

Lee
13-3228
033-00037



BLUE SKY ENVIRONMENTAL LLC

December 16, 2014

West Virginia Dept. of Environmental Protection
Division of Air Quality
Permitting Section
601 57th Street, SE
Charleston, WV 25304

RE: Application for NSR Permit (45C SR13)
Highland-Clarksburg Hospital, Inc.



Dear Madam/Sir:

On behalf of Highland-Clarksburg Hospital, Inc., attached please find a submittal of an Application for an NSR Permit for emergency generators located at the Highland-Clarksburg Hospital located at 3 Hospital Drive in Clarksburg. The original certification of publication of public notice will be submitted as soon as it is available from the newspaper.

The generators operate under the U.S. EPA National Emissions Standards for Hazardous Air Pollutants (NESHAP) as per 40 CFR 63 Subpart ZZZZ and will participate in the PJM emergency demand response program which is an allowed use under Subpart ZZZZ for emergency generators. According to Bev McKeone, engines operating under the NESHAP cannot use the WV DEP's General Permit for Emergency Engines; thus, a synthetic minor permit is required.

Attached please find one original and three copies of the application along with a check for \$3,500 for the application fee. If you have any questions or require additional information, please do not hesitate to contact me at don@blueskyenviro.com or 617-834-8408.

Sincerely,
Blue Sky Environmental LLC

Don C. DiCristofaro, CCM
President
Attachments

Cc: D. Freeman

Application for NSR Permit (45C SR13)

Highland-Clarksburg Hospital, Inc.

Highland-Clarksburg Hospital

3 Hospital Drive

Clarksburg, WV 26301

Submitted To:

West Virginia Department of Environmental Protection

Division of Air Quality

601 57th Street, SE

Charleston, WV 25304

Submitted:

December, 2014

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Application Fee



WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF AIR QUALITY

601 57th Street, SE
 Charleston, WV 25304
 (304) 926-0475
www.dep.wv.gov/daq

**APPLICATION FOR NSR PERMIT
 AND
 TITLE V PERMIT REVISION
 (OPTIONAL)**

PLEASE CHECK ALL THAT APPLY TO NSR (45CSR13) (IF KNOWN):

- CONSTRUCTION MODIFICATION RELOCATION
 CLASS I ADMINISTRATIVE UPDATE TEMPORARY
 CLASS II ADMINISTRATIVE UPDATE AFTER-THE-FACT

PLEASE CHECK TYPE OF 45CSR30 (TITLE V) REVISION (IF ANY):

- ADMINISTRATIVE AMENDMENT MINOR MODIFICATION
 SIGNIFICANT MODIFICATION

IF ANY BOX ABOVE IS CHECKED, INCLUDE TITLE V REVISION INFORMATION AS ATTACHMENT S TO THIS APPLICATION

FOR TITLE V FACILITIES ONLY: Please refer to "Title V Revision Guidance" in order to determine your Title V Revision options (Appendix A, "Title V Permit Revision Flowchart") and ability to operate with the changes requested in this Permit Application.

Section I. General

1. Name of applicant (as registered with the WV Secretary of State's Office): Highland-Clarksburg Hospital, Inc.		2. Federal Employer ID No. (FEIN): 27-3128197	
3. Name of facility (if different from above): Highland-Clarksburg Hospital		4. The applicant is the: <input type="checkbox"/> OWNER <input type="checkbox"/> OPERATOR <input checked="" type="checkbox"/> BOTH.	
5A. Applicant's mailing address: 3 Hospital Drive Clarksburg, WV 26301		5B. Facility's present physical address: 3 Hospital Drive Clarksburg, WV 26301	
6. West Virginia Business Registration. Is the applicant a resident of the State of West Virginia? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - If YES, provide a copy of the Certificate of Incorporation/Organization/Limited Partnership (one page) including any name change amendments or other Business Registration Certificate as Attachment A . - If NO, provide a copy of the Certificate of Authority/Authority of L.L.C./Registration (one page) including any name change amendments or other Business Certificate as Attachment A .			
7. If applicant is a subsidiary corporation, please provide the name of parent corporation:			
8. Does the applicant own, lease, have an option to buy or otherwise have control of the proposed site? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - If YES, please explain: Highland-Clarksburg Hospital owns the property that the generator is situated on - If NO, you are not eligible for a permit for this source.			
9. Type of plant or facility (stationary source) to be constructed, modified, relocated, administratively updated or temporarily permitted (e.g., coal preparation plant, primary crusher, etc.): 3 Emergency Back Up Generators		10. North American Industry Classification System (NAICS) code for the facility: 622100	
11A. DAQ Plant ID No. (for existing facilities only): 033 - 0 0 0 3 7		11B. List all current 45CSR13 and 45CSR30 (Title V) permit numbers associated with this process (for existing facilities only): R13-1328 (for waste incinerator) and R13-2420 (for boilers)	

All of the required forms and additional information can be found under the Permitting Section of DAQ's website, or requested by phone.

