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FEB 14 2022RENEWABLE OPERATING PERMIT APPLICATION  
C-001: CERTIFICATION

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This information is required by Article II, Chapter 1, part 55 (Air Pollution Control) of P.A. 451 of 1994, as amended, and the Federal Clean Air Act of 1990. Failure to provide this information may result in civil and/or criminal penalties. Please type or print clearly.

This form is completed and included as part of Renewable Operating Permit (ROP) initial and renewal applications, notifications of change, amendments, modifications, and additional information.

Form Type C-001	SRN B4292
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Stationary Source Name Lambda Energy Resources, LLC -- Kalkaska Gas Plant	
City Kalkaska	County MI

<b>SUBMITTAL CERTIFICATION INFORMATION</b>	
1. Type of Submittal <i>Check only one box.</i>	
<input type="checkbox"/> Initial Application (Rule 210)	<input checked="" type="checkbox"/> Notification / Administrative Amendment / Modification (Rules 215/216)
<input type="checkbox"/> Renewal (Rule 210)	<input type="checkbox"/> Other, describe on AI-001
2. If this ROP has more than one Section, list the Section(s) that this Certification applies to _____	
3. Submittal Media <input type="checkbox"/> E-mail <input type="checkbox"/> FTP <input type="checkbox"/> Disk <input checked="" type="checkbox"/> Paper	
4. Operator's Additional Information ID - Create an Additional Information (AI) ID that is used to provide supplemental information on AI-001 regarding a submittal.	
AI 1	

<b>CONTACT INFORMATION</b>	
Contact Name Nick Summerland	Title HSE Manager
Phone number 231-258-6411	E-mail address nsummerland@lambdaenergyllc.com

<b>This form must be signed and dated by a Responsible Official.</b>				
Responsible Official Name Jim McGrath		Title Plant Manager		
Mailing address PO Box 550				
City Kalkaska	State MI	ZIP Code 49646	County Kalkaska	Country USA
<b>As a Responsible Official, I certify that, based on information and belief formed after reasonable inquiry, the statements and information in this submittal are true, accurate and complete.</b>				
Signature of Responsible Official 			Date 2/11/22	



## RENEWABLE OPERATING PERMIT M-001: RULE 215 CHANGE NOTIFICATION RULE 216 AMENDMENT/MODIFICATION APPLICATION

*This information is required by Part 55, Air Pollution Control, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, and the Federal Clean Air Act of 1990. Failure to obtain a permit required by Part 55 may result in penalties and/or imprisonment.*

1. SRN B4292	2. ROP Number MI-ROP-B4292-2014a	3. County Kalkaska
4. Stationary Source Name Lambda Energy Resources - Kalkaska Gas Plant		
5. Location Address 1080 Prough Road SW		6. City Kalkaska
<p>7. Submittal Type - <i>The submittal must meet the criteria for the box checked below. Check only one box. Attach a mark-up of the affected ROP pages for applications for Rule 216 changes.</i></p> <p><input type="checkbox"/> Rule 215(1) Notification of change. Complete Items 8 – 10 and 14</p> <p><input type="checkbox"/> Rule 215(2) Notification of change. Complete Items 8 – 10 and 14</p> <p><input checked="" type="checkbox"/> Rule 215(3) Notification of change. Complete Items 8 – 11 and 14</p> <p><input type="checkbox"/> Rule 215(5) Notification of change. Complete Items 8 – 10 and 14</p> <p><input type="checkbox"/> Rule 216(1)(a)(i)-(iv) Administrative Amendment. Complete Items 8 – 10 and 14</p> <p><input type="checkbox"/> Rule 216(1)(a)(v) Administrative Amendment. Complete Items 8 – 14. Results of testing, monitoring &amp; recordkeeping must be submitted. See detailed instructions.</p> <p><input type="checkbox"/> Rule 216(2) Minor Modification. Complete Items 8 – 12 and 14</p> <p><input type="checkbox"/> Rule 216(3) Significant Modification. Complete Items 8 – 12 and 14, and provide any additional information needed on ROP application forms. See detailed instructions.</p> <p><input type="checkbox"/> Rule 216(4) State-Only Modification. Complete Items 8 – 12 and 14</p>		
8. Effective date of the change. (MM/DD/YYYY) <i>See detailed instructions.</i> 01/20/2022		9. Change in emissions? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>10. Description of Change - <i>Describe any changes or additions to the ROP, including any changes in emissions and/or pollutants that will occur. If additional space is needed, complete an Additional Information form (AI-001).</i></p> <p>See form A1-1</p> <p>Regarding question 15 - No markup of the ROP is necessary because AQD is providing the table.</p>		
<p>11. New Source Review Permit(s) to Install (PTI) associated with this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, enter the PTI Number(s) _____ - _____ - _____ - _____ - _____ - _____</p>		
<p>12. Compliance Status - <i>A narrative compliance plan, including a schedule for compliance, must be submitted using an AI-001 if any of the following are checked No.</i></p> <p>a. Is the change identified above in compliance with the associated applicable requirement(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Will the change identified above continue to be in compliance with the associated applicable requirement(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. If the change includes a future applicable requirement(s), will timely compliance be achieved? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
13. Operator's Additional Information ID - <i>Create an Additional Information (AI) ID for the associated AI-001 form used to provide supplemental information.</i>		AI
14. Contact Name Nick Summerland	Telephone No. 231-258-6411	E-mail Address nsummerland@lambdaenergyllc.com
<p>15. This submittal also updates the ROP renewal application submitted on 03/15/2019 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A <i>(If yes, a mark-up of the affected pages of the ROP must be attached.)</i></p>		

