



air pollution control district
SANTA BARBARA COUNTY

11/17/2023

Julio Rochin
Marian Medical Center
1400 E. Church Street
Santa Maria, CA 93454

FID: 10612
Permit: P 16176
SSID: 10478

Re: Permit to Operate Application 16176

Dear Julio Rochin:

On November 17, 2023, the Santa Barbara County Air Pollution Control District (District) determined that your application for Permit to Operate (PTO) No. 16176 for an increase in daily hours of operation for the E/S Diesel Generator at 525 E. Plaza Drive in Santa Maria was complete. The District will make a decision to either issue or deny a permit for the application within 180 days from the completeness date or 180 days after lead agency approval of the project, whichever time period is longer.

Please be advised that proceeding with the construction of your project without a finalized PTO permit violates District Rule 201 and may result in penalties.

Please include the Facility Identification (FID) and Permit numbers shown above on all correspondence regarding this permit application. If you have any questions, please call me at (805) 979-8316.

Sincerely,

Noah Dooley, Air Quality Engineer 1
Engineering Division

cc: Marian Medical Outpatient Care Center 10612 Project File
Engr Chron File
Mark Morucci
Nancy Leon

\\sbcpd.org\shares\Groups\ENGR\WP\IC Engines\ATC-PTO\ATC-PTO 16176\ATC-PTO 16176 - ATC Completeness - 11-17-2023



air pollution control district
SANTA BARBARA COUNTY

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

Previous ATC/PTO Number (if known)

11743-R5

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 or email the completed application to the APCD's Engineering Division at the address listed above or permits@sbcapcd.org.

2. FILING FEE:

A \$491 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 submitting the Credit Card Authorization Form found here <https://www.ourair.org/wp-content/uploads/apcd-01c.pdf> via mail or calling 805-979-8050 to pay via phone.

Do not submit the Credit Card Authorization Form via email.

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	10612	Permit No.	PTO 16176	Rec'vd 11/6/2023
Project Name	Marian Medical Outpatient Care Center			
Filing Fee	\$1,991	202.E? YES / NO		

CC #9697 Julio Rochin

5. COMPANY/CONTACT INFORMATION:

Owner Info		<input type="radio"/> Yes <input type="radio"/> No		Use as Billing Contact?	
Company Name	Dignity Health				
Doing Business As					
Contact Name	Mark Morucci	Position/Title	Plant Operations Director		
Mailing Address	1400E.Church St				
City	Santa Maria	State	Ca	Zip Code	93454
Telephone	925	Cell	822-4198	Email	mark.morucci@commonspirit.org

Operator Info		<input type="radio"/> Yes <input type="radio"/> No		Use as Billing Contact?	
Company Name	Same as above				
Doing Business As					
Contact Name		Position/Title			
Mailing Address					
City		State		Zip Code	
Telephone		Cell		Email	

Authorized Agent Info*		<input type="radio"/> Yes <input type="radio"/> No		Use as Billing Contact?	
Company Name	Same as above				
Doing Business As					
Contact Name		Position/Title			
Mailing Address					
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:

Surgery Center

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	525 Plaza Dr		
City	Santa Maria	State	Ca
		Zip Code	93454
Work Site Phone	739-3537		

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

Assessors Parcel No(s):

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):

Increase daily hours to 5hrs in order to run minimum four hours under load once a year for required maintenance.

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.

 Signature of application preparer	<input type="text" value="11-1-23"/> Date
<input type="text" value="Mark Morucci"/> Print name of application preparer	<input type="text" value="Dignity Health"/> Employer name

12. APPLICATION CHECKLIST (check all that apply)

- Application Filing Fee (Fee = \$491. 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 a *Credit Card Form-01C* <https://www.ourair.org/wp-content/uploads/apcd-01c.pdf> and submit it via mail or call 805-979-8050 to pay over the phone. **Do not submit the *Credit Card Form-01C* via email.**
- 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* (<https://www.ourair.org/wp-content/uploads/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.**



SANTA BARBARA COUNTY AIR POLLUTION CONTROL DISTRICT SCHOOL SUMMARY FORM -03

Complete this form if the project results in an increase of emissions and the property boundary of the source is within 1,000 feet of the property boundary of the nearest school.

Provide: (1) a scaled map showing the location and property boundary of the source and the location and property boundary of nearby schools, (2) mailing labels and a list of all businesses and residences with property boundaries within 1,000 feet of the property boundary of the proposed source, and (3) a list of all schools with property boundaries within 1,320 feet of the property boundary of the proposed source.

California Health and Safety Code §42301.6 requires that, prior to issuing a new or modified Authority to Construct permit to emit toxic air contaminants within 1,000 feet¹ from the outer boundary of a school site, the District shall provide public notice of the proposed permit action to the parents or guardians of children attending all schools within 1,320 feet of the proposed source as well as each address within 1,000 feet of the proposed source. The information requested by this form will assist the applicant and the District to comply with the noticing requirements of §42301.6. Misrepresentation of any information requested by this form may result in the denial of the permit or enforcement action.

A school is defined as either public or private, grades k-12 only. The public notice provides a 30-day review period prior to the permit issuance, during which the public may comment on the proposed permit action. Following the 30-day period and prior to final permit issuance, the District will review and consider any comments received and provide written responses to such comments as part of the administrative file. The District will coordinate with the schools to notify the parents and guardians of the school children.