25. Fill out the **Emission Units Table** and provide it as **Attachment I**.

26. Fill out the **Emission Points Data Summary Sheet (Table 1 and Table 2)** and provide it as **Attachment J**.

27. Fill out the **Fugitive Emissions Data Summary Sheet** and provide it as **Attachment K**.

28. Check all applicable **Emissions Unit Data Sheets** listed below:

- | | | |
|--|--|--|
| <input type="checkbox"/> Bulk Liquid Transfer Operations | <input type="checkbox"/> Haul Road Emissions | <input type="checkbox"/> Quarry |
| <input type="checkbox"/> Chemical Processes | <input type="checkbox"/> Hot Mix Asphalt Plant | <input type="checkbox"/> Solid Materials Sizing, Handling and Storage Facilities |
| <input type="checkbox"/> Concrete Batch Plant | <input type="checkbox"/> Incinerator | <input checked="" type="checkbox"/> Storage Tanks |
| <input type="checkbox"/> Grey Iron and Steel Foundry | <input type="checkbox"/> Indirect Heat Exchanger | |
| <input type="checkbox"/> General Emission Unit, specify | | |

Fill out and provide the **Emissions Unit Data Sheet(s)** as **Attachment L**.

29. Check all applicable **Air Pollution Control Device Sheets** listed below:

- | | | |
|--|---|--|
| <input type="checkbox"/> Absorption Systems | <input type="checkbox"/> Baghouse | <input type="checkbox"/> Flare |
| <input type="checkbox"/> Adsorption Systems | <input type="checkbox"/> Condenser | <input type="checkbox"/> Mechanical Collector |
| <input type="checkbox"/> Afterburner | <input type="checkbox"/> Electrostatic Precipitator | <input type="checkbox"/> Wet Collecting System |
| <input type="checkbox"/> Other Collectors, specify | | |

Fill out and provide the **Air Pollution Control Device Sheet(s)** as **Attachment M**.

30. Provide all **Supporting Emissions Calculations** as **Attachment N**, or attach the calculations directly to the forms listed in Items 28 through 31.

31. **Monitoring, Recordkeeping, Reporting and Testing Plans.** Attach proposed monitoring, recordkeeping, reporting and testing plans in order to demonstrate compliance with the proposed emissions limits and operating parameters in this permit application. Provide this information as **Attachment O**.

- Please be aware that all permits must be practically enforceable whether or not the applicant chooses to propose such measures. Additionally, the DAQ may not be able to accept all measures proposed by the applicant. If none of these plans are proposed by the applicant, DAQ will develop such plans and include them in the permit.

32. **Public Notice.** At the time that the application is submitted, place a **Class I Legal Advertisement** in a newspaper of general circulation in the area where the source is or will be located (See 45CSR§13-8.3 through 45CSR§13-8.5 and **Example Legal Advertisement** for details). Please submit the **Affidavit of Publication** as **Attachment P** immediately upon receipt.

33. **Business Confidentiality Claims.** Does this application include confidential information (per 45CSR31)?

YES NO

- If YES, identify each segment of information on each page that is submitted as confidential and provide justification for each segment claimed confidential, including the criteria under 45CSR§31-4.1, and in accordance with the DAQ's "**Precautionary Notice – Claims of Confidentiality**" guidance found in the **General Instructions** as **Attachment Q**.

Section III. Certification of Information

34. **Authority/Delegation of Authority.** Only required when someone other than the responsible official signs the application. Check applicable **Authority Form** below:

- | | |
|--|---|
| <input type="checkbox"/> Authority of Corporation or Other Business Entity | <input type="checkbox"/> Authority of Partnership |
| <input type="checkbox"/> Authority of Governmental Agency | <input type="checkbox"/> Authority of Limited Partnership |

Submit completed and signed **Authority Form** as **Attachment R**.

All of the required forms and additional information can be found under the Permitting Section of DAQ's website, or requested by phone.

35A. **Certification of Information.** To certify this permit application, a Responsible Official (per 45CSR§13-2.22 and 45CSR§30-2.28) or Authorized Representative shall check the appropriate box and sign below.