**NOTE: A CERTIFICATION FORM (C-001) SIGNED BY A RESPONSIBLE OFFICIAL MUST ACCOMPANY ALL SUBMITTALS**



## RENEWABLE OPERATING PERMIT APPLICATION AI-001: ADDITIONAL INFORMATION

*This information is required by Article II, Chapter 1, Part 55 (Air Pollution Control) of P.A. 451 of 1994, as amended, and the Federal Clean Air Act of 1990. Failure to obtain a permit required by Part 55 may result in penalties and/or imprisonment. Please type or print clearly. Refer to instructions for additional information to complete this form.*

SRN: B4292	Section Number (if applicable):
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1. Additional Information ID <b>AI-1</b>
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<b>Additional Information</b>
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2. Is This Information Confidential?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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On January 20, 2022 an electric driven reciprocating compressor was installed to recover vapors from rail cars in the North Plant Storage area. The new installation will not result in an increase in emissions. The compressor will, however, be subject to federal regulations 40 CFR Part 60 OOOOa and will be compliant within 30 days of start up.

## Initial Notification of Applicability

New Source Performance Standards

Standards of Performance for Crude Oil and Natural Gas Production, Transmission and Distribution  
40 CFR Part 60, Subpart OOOOa

### Company (Owner) Name

Lambda Energy Resources, LLC

### Company Address

1510 Thomas Road  
PO Box 910  
Kalkaska, MI 49646

### Facility Name

Bear Lake 22 CPF

### Facility Address

1080 Prough Road SW  
Kalkaska, MI 49646

### Subject Equipment – 60.5365(c)

Reciprocating Compressor

**Make/Model:** Corken Model No. – 691AM3FBANSNN

**Serial No. :** 88523PD

### Initial Notification

60.7(a)(1)/60.5410(c)(2)

Date of construction (installation) – January 20, 2022

60.7(a)(3) /60.5410(c)(2)

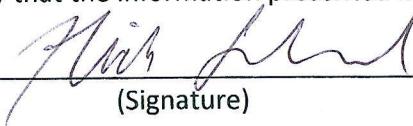
Date of startup – January 20, 2022

60.7 (a)(4)/60.5410(c)(2)

An electric motor driven compressor unit was installed to remove vapors while loading/offloading railcars. There will be no increase in emission rate as a result of the physical change (see 60.14(a)). This is an exempt compressor complying with 60.482-3a(h)

### Certification

I hereby certify that the information presented herein is correct to the best of my knowledge.

  
\_\_\_\_\_  
(Signature)

Nick Summerland HSE Manager, MI  
(Name/title)

  
\_\_\_\_\_  
(Date)

(231) 258-6411  
(Telephone No.)