August 14, 2024

HAND DELIVERY

Ms. Patty Jacobs
Oregon Department of Environmental Quality
Northwest Region-Air Quality Program
700 NE Multnomah St; Suite 600
Portland, OR 97232
Patty.Jacobs@deq.oregon.gov

Re: Intel Corporation, Aloha/Gordon Moore Park at Ronler Acres Campuses, Standard ACDP Permit No. 34-2681
Title V Operating Permit Application Modification

Dear Ms. Jacobs:

In May of 2016, Intel Corporation (Intel) submitted an initial Title V Operating Permit application to Oregon Department of Environmental Quality (DEQ). Since the 2016 submission, an addendum to that 2016 application was completed in March 2020 to incorporate changes from notice of construction (NOC) actions at the Aloha and Gordon Moore Park at Ronler Acres (also referenced in this application as "Ronler" and "Ronler Acres") campuses. As of the date of this letter, an initial Title V permit has not been issued for the Aloha and Ronler Acres Campuses.

Following the 2020 Title V application addendum modification, a renewed Standard Air Contaminant Discharge Permit (ACDP) was issued combining details from both ACDP modification applications 034188 and 034907. The latter of these was a Type 4 ACDP application submitted in July 2023 and amended in September 2023, which proposed to increase emissions above the federal major source level for nitrogen oxides (NOx), carbon monoxide (CO) and volatile organic compounds (VOC).

Pursuant to Permit Condition 3 of Standard ACDP No. 34-2681-ST-02, Intel is submitting this modified Title V permit application to reflect all new and relevant information regarding the facility since the prior 2020 Title V application addendum.

This Title V permit application includes equipment information as well as applicable regulations detailed in the following attachments:

- ► Attachment 1: Administrative Details and General Facility Information (AP100 Series)
- ► Attachment 2: Applicable Requirements / Regulatory Review (AR400 Series)
- ► Attachment 3: Facility Device and Process Description (DV200 Series)
- ► Attachment 4: Pollution Control Device Description (CD300 Series)
- ► Attachment 5: Emissions Unit Summary (EU500 Series)
- ► Attachment 6: Emissions Data (ED600 Series)
- ► Attachment 7: Monitoring and Testing (CP700)
- ► Attachment 8: Miscellaneous Supporting Information (MF800)
- ► Attachment 