Certification of Truth, Accuracy, and Completeness

I, the undersigned **Responsible Official** / **Authorized Representative**, hereby certify that all information contained in this application and any supporting documents appended hereto, is true, accurate, and complete based on information and belief after reasonable inquiry I further agree to assume responsibility for the construction, modification and/or relocation and operation of the stationary source described herein in accordance with this application and any amendments thereto, as well as the Department of Environmental Protection, Division of Air Quality permit issued in accordance with this application, along with all applicable rules and regulations of the West Virginia Division of Air Quality and W.Va. Code § 22-5-1 et seq. (State Air Pollution Control Act). If the business or agency changes its Responsible Official or Authorized Representative, the Director of the Division of Air Quality will be notified in writing within 30 days of the official change.

Compliance Certification

Except for requirements identified in the Title V Application for which compliance is not achieved, I, the undersigned hereby certify that, based on information and belief formed after reasonable inquiry, all air contaminant sources identified in this application are in compliance with all applicable requirements.

SIGNATURE _____

(Please use blue ink)

DATE: _____

12/5/2014

(Please use blue ink)

35B. Printed name of signee: Dale Freeman

35C. Title: Director of Facility Services

35D. E-mail:

dfreeman@highlandhospital.net

36E. Phone: 304-969-100 3100

36F. FAX:

36A. Printed name of contact person (if different from above):

36B. Title: Dir of Facility Services

36C. E-mail:

36D. Phone:

36E. FAX:

PLEASE CHECK ALL APPLICABLE ATTACHMENTS INCLUDED WITH THIS PERMIT APPLICATION:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Attachment A: Business Certificate | <input type="checkbox"/> Attachment K: Fugitive Emissions Data Summary Sheet |
| <input checked="" type="checkbox"/> Attachment B: Map(s) | <input checked="" type="checkbox"/> Attachment L: Emissions Unit Data Sheet(s) |
| <input checked="" type="checkbox"/> Attachment C: Installation and Start Up Schedule | <input type="checkbox"/> Attachment M: Air Pollution Control Device Sheet(s) |
| <input checked="" type="checkbox"/> Attachment D: Regulatory Discussion | <input checked="" type="checkbox"/> Attachment N: Supporting Emissions Calculations |
| <input checked="" type="checkbox"/> Attachment E: Plot Plan | <input checked="" type="checkbox"/> Attachment O: Monitoring/Recordkeeping/Reporting/Testing Plans |
| <input checked="" type="checkbox"/> Attachment F: Detailed Process Flow Diagram(s) | <input checked="" type="checkbox"/> Attachment P: Public Notice |
| <input type="checkbox"/> Attachment G: Process Description | <input type="checkbox"/> Attachment Q: Business Confidential Claims |
| <input type="checkbox"/> Attachment H: Material Safety Data Sheets (MSDS) | <input type="checkbox"/> Attachment R: Authority Forms |
| <input checked="" type="checkbox"/> Attachment I: Emission Units Table | <input type="checkbox"/> Attachment S: Title V Permit Revision Information |
| <input checked="" type="checkbox"/> Attachment J: Emission Points Data Summary Sheet | <input checked="" type="checkbox"/> Application Fee |

Please mail an original and three (3) copies of the complete permit application with the signature(s) to the DAQ, Permitting Section, at the address listed on the first page of this application. Please DO NOT fax permit applications.

FOR AGENCY USE ONLY - IF THIS IS A TITLE V SOURCE:

- Forward 1 copy of the application to the Title V Permitting Group and:
- For Title V Administrative Amendments:
 - NSR permit writer should notify Title V permit writer of draft permit,
- For Title V Minor Modifications:
 - Title V permit writer should send appropriate notification to EPA and affected states within 5 days of receipt,
 - NSR permit writer should notify Title V permit writer of draft permit.
- For Title V Significant Modifications processed in parallel with NSR Permit revision:
 - NSR permit writer should notify a Title V permit writer of draft permit,
 - Public notice should reference both 45CSR13 and Title V permits,
 - EPA has 45 day review period of a draft permit.

All of the required forms and additional information can be found under the Permitting Section of DAQ's website, or requested by phone.

Attachment A:
Business Registration Certificate

**WEST VIRGINIA
STATE TAX DEPARTMENT
BUSINESS REGISTRATION
CERTIFICATE**

ISSUED TO:
**HIGHLAND-CLARKSBURG HOSPITAL, INC.
3 HOSPITAL PLZ
CLARKSBURG, WV 26301-9316**

BUSINESS REGISTRATION ACCOUNT NUMBER: 2244-1046

This certificate is issued on: **06/5/2013**

*This certificate is issued by
the West Virginia State Tax Commissioner
in accordance with Chapter 11, Article 12, of the West Virginia Code*

*The person or organization identified on this certificate is registered
to conduct business in the State of West Virginia at the location above.*

This certificate is not transferrable and must be displayed at the location for which issued.
This certificate shall be permanent until cessation of the business for which the certificate of registration
was granted or until it is suspended, revoked or cancelled by the Tax Commissioner.

