

# NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL

Northwest Air Pollution Authority  
 1600 South Second Street  
 Mount Vernon, WA 98273-5202  
 360-428-1617

TO CONSTRUCT, INSTALL, ESTABLISH OR  
 ALTER AN AIR CONTAMINANT SOURCE  
 AND/OR CONTROL FACILITY

N.O.C. # \_\_\_\_\_ RECPT # \_\_\_\_\_ DATE \_\_\_\_\_  
 REGIST. # \_\_\_\_\_

ASSIGNED TO \_\_\_\_\_

SOURCE NAME <u>Cherry Point Cogeneration Project</u>
CONTACT PERSON <u>Mr. Mark Moore</u>
TELEPHONE # <u>360-371-1200</u>
LOCATION OF ACTIVITY <u>BP Cherry Point Refinery</u>
MAILING ADDRESS <u>4519 Grandview Road</u>
CITY <u>Blaine</u> STATE <u>WA</u> ZIP <u>98230</u>
PHONE <u>360-371-1757</u>

DATE:	
APPLICATION RECEIVED	_/_/
PUBLIC NOTICE GIVEN	_/_/
PUBLIC HEARING	_/_/
APPROVAL ISSUED	_/_/
INIT. INSPECTION	_/_/
SOURCE TEST COMPLETE	_/_/

TYPE OF PROCESS <u>Combined-cycle natural gas-fired combustion turbine cogeneration facility</u>
SIZE OR CAPACITY <u>520-570 megawatts</u>
PROCESS EQUIPMENT OR APPARATUS INVOLVED <u>Two General Electric 7FA or Siemens SGT6-5000F Combustion Turbines, two heat recovery steam generators, one steam turbine.</u>
SIC CODE <u>3511</u>
SPECIFY AIR CONTAMINANTS PRODUCED <u>NO<sub>x</sub>, CO, VOC, SO<sub>2</sub>, PM, and toxic air pollutants</u>
CONTROL APPARATUS INVOLVED AND ESTIMATED EFFICIENCY <u>Selective Catalyst Reduction for approximately 80% removal efficiency for NO<sub>x</sub> and Oxidation Catalyst for approximately 87% removal efficiency for CO and 30% for VOC.</u>
FACILITY OPERATING FREQUENCY <u>8,760 hours per year</u>
PROJECTED COMPLETION DATE <u>2009</u>
IF YOU ARE CONSTRUCTING IDENTICAL UNITS, HOW MANY? <u>Not applicable</u>

SEPA: LEAD AGENCY \_\_\_\_\_  
 DATE ISSUED: DNS \_/\_/ EIS \_/\_/

TYPE OF SOURCE (circle) PSD NSPS NESHAPS

PERMITTED EMISSIONS: SO<sub>2</sub> \_\_\_\_\_  
 NO<sub>x</sub> \_\_\_\_\_ PM<sub>10</sub> \_\_\_\_\_  
 VOC \_\_\_\_\_ CO \_\_\_\_\_  
 OPACITY \_\_\_\_\_  
 TOXICS \_\_\_\_\_

**A \$110.00 FILING FEE & NEW SOURCE REVIEW FEE MUST ACCOMPANY THIS APPLICATION**

APPLICANT'S NAME Mark Moore

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

PLAN EXAMINATION FEE	_____
SEPA PROCESSING FEE	_____
LEGAL PUBLICATION	_____
<b>TOTAL FEE DUE</b> _____	
<b>DATE BILLED</b> _____	<b>INVOICE</b> _____
<b>DATE RECEIVED</b> _____	<b>RECPT #</b> _____

**OFFICE USE ONLY**