

UNIVERSITY OF CALIFORNIA, SANTA BARBARA

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SANTA BARBARA • SANTA CRUZ

SANTA BARBARA, CALIFORNIA 93106

Friday, July 10, 2020

Santa Barbara County Air Pollution Control District (APCD)
260 North San Antonio Road, Suite A
Santa Barbara, CA 93110

Re: Part 70 Permit Renewal Application

Dear APCD Staff,

Submitted in this Part 70 renewal application packet are the following documents: application forms (Forms 01), credit card information for the application filing fee (\$420), and Part 70 Minor Modification forms.

Once the filing fee has been processed, please send a receipt to Nicholas.Bruce@ucsb.edu. Thank you for your review and process of this application.

Sincerely,

DocuSigned by:
Nicholas Bruce
9FAAAAE474C441E...
Nicholas Bruce
Environmental Compliance Manager

Attachments

Form 01
Payment for the \$420 filing fee
Part 70 Minor Modification Forms



Print Form



General Permit Application Form -01

Santa Barbara County Air Pollution Control District
 260 N. San Antonio Road, Suite A
 Santa Barbara, CA 93110-1315

1. APPLICATION TYPE (check all that apply):

- Authority to Construct (ATC)
- Permit to Operate (PTO)
- ATC Modification
- PTO Modification
- Other (Specify)
- Transfer of Owner/Operator (use Form -01T)
- Emission Reduction Credits
- Increase in Production Rate or Throughput
- Decrease in Production Rate or Throughput

Previous ATC/PTO Number (if known)

Yes No Are Title 5 Minor Modification Forms Attached? (this applies to Title 5 sources only and applies to all application types except ATCs and Emission Reduction Credits). Complete Title 5 Form -1302 A1/A2, B, and M. Complete Title 5 Form -1302 C1/C2, D1/D2, E1/E2, F1/F2, G1/G2 as appropriate. <http://www.ourair.org/wp-content/uploads/t5-forms.pdf>

Mail the completed application to the APCD's Engineering Division at the address listed above.

2. FILING FEE:

A \$420 application filing fee must be included with each application. The application filing fee is COLA-adjusted every July 1st. Please ensure you are remitting the correct current fee (the current fee schedule is available on the APCD's webpage at: <http://www.ourair.org/district-fees>). This filing fee will not be refunded or applied to any subsequent application. Payment may also be made by credit card by using the Credit Card Authorization Form at the end of this application.

3. IS YOUR PROJECT'S PROPERTY BOUNDARY LOCATED OR PROPOSED TO BE LOCATED WITHIN 1,000 FEET FROM THE OUTER BOUNDARY OF A SCHOOL? If yes, and the project results in an emissions increase, submit a completed Form -03 (*School Summary Form*) <http://www.ourair.org/wp-content/uploads/apcd-03.pdf> Yes No

If yes, provide the name of school(s)

Address of school(s)

City Zip Code

4. DOES YOUR APPLICATION CONTAIN CONFIDENTIAL INFORMATION? Yes No

If yes, please submit with a redacted duplicate application which shall be a public document. In order to be protected from disclosure to the public, all information claimed as confidential shall be submitted in accordance with APCD Policy & Procedure 6100-020 (*Handling of Confidential Information*): <http://www.ourair.org/wp-content/uploads/6100-020.pdf>, and meet the criteria of CA Govt Code Sec 6254.7. Failure to follow required procedures for submitting confidential information, or to declare it as confidential at the time of application, shall be deemed a waiver by the applicant of the right to protect such information from public disclosure. *Note: Part 70 permit applications may contain confidential information in accordance with the above procedures, however, the content of the permit documents must be public (no redactions).*

FOR APCD USE ONLY			DATE STAMP
FID	02795	Permit No.	PT-70 Reeval 13725-R2
Project Name	UCSB		<div style="border: 2px solid blue; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>JUL 10 2020</p> <p>SBCAPCD</p> </div>
Filing Fee	\$420 CC, 6736	202.E? YES / NO	