Change in name or change of location shall be considered a cessation of the business and a new
certificate shall be required.

TRAVELING/STREET VENDORS: Must carry a copy of this certificate in every vehicle operated by them.
CONTRACTORS, DRILLING OPERATORS, TIMBER/LOGGING OPERATIONS: Must have a copy of
this certificate displayed at every job site within West Virginia.

Attachment B:
Maps



**Attachment C:
Installation and Start Up Schedule**

INSTALLATION AND START UP SCHEDULE

The 350 and 450 kW generators were installed in 1974 and the 1,000 kW generator was installed in 1990; thus, these are existing generators/engines and this is an after-the-fact air permit application.

Attachment D:
Regulatory Discussion

REGULATORY DISCUSSION

The source will limit operations of the emergency generators so that the maximum emissions from all criteria pollutants will be less than major source thresholds. Thus, the facility is not a major project for Prevention of Significant Deterioration ("PSD") as per 40 CFR 52.21 nor Nonattainment New Source Review ("NSR") as per §45-19 of the WV DEP Air Quality Regulations.

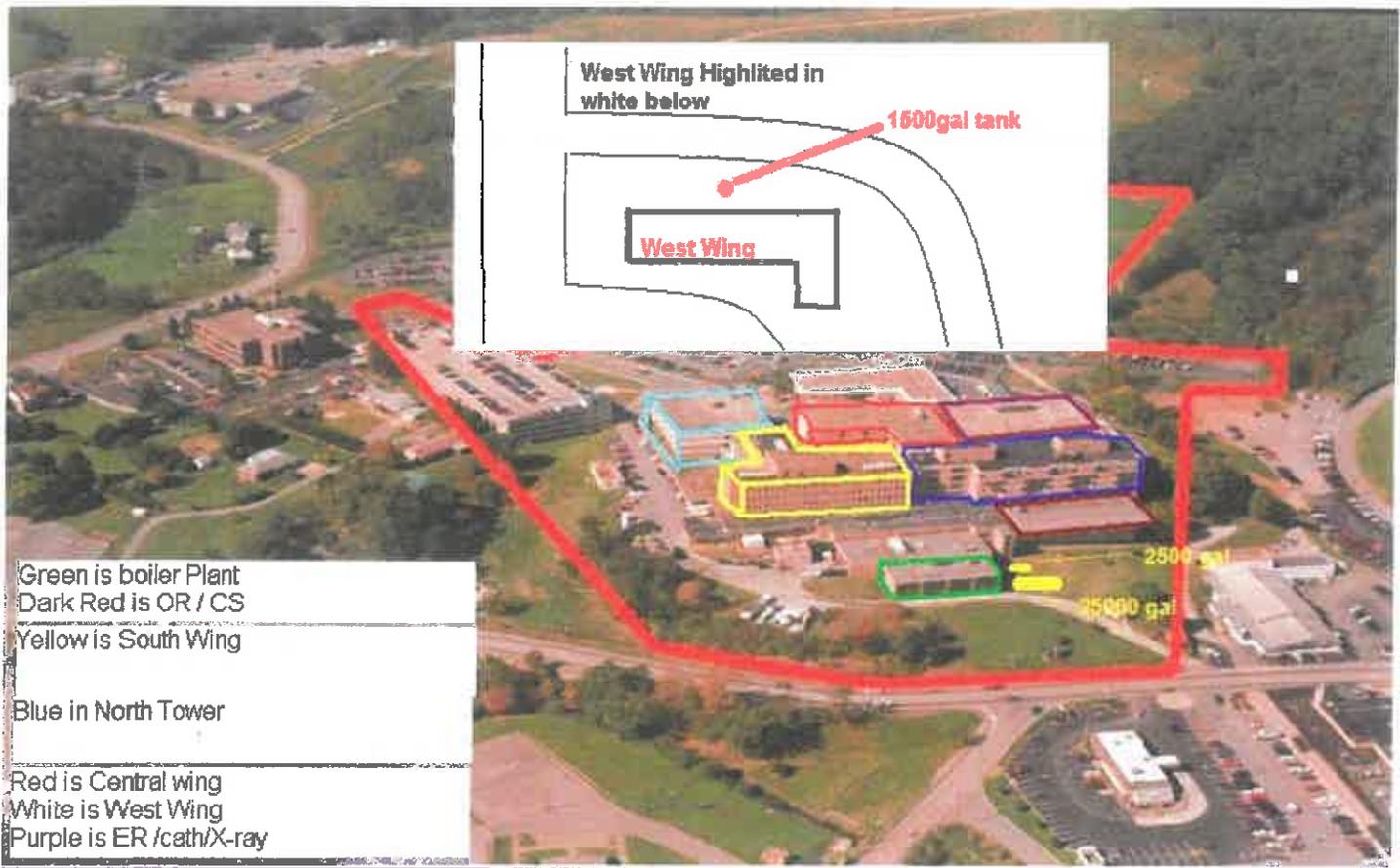
The three engines were manufactured prior to 2006; thus, these engines operate under the U.S. EPA's National Emission Standards for Hazardous Pollutants ("NESHAP") as per 40 CFR 63 Subpart ZZZZ. According to Bev McKeone, engines operating under the NESHAP cannot use the WV DEP's General Permit for Emergency Engines. A synthetic minor permit is required.

