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:
Jefferson County Public Hospital District #2

Mailing Address:
834 Sheridan St., Port Townsend, WA 98368

Physical Address of Project or New Source:
834 Sheridan St., Port Townsend, WA 90368

Billing Address:
834 Sheridan St., Port Townsend, WA 90368

For ORCAA use only

File No: 277
County No: 31
Source No: 2370
Application No: 24NOC1633

Date Received:
Received
JAN 30 2024
ORCAA

Project or Equipment to be installed/established:
Emergency Power back-up Generator

Anticipated startup date: ___ /05 / 2025 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 City of Port Townsend (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:
Jefferson County Public Hopital District #2

Title:

Email: See authorized representative

Phone:

Authorized Representative for Application (if different than owner):
Aaron Vallat

Title: Construction and Planning Manager

Email: AVallat@jeffersonhealthcare.org

Phone: 360-385-2200 x1458

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)

Aaron Vallat Digitally signed by Aaron Vallat DN: C=US, E=avallat@jeffersonhealthcare.org, O=Jefferson Healthcare, CN=Aaron Vallat Date: 2024.01.18 16:22:15-08'00'

Date: 01/18/2024

IMPORTANT: Do not send via email or other electronic means. ORCAA must receive Original, hardcopy, signed application and payment prior to processing application.

Agency Use Only

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FORM 1D- Contact Information

Business Name	FOR ORCAA USE
Jefferson County Public Hospital District #2	FILE # 277
Physical Site Address (Street address, city, state, zip)	CTY # 31
834 Sheridan St Port Townsend, WA 98368	SRC # 2370
Previous Business Name (if applicable)	Date Received Received JAN 30 2024 ORCAA

Contact Information

Inspection Contact			
Name	Shaun Muck	Title	Facilities Supervisor
Phone	360-385-2200 x 1453	Email	sgmuck@jeffersonhealthcare.org
Billing Contact			
Name	Tyler Freeman	Title	CFO
Phone	360-385-2200 x 2094	Email	TFreeman@jeffersonhealthcare.org
Emission Inventory Contact			
Name	Shaun Muck	Title	Facilities Supervisor
Phone	360-385-2200 x 1453	Email	sgmuck@jeffersonhealthcare.org
Complaint Contact			
Name	Jake Davidson	Title	COO
Phone	360-385-2200 x 2039	Email	jdavidson@jeffersonhealthcare.org
Permit Contact			
Name	Aaron Vallat	Title	Construction and Planning Manager
Phone	360-385-2200 X1458	Email	Avallat@jeffersonhealthcare.org

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 Jefferson County Public Hospital District #2 County No.* 16

Source Description Emergency Power Generator Source No.* _____ *(If unknown leave blank)*

Initial Date of Operation est 1/2025 *(Not required for modification of an existing permitted source)*

Operating Schedule *Typical hrs/day* _____ *Days/week* _____ *Weeks/yr* _____ *Maximum hrs/day* Emergency and Testing only

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 C15 GCABR D500 GC Model Year 2023

EPA/CARB Engine Family Name EPA Tier 2 Engine Serial No. TBD

Engine Displacement 928 *(cu in)* Maximum rated output *(bhp)* 762 Typical load as % of bhp rating 35

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 ≥ 4º ☐ 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)*

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

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.		

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 # 1 *(If unknown leave blank)* ☒ New ☐ Existing

Stack outlet height from ground level *(ft)* 7.3

Diameter of stack outlet *(inches)* 8 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)* 3605.5 Exhaust temperature at typical operation *(ºF)* 988

5. AIR TOXIC ASSESSMENT INFORMATION.

Distance from engine to the property line of the nearest residence *(ft)* 363 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 Hotel

Distance from engine to the property line of the nearest non-residential, non- school site*(ft)* 261 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		Secondary Fuel	
Fuel[1]	Diesel	Fuel[1]	
Name		Name	
Maximum Fuel Use Rate[2]	35.7 *gal/hr or SCF/hr*	Maximum Fuel Use Rate[2]	*gal/hr or SCF/hr*
Annual Fuel Usage[3]	625 *gal/yr or therm/yr or SCF/yr*	Annual Fuel Usage[3]	*gal/yr or therm/yr or SCF/yr*
Typical Heat Content[4]	NA *BTU/gal or BTU/SCF*	Typical Heat Content[4]	*BTU/gal or BTU/SCF*
Sulfur Content[4]	NA *wt% liquids or ppmv gases*	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.				

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)*

Aaron Vallat	Construction and Planning Manager		01/29/2024
Name of person certifying (print)	Title of person certifying	Signature of person certifying	Date

Phone Number: 360-385-2200 x 1458 Email: avallat@jeffersonhealthcare.org