Gagle Entz

5. COMPANY/CONTACT INFORMATION:

Owner Info		<input checked="" type="radio"/> Yes <input type="radio"/> No	Use as Billing Contact?
Company Name	University of California, Santa Barbara		
Doing Business As	N/A		
Contact Name	Ali Aghayan	Position/Title	Environmental Health Programs Manager
Mailing Address	UCSB EH&S, Bldg 565 Mesa Road		
City	Santa Barbara	State	CA Zip Code 93106-5132
Telephone	805-893-7534	Cell	Email Ali.Aghayan@ehs.ucsb.edu

Operator Info		<input type="radio"/> Yes <input checked="" type="radio"/> No	Use as Billing Contact?
Company Name	University of California, Santa Barbara		
Doing Business As	N/A		
Contact Name	N/A	Position/Title	N/A
Mailing Address	N/A		
City	Santa Barbara	State	CA Zip Code 93106
Telephone		Cell	Email

Authorized Agent Info*		<input type="radio"/> Yes <input checked="" type="radio"/> No	Use as Billing Contact?
Company Name	N/A		
Doing Business As	N/A		
Contact Name	N/A	Position/Title	
Mailing Address	N/A		
City		State	Zip Code
Telephone		Cell	Email

*Use this section if the application is not submitted by the owner/operator. Complete APCD Form -01A (<http://www.ourair.org/wp-content/uploads/apcd-01a.pdf>). Owner/Operator information above is still required.

SEND PERMITTING CORRESPONDENCE TO (check all that apply):	
<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Operator
<input type="checkbox"/> Authorized Agent	<input type="checkbox"/> Other (attach mailing information)

6. GENERAL NATURE OF BUSINESS OR AGENCY:

Public Higher Education System

7. EQUIPMENT LOCATION (Address):

Specify the street address of the proposed or actual equipment location. If the location does not have a designated address, please specify the location by cross streets, or lease name, UTM coordinates, or township, range, and section.

Equipment Address	University of California, Santa Barbara		
City	Santa Barbara	State	CA Zip Code 93106
Work Site Phone	+1 (805) 893-7534		

- Incorporated (within city limits)
- Unincorporated (outside city limits)
- Used at Various Locations

Assessors Parcel No(s): N/A

8. PROJECT DESCRIPTION:

(Describe the equipment to be constructed, modified and/or operated or the desired change in the existing permit. Attach a separate page if needed):

Renewal of the Title V permit.

9. DO YOU REQUIRE A LAND USE PERMIT OR OTHER LEAD AGENCY PERMIT FOR THE PROJECT DESCRIBED IN THIS APPLICATION?: Yes No

A. If yes, please provide the following information

Agency Name	Permit #	Phone #	Permit Date

* The lead agency is the public agency that has the principal discretionary authority to approve a project. The lead agency is responsible for determining whether the project will have a significant effect on the environment and determines what environmental review and environmental document will be necessary. The lead agency will normally be a city or county planning agency or similar, rather than the Air Pollution Control District.

B. If yes, has the lead agency permit application been deemed complete and is a copy of their completeness letter attached?

- Yes
- No

Please note that the APCD will not deem your application complete until the lead agency application is deemed complete.

C. If the lead agency permit application has not been deemed complete, please explain.

D. A copy of the final lead agency permit or other discretionary approval by the lead agency may be requested by the APCD as part of our completeness review process.


10. PROJECT STATUS:

- A. Date of Equipment Installation
- B. Have you been issued a Notice of Violation (NOV) for not obtaining a permit for this equipment/modification *and/or* have you installed this equipment without the required APCD permit(s)? If yes, the application filing is double per Rule 210. Yes No
- C. Is this application being submitted due to the loss of a Rule 202 exemption? Yes No
- D. Will this project be constructed in multiple phases? If yes, attach a separate description of the nature and extent of each project phase, including the associated timing, equipment and emissions. Yes No
- E. Is this application also for a change of owner/operator? If yes, please also include a completed APCD Form -01T. Yes No

11. APPLICANT/PREPARER STATEMENT:

The person who prepares the application also must sign the permit application. The preparer may be an employee of the owner/operator or an authorized agent (contractor/consultant) working on behalf of the owner/operator (an *Authorized Agent Form -01A* is required).