In addition to emergency operations, testing, and maintenance, the engines will also be enrolled in the PJM Emergency Load Response Program which meets the definition of emergency demand response ("DR") in the NESHAP as per 63.6640(f)(2)(ii). The facility will limit testing/maintenance/emergency DR use to 100 hours per engine per calendar year; thus, the engines will maintain their emergency status as per the NESHAP regulations. Under the NESHAP, emergency use is unlimited. The site will comply with the NESHAP requirement for sites with NESHAP engines enrolled in emergency DR programs for more than 15 hours per calendar year to start purchasing ultra low sulfur diesel ("ULSD") starting January 1, 2015. Starting with calendar year 2015, the required emergency DR reporting as per 40 CFR 63.6650(h) will be made to U.S. EPA. The NESHAP engines will comply with the following maintenance requirements:

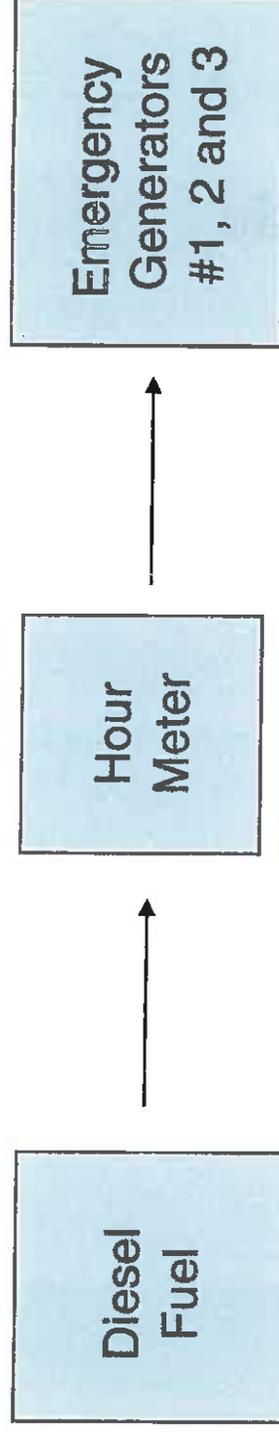
- Operate/maintain engine & control device per manufacturer's instructions or owner-developed maintenance plan
- Change oil/filter and inspect hoses/belts every 500 hours or annually; inspect air cleaner (CI) or spark plugs (SI) every 1,000 hours or annually
- May use oil analysis program instead of prescribed oil change frequency
- Emergency engines must have hour meter and record hours of operation
- Keep records of maintenance

The emissions analysis includes hazardous air pollutants ("HAPs") of which no single HAP is greater than 10 tons per year (tpy), nor cumulative HAPs greater than 25 tpy; thus, the site is an area source of HAPs. The facility will comply with all other applicable WV DEP air regulations for the engine use.