1. ADDRESS OF PROPOSED SOURCE: 525 East Plaza Drive

2. DESCRIPTION OF PROPOSED SOURCE: Emergency Back Up Generator for Surgery Center

¹ All distances used in this process are measured from the property boundary of the source to the property boundary of the nearest school.

3. NAME, ADDRESS, PRINCIPAL AND PHONE NUMBERS OF SCHOOL(S) LOCATED WITHIN 1,000 FEET:

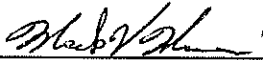
Miller Elementary School /410 East Camino Colegio Santa Maria

Kathy Blackburn 805-361-7560

4. NAME, ADDRESS, PRINCIPAL AND PHONE NUMBERS OF SCHOOL(S) LOCATED WITHIN 1,320 FEET:

Applicant Certification

I certify that all schools within 1,000 feet of the stationary source are listed above in item # 3.
Furthermore, I certify that all schools within 1,320 feet from the stationary source are listed in item # 4.



Signature of Responsible Official
Mark Morucci

Print Name of Responsible Official

Nov 1, 2023

Date

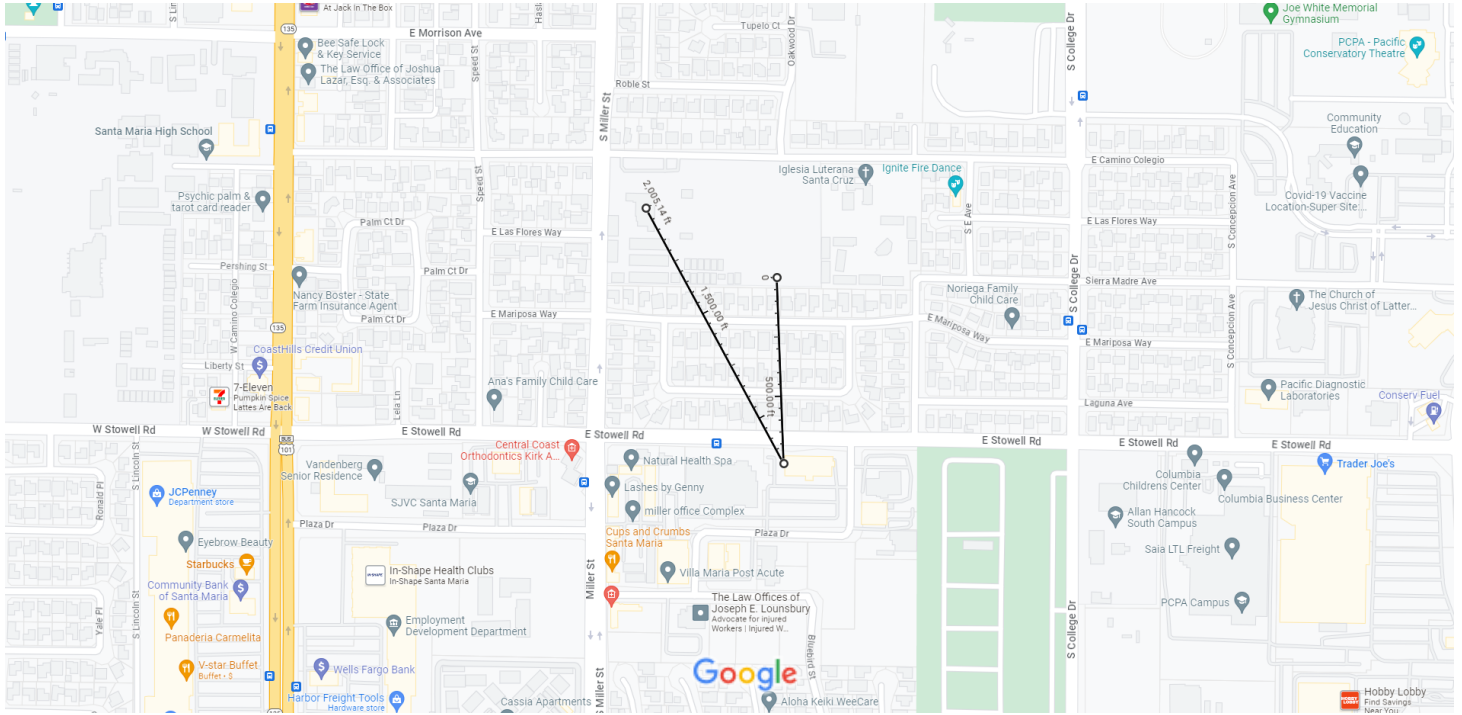
Plant Operations Director

Responsible Official, Title and Employer

Application Checklist (please check off each box that is complete)

- \$1,500 fee that will be used for mailing cost, District's labor, and any other reasonable expenses incurred by the District and schools related to the public notification process.
- Completed APCD Form -03.
- Mailing lists and labels of residences and businesses located within 1000 feet of the source.²
- A scaled map indicating the locations and property boundaries of all schools and the proposed source. Include the general location of any nearby businesses and residences.

² The Santa Barbara County Clerk Assessor's Office can assist in obtaining these labels for a fee. See website for information on contacting Clerk's Assessor: <http://www.sb-democracy.com/Assessor/AssessorHours.aspx>



Map data ©2023 Google 200 ft

Measure distance
Total distance: 2,005.14 ft (611.17 m)