I certify pursuant to H&SC Section 42303.5 that all information contained herein and information submitted with this application is true and correct.

DocuSigned by:	
	7/10/2020
9FAAAAE474C441E... Signature of application preparer	Date
Nicholas Bruce Print name of application preparer	UCSB Employer name

12. APPLICATION CHECKLIST (*check all that apply*)

- Application Filing Fee (Fee = \$420. The application filing fee is COLA adjusted every July 1st. Please ensure you are remitting the current fee.) As a convenience to applicants, the APCD will accept credit card payments. If you wish to use this payment option, please complete the attached *Credit Card Authorization Form* and submit it with your application.
- Existing permitted sources may request that the filing fee be deducted from their current reimbursable deposits by checking this box. Please deduct the filing fee from my existing reimbursement account.
- Form -01T (*Transfer of Owner/Operator*) attached if this application also addresses a change in owner and/or operator status from what is listed on the current permit. <http://www.ourair.org/wp-content/uploads/apcd-01t.pdf>
- Form -03 (*School Summary Form*) attached if the project's property boundary is within 1,000 feet of the outer boundary of a school (k-12) and the project results in an emissions increase. <http://www.ourair.org/wp-content/uploads/apcd-03.pdf>
- Information required by the APCD for processing the application as identified in APCD Rule 204 (*Applications*), the APCD's *General APCD Information Requirements List* (<http://www.sbcapcd.org/eng/dl/other/gen-info.pdf>), and any of the APCD's Process/Equipment Summary Forms (<http://www.ourair.org/permit-applications>) that apply to the project.
- Form -01A (*Authorized Agent Form*) attached if this application was prepared by and/or if correspondence is requested to be sent to an Authorized Agent (e.g., contractor or consultant). This form must accompany each application. <http://www.ourair.org/wp-content/uploads/apcd-01a.pdf>
- Confidential Information submitted according to APCD Policy & Procedure 6100-020. (*Failure to follow Policy and Procedure 6100-020 is a waiver of right to claim information as confidential.*)

13. NOTICE OF CERTIFICATION:

All applicants must complete the following Notice of Certification. This certification must be signed by the Authorized Company Representative representing the owner/operator. Signatures by Authorized Agents will not be accepted.

NOTICE of CERTIFICATION

I, , am employed by or represent
Type or Print Name of Authorized Company Representative

Type or Print Name of Business, Corporation, Company, Individual, or Agency

(hereinafter referred to as the applicant), and certify pursuant to H&SC Section 42303.5 that all information contained herein and information submitted with this application is true and correct and the equipment listed herein complies or can be expected to comply with said rules and regulations when operated in the manner and under the circumstances proposed. If the project fees are required to be funded by the cost reimbursement basis, as the responsible person, I agree that I will pay the Santa Barbara County Air Pollution Control District the actual recorded cost, plus administrative cost, incurred by the APCD in the processing of the application within 30 days of the billing date. If I withdraw my application, I further understand that I shall inform the APCD in writing and I will be charged for all costs incurred through closure of the APCD files on the project.

For applications submitted for Authority to Construct, modifications to existing Authority to Construct, and Authority to Construct/Permit to Operate permits, I hereby certify that all major stationary sources in the state and all stationary sources in the air basin which are owned or operated by the applicant, or by an entity controlling, controlled by, or under common control with the applicant, are in compliance, or are on approved schedule for compliance with all applicable emission limitations and standards under the Clean Air Act (42 USC 7401 *et seq.*) and all applicable emission limitations and standards which are part of the State Implementation Plan approved by the Environmental Protection Agency.

Completed By: Title:

Date: Phone:

Signature of Authorized Company Representative

PLEASE NOTE THAT FAILURE TO COMPLETELY PROVIDE ALL REQUIRED INFORMATION OR FEES WILL RESULT IN YOUR APPLICATION BEING RETURNED OR DEEMED INCOMPLETE.