Attachment E:
Plot Plan



**Attachment F:
Process Flow Diagram**



Attachment F:
Process Flow Diagram
Highland-Clarksburg Hospital

**Attachment I:
Emissions Units Table**

Attachment J:
Emissions Points Data Summary Sheet

**Attachment J
EMISSION POINTS DATA SUMMARY SHEET**

Table 1: Emissions Data

Emission Point ID No. (Must match Emission Units Table & Plot Plan)	Emission Point Type ¹	Emission Unit Vented Through This Point (Must match Emission Units Table & Plot Plan)		Air Pollution Control Device (Must match Emission Units Table & Plot Plan)		Vent Time for Emission Unit (chemical processes only)		All Regulated Pollutants - Chemical Name/CAS ³ (Speciate VOCs & HAPS)	Maximum Potential Uncontrolled Emissions ⁴			Maximum Potential Controlled Emissions ⁵		Emission Form or Phase (At exit conditions, Solid, Liquid or Gas/Vapor)	Est. Method Used ⁶	Emission Concentration (ppmv or mg/m ³)
		ID No.	Source	ID No.	Device Type	Short Term ²	Max (hr/yr)		lb/hr	ton/yr	lb/hr	ton/yr				
1S	1E	1	1					NOx	17.05	4.26			Gas	O - AP-42 for all	ALL EMISSIONS PER UNIT	
								CO	3.67	0.92						
								SO2	1.13	0.28						
								PM	1.21	0.30						
								VOC	1.36	0.34						
								Benzene	4.13E-3	1.03E-3						
								Toluene	1.81E-3	4.53E-4						
Xylenes	1.26E-3	3.15E-4														
Formaldehyde	5.23E-3	1.31E-3														
2S	2E	2	2					NOx	14.42	4.26			Gas	O - AP-42 for all		
								CO	3.31	0.83						
								SO2	0.07	0.02						
								PM	0.42	0.11						
								VOC	0.42	0.11						
								Benzene	3.76E-3	9.40E-4						
								Toluene	1.36E-3	3.40E-4						
Xylenes	9.34E-4	2.34E-4														
Formaldehyde	3.84E-3	9.60E-4														

**Attachment L:
Emissions Unit Data Sheets (Storage
Tank)**

**Attachment N:
Supporting Emission Calculations**

Engine Emissions Analysis

Highland Clarksburg Hospital
3 Hospital Drive
Clarksburg, WV 26301

Gen #	Source Location	Make	Model	Generator Size (kW)	Maker/Model	Engine Model	Year	Size (hp)	Fuel	Fuel Use (gph)	Heat Input (mmBtu/hr)	CO	NOx	SO ₂	PM	VOC	Formaldehyde	Hours	NOx	CO	SO ₂	PM	VOC	Formaldehyde
1	West Wing	Cummins	680FDC352AC	850	Cummins VT12-900-GS	1974	1974	560 Diesel	Diesel	32.8	4.4	3.87	17.05	1.13	1.21	1.38	5.29E-03	500	4.26	0.92	0.28	0.30	0.34	1.81E-03
2	Boiler Room	Cummins	680FDC352AC	450	Cummins VT12-900-GS	1974	1974	601 Diesel	Diesel	35.9	4.8	3.31	14.42	0.07	0.42	0.42	3.88E-04	600	3.61	0.83	0.02	0.11	0.11	9.55E-05
3	Boiler Room	Cummins	KTAB0G1	1000	Cummins KTAB0G1	1990	1990	1490 Diesel	Diesel	58.3	12.0	8.20	46.19	0.18	1.04	1.05	8.47E-04	600	11.55	2.05	0.05	0.28	0.28	2.37E-04
TOTAL												77.66	15.17	1.38	2.67	2.83	0.01	19.42	3.79	0.35	0.87	0.71	1.66E-03	

Notes: Engine hp derived from internet searches for Gens #1 and 2 and nameplates for Gen #3; Diesel Fuel Input estimated as 0.08*Engine kW; Estimated Diesel Heat Input = gal/hr * 135,000 Btu/gal
 Emission Factors:

Emergency Gen#:	EPA AP-42: < 600 hp	EPA AP-42: > 600 hp
Nox	lb/hr-hr	lb/hr-hr
VOC	0.031	0.024
CO	2.47E-03	7.05E-04
PM	6.66E-03	5.50E-03
SOx	2.20E-03	7.00E-04
	2.05E-03	1.21E-04
		assumes 0.015% S

Toxic Pollutant Calculations for Emergency Generator
 Source: EPA AP-42, Fifth Edition, October, 1996
 < 600 hp
 Benzene 9.33E-04
 Toluene 4.08E-04
 Xylenes 2.85E-04
 Formaldehyde 1.18E-03

Toxic Pollutant Calculations for Emergency Generator
 Source: EPA AP-42, Fifth Edition, October, 1996
 > 600 hp
 7.76E-04
 2.81E-04
 1.83E-04
 7.89E-05

Engine Emissions Analysis - HAPs

**Highland Clarksburg Hospital
3 Hospital Drive
Clarksburg, WV 26301**

Gen #	Source Location	Make	Model	Generator		Size (kW)	Make/Model	Engine Model	Year	Size (hp)	Fuel	Fuel Use (gpi)	Heat Input (mmBtu/hr)	Emissions (lb/hr)			Permitted Emissions (tpy)														
				Benzene	Toluene									Xylenes	Formaldehyde	Hours	Benzene	Toluene	Xylenes	Formaldehyde											
1	West Wing	Cummins	680FDC3040ACw	360	Cummins	VT12-635-GS	1974	550	Diesel	32.8	4.4	4.13E-03	1.81E-03	1.26E-03	5.23E-03	500	1.03E-03	4.53E-04	3.16E-04	1.31E-03											
2	Boiler Room	Cummins	680FDC3052AC	450	Cummins	VT12-800-GS	1974	601	Diesel	35.9	4.8	3.76E-03	1.38E-03	9.34E-04	3.82E-04	500	9.38E-04	3.40E-04	2.34E-04	9.56E-05											
3	Boiler Room	Cummins	KTA50G1	1000	Cummins	KTA50G1	1990	1480	Diesel	88.9	12.0	9.31E-03	3.37E-03	2.32E-03	9.47E-04	500	2.33E-03	8.43E-04	5.78E-04	2.37E-04											
TOTAL																															

