appears On Permit): \_\_\_\_\_ 2. ORIS Code (5-Digit): \_\_\_\_\_ 3. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): \_\_\_\_\_

4. This Repowering Extension Plan is (Check one): a. New b. Revised

5. This Repowering Extension Plan is (Check one): a. Active b. Submitted for conditional approval to be activated by 12/31/97.

Equipment to be Repowered		SO2 Emissions		Replacement Equipment			Repowering Schedule (provide dates in mo/day/yr format)						
AQMD Device #	EPA Unit #	SIP-approved SO2 Emissions Limit	Actual Annual Average SO2 1995 Emission Rate (LBS/MMBTU)	Will equipment be replaced?	AQMD Device #	EPA Unit #	Complete Design Date	Existing Device Removal Date	Start Construct Date	End Construction Date	Start-up Test Date	Existing Device Shutdown Date	Repowered Device Start Date
				Yes No									
				Yes No									
				Yes No									
				Yes No									
				Yes No									
				Yes No									
				Yes No									
				Yes No									
				Yes No									
				Yes No									
				Yes No									
				Yes No									
				Yes No									
				Yes No									
				Yes No									
				Yes No									
				Yes No									
				Yes No									

This form shall be completed by Acid Rain facilities ONLY. Attach this form to a completed Form 500-A1, Form 500-A2, Form 500-F1 if an initial permit, permit renewal, or permit revision is requested and any other supplemental Acid Rain forms (Forms 500-F3 and 500-F4) as appropriate.

**To complete this application, type or print the information in the appropriate blanks.**

**Section I - Facility Information**

1. **Facility Name:** Provide the name of the legal entity that operates the facility.

**AQMD Facility ID:** Complete only if the facility has been issued a 6-digit identification or ID number by AQMD. If not, leave these boxes blank. An ID number will be assigned when the application is submitted.

**ORIS Code:** Provide the 5-digit code that has been assigned to facility by Department of Energy.

**Section II - Repowering Extension Plan**

1. Check one box to indicate whether this is a new application or a revision.

2. Check one box to indicate whether the plan is active or if it is submitted for conditional approval. If the plan is for conditional approval, submit notification to activate by December 31, 1997, under 40 CFR 72.44(c)(3).

<b>Equipment to be Repowered</b>	
<b>AQMD Device #:</b>	Provide the identification number for each AQMD-assigned device that is expected to be modified with repowering technology or replaced with a device that is already equipped with repowering technology.
<b>EPA Unit #:</b>	Provide the identification number for each EPA-assigned device that is expected to be modified with repowering technology or replaced with a device that is already equipped with repowering technology.
<b>SO2 Emissions</b>	
<b>SIP approved SO2 Emissions Limit:</b>	Provide the device's federally approved State Implementation Plan (SIP) emissions limit for SO2 in units of tons/yr.
<b>Actual Annual Average SO2 1995 Emission Rate:</b>	Provide the device's actual annual average emission rate for SO2 in units of lbs/mm BTU for the year of 1995.
<b>Replacement Equipment</b>	
<b>Will equipment be replaced?</b>	Indicate with a "yes" or "no" if the equipment identified as needed a repowering extension plan will be replaced with equipment that currently has repowering technology.
<b>AQMD Device #:</b>	If the existing device will be replaced under this plan, provide the AQMD-assigned device number of the equipment that will replace it. If the replacement device is new equipment that does not yet have a device number assigned, enter "NEW." If the existing device will be repowered instead of being replaced, enter "NA."
<b>EPA Unit #:</b>	If the existing device will be replaced under this plan, provide the EPA-assigned device number of the equipment that will replace it. If the replacement device is new equipment that does not yet have a device number assigned, enter "NEW." If the existing device will be repowered instead of being replaced, enter "NA."
<b>Repowering Schedule</b>	
<b>Completion Design Date:</b>	Provide the date (mo/day/yr) when the design engineering of the repowering technology will be completed.
<b>Existing Device Removal Date:</b>	Provide the date (mo/day/yr) when the existing device will be removed from the premises to install the repowering technology. This column is only for an existing device that will be repowered. If this plan designates a replacement device that is new, enter "NA."
<b>Start Construction Date:</b>	Provide the date when the construction of the device will begin (mo/day/yr).
<b>End Construction Date:</b>	Provide the date when the construction of the device will end (mo/day/yr).
<b>Start-up Testing Date:</b>	Provide the date (mo/day/yr) when the replacement device will be started-up for testing purposes only.
<b>Existing Device Shutdown Date:</b>	If a new device is designated to replace an existing device, enter the date (mo/day/yr) the existing device will <u>permanently</u> retire from service. This must be on or before the new device begins commercial operation. If the plan is for an existing device only, enter "NA."
<b>Repowered Device Start Date:</b>	Provide the date (mo/day/yr) when the replacement device or the device retrofitted with repowering technology will commence operating.