STATIONARY SOURCE SUMMARY

(Form 1302-A1)

APCD: Santa Barbara County Air Pollution Control District

COMPANY NAME: University of California, Santa Barbara

➤ APCD USE ONLY ◀

APCD IDS Processing ID:

Application #:

Date Application Received:

Application Filing Fee*:

Date Application Deemed Complete:

I. SOURCE IDENTIFICATION

1. Source Name: University of California, Santa Barbara
2. Four digit SIC Code: n/a USEPA AIRS Plant ID (for APCD use only):
3. Parent Company (if different than Source Name):
4. Mailing Address of Responsible Official: UCSB, Design, Facilities and Safety Services
5. Street Address of Source Location (include Zip Code): Env. Health and Safety, Bldg 565, Mesa Road, Santa Barbara, CA 93106-5132
6. UTM Coordinates (if required) (see instructions):
7. Source located within: 50 miles of the state line Yes No
 50 miles of a Native American Nation Yes No Not Applicable
8. Type of Organization: Corporation Sole Ownership Government
 Partnership Utility Company
9. Legal Owner's Name: Regents of the University of California
10. Owner's Agent Name (if any): Title: Telephone #:
11. Responsible Official: Renée Bahl Title: Associate Vice Chancellor Telephone #:
12. Plant Site Manager/Contact: Nicholas Bruce Title: Env. Compliance Manager Telephone #: 805-893-8997
13. Type of facility: University
14. General description of processes/products:
Higher education facility
15. Does your facility store, or otherwise handle, greater than threshold quantities of any substance on the Section 112(r) List of Substances and their Thresholds (see Attachment A)? Yes No
16. Is a Federal Risk Management Plan [pursuant to Section 112(r)] required? Not Applicable Yes No
 (If yes, attach verification that Risk Management Plan is registered with appropriate agency or description of status of Risk Management Plan submittal.)

* Applications submitted without a filing fee will be returned to the applicant immediately as "improper" submittals

CERTIFICATION STATEMENT (Form 1302-M)

APCD: Santa Barbara County Air Pollution Control District	> APCD USE ONLY < APCD IDS PROCESSING ID:
COMPANY NAME: University of California, Santa Barbara	SOURCE NAME: University of California, Santa Barbara

Identify, by checking off below, the forms and attachments that are part of your application. If the application contains forms or attachments that are not identified below, please identify these attachments in the blank space provided below. Review the instructions if you are unsure of the forms and attachments that need to be included in a complete application.

<p>Forms included with application</p> <p><input checked="" type="checkbox"/> Stationary Source Summary Form</p> <p><input checked="" type="checkbox"/> Total Stationary Source Emission For</p> <p><input type="checkbox"/> Compliance Plan Form</p> <p><input type="checkbox"/> Compliance Plan Certification Form</p> <p><input type="checkbox"/> Exempt Equipment Form</p> <p><input checked="" type="checkbox"/> Certification Statement Form</p> <p style="text-align: center;">List other forms or attachments</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> check here if additional forms listed on back</p>
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<p style="text-align: center;">Attachments included with application</p> <p>___ Description of Operating Scenarios</p> <p>___ Sample emission calculations</p> <p>___ Fugitive emission estimates</p> <p>___ List of Applicable requirements</p> <p>___ Discussion of units out of compliance with applicable federal requirements and, if required, submit a schedule of Compliance</p> <p>___ Facility schematic showing emission points</p> <p>___ NSR Permit</p> <p>___ PSD Permit</p> <p>___ Compliance Assurance monitoring protocols</p> <p>___ Risk management verification per 112(r)</p>

I certify under penalty of law, based on information and belief formed after reasonable inquiry, that the information contained in this application, composed of the forms and attachments identified above, are true, accurate, and complete.

I certify that I am the responsible official, as defined in SBCAPCD's Regulation XIII, Rule 1301 or USEPA's 40 CFR Part 70.

DocuSigned by:

Renée Bahl

7/10/2020

Signature of Responsible Official

Date

Print Name of Responsible Official: Renée Bahl

Title of Responsible Official and Company Name: Associate Vice Chancellor, Design, Facilities and Safety Services