Notes:
 Engine hp derived from internet searches for Gens #1 and 2 and nameplate for Gen #3; Diesel Fuel Input estimated as 0.08*Engine kW; Estimated Diesel Heat Input = gal/hr * 135,000 Btu/gal
 Emission Factors:

Toxic Pollutant Calculations for Emergency Generator
 Source: EPA AP-42, Fifth Edition, October, 1996
 < 600 hp
 lb/rimBtu
 Benzene 9.33E-04
 Toluene 4.08E-04
 Xylenes 2.85E-04
 Formaldehyde 1.18E-03

Toxic Pollutant Calculations for Emergency Generator
 Source: EPA AP-42, Fifth Edition, October, 1996
 > 600 hp
 7.76E-04
 2.81E-04
 1.93E-04
 7.89E-05

**Attachment O:
Monitoring/Recordkeeping/Reporting/
Testing Plans**

Monitoring/Recordkeeping/Reporting/Testing Plans

Hourly operation records will be kept and updated monthly. The type of operation (e.g., emergency, emergency demand response, testing, and maintenance) will be included. No stack testing is required. Appropriate reports to the DEP will be submitted as required. As per the NESHAP and NSPS, records of maintenance will be kept. Starting with calendar year 2015, the required emergency DR reporting as per 40 CFR 63.6650(h) will be made to U.S. EPA.

**Attachment P:
Public Notice**

TO BE PUBLISHED IN THE EXPONENT TELEGRAM ON DECEMBER 22

AIR QUALITY PERMIT NOTICE
Notice of Application

Notice is given that Highland-Clarksburg Hospital, Inc. has applied to the West Virginia Department of Environmental Protection, Division of Air Quality, for a Construction Permit for emergency backup generators located at Highland-Clarksburg Hospital, 3 Hospital Drive, in Clarksburg in Harrison County, West Virginia. The latitude and longitude coordinates are: 39.27175N, 80.37123W.

The applicant estimates the potential to discharge the following Regulated Air Pollutants will be: 19.4 tons per year (tpy) for Oxides of Nitrogen; 3.8 tpy for Carbon Monoxide; 0.4 tpy for Sulfur Dioxide, 0.7 tpy for Particulate Matter; 0.7 tpy for Volatile Organic Compounds; 0.004 tpy for Benzene; 0.002 for Toluene; 0.001 tpy for Xylenes; and 0.002 tpy for Formaldehyde.

Startup of operation began in 1974 or later. Written comments will be received by the West Virginia Department of Environmental Protection, Division of Air Quality, 601 57th Street, SE, Charleston, WV 25304, for at least 30 calendar days from the date of publication of this notice.

Any questions regarding this permit application should be directed to the DAQ at (304) 926-0499, extension 1227, during normal business hours.

Dated this the 22nd day of December, 2014.

By: Highland-Clarksburg Hospital, Inc.
Dale Freeman
Director of Facility Services
3 Hospital Drive
Clarksburg, WV 26301

Attachment Q:
DEP Requested General Permit Forms

General Permit G60-C Registration Section Applicability Form

General Permit G60-C was developed to allow qualified registrants to seek registration for emergency generator(s).

General Permit G60-C allows the registrant to choose which sections of the permit that they wish to seek registration under. Therefore, please mark which sections that you are applying for registration under. Please keep in mind, that if this registration is approved, the issued registration will state which sections will apply to your affected facility.

- | | | |
|-----------|---|-------------------------------------|
| Section 5 | Reciprocating Internal Combustion Engines (R.I.C.E.)* | <input checked="" type="checkbox"/> |
| Section 6 | Tanks | <input checked="" type="checkbox"/> |
| Section 7 | Standards of Performance for Stationary Compression Ignition Internal Combustion Engines (40CFR60 Subpart IIII) | <input type="checkbox"/> |
| Section 8 | Standards of Performance for Stationary Spark Ignition Internal Combustion Engines (40CFR60 Subpart JJJJ) | <input type="checkbox"/> |

* Affected facilities that are subject to Section 5 may also be subject to Sections 7 or 8. Therefore, if the applicant is seeking registration under both sections, please select both.

EMERGENCY GENERATOR ENGINE DATA SHEET

Source Identification Number ¹	1S	2S	3S				
Engine Manufacturer and Model	Cummins/VT12-635-GS	Cummins/VT12-800-GS	Cummins/KTA50G1				
Manufacturer's Rated bhp/rpm	550	601	1,490				
Source Status ²	ES	ES	ES				
Date Installed/Modified/Removed ³	1974	1974	1990				
Engine Manufactured/Reconstruction Date ⁴	1974	1974	1990				
Is this a Certified Stationary Spark Ignition Engine according to 40CFR60 Subpart IIII? (Yes or No) ⁵	No	No	No				
Is this a Certified Stationary Spark Ignition Engine according to 40CFR60 Subpart JJJJ? (Yes or No) ⁶	No	No	No				
Engine, Fuel and Combustion Data	Engine Type ⁷						
	APCD Type ⁸						
	Fuel Type ⁹	2FO	2FO	2FO			
	H ₂ S (gr/100 scf)						
	Operating bhp/rpm	550 hp	601 hp	1,490 hp			
	BSFC (Btu/bhp-hr)	8,000	7,987	8,054			
	Fuel throughput (ft ³ /hr)	32.8 gph (est)	35.9 gph (est)	88.9 gph (est)			
	Fuel throughput (MMft ³ /yr)	16,400 gals/yr	17,950 gals/yr	44,450 gals/yr			
	Operation (hrs/yr)	500	500	500			
Reference ¹⁰	Potential Emissions ¹¹	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr
AP	NO _x	17.05	4.26	14.42	3.61	46.19	11.55
AP	CO	3.67	0.92	3.31	0.83	8.20	2.05
AP	VOC	1.36	0.34	0.42	0.11	1.05	0.26
AP	SO ₂	1.13	0.28	0.07	0.02	0.18	0.05
AP	PM ₁₀	1.21	0.30	0.42	0.11	1.04	0.26
AP	Formaldehyde	5.33E-3	1.31E-4	3.83E-4	9.55E-5	2.37E-4	2.37E-4

1. Enter the appropriate Source Identification Number for each emergency generator. Generator engines should be designated EG-1, EG-2, EG-3 etc. If more than three (3) engines exist, please use additional sheets.
2. Enter the Source Status using the following codes:

NS	Construction of New Source (installation)	ES	Existing Source
MS	Modification of Existing Source	RS	Removal of Source

EMERGENCY GENERATOR EMISSION SUMMARY SHEET FOR CRITERIA POLLUTANTS

Emergency Generator Location: <u>Highland Clarksburg Hospital</u>		Registration Number <small>(Agency Use)</small>													
Source ID No.	Potential Emissions (lbs/hr)										Potential Emissions (tons/yr)				
	NOx	CO	VOC	SO ₂	PM ₁₀	NOx	CO	VOC	SO ₂	PM ₁₀	NOx	CO	VOC	SO ₂	PM ₁₀
1S	17.05	3.67	1.36	1.13	1.21	4.26	0.92	0.34	0.28	0.30					
2S	14.41	3.31	0.42	0.07	0.42	3.61	0.83	0.11	0.02	0.11					
3S	46.19	8.20	1.05	0.18	1.04	11.55	2.05	0.26	0.05	0.26					
Total	77.66	15.17	2.83	1.38	2.67	19.42	3.79	0.71	0.35	0.67					

EMERGENCY GENERATOR EMISSION SUMMARY SHEET FOR HAZARDOUS/TOXIC POLLUTANTS

Emergency Generator Location::		Highland Clarksburg Hospital										Registration Number (Agency Use)																						
Source ID No.	Potential Emissions (lbs/hr)										Potential Emissions (tons/yr)																							
	Benzene	Ethyl-benzene	Toluene	Xylenes	n-Hexane	Formaldehyde	Benzene	Ethyl-benzene	Toluene	Xylenes	n-Hexane	Formaldehyde	Benzene	Ethyl-benzene	Toluene	Xylenes	n-Hexane	Formaldehyde																
1S	4.13E-3	0	1.81E-3	1.26E-3	0	5.23E-3	1.03E-3	0	4.53E-4	3.16E-4	0	1.31E-3	3.76E-3	0	1.36E-3	9.34E-4	0	2.34E-4	2.34E-4	0	9.55E-5	9.31E-3	0	3.37E-3	2.32E-3	0	9.47E-4	2.33E-3	0	8.43E-4	5.79E-4	0	2.37E-4	
2S																																		
3S																																		
Total	0.017	0	0.006	0.004	0	0.006	0.004	0	0.006	0.004	0	0.006	0.004	0	0.002	0.001	0	0.002	0.001	0	0.002	0.002												

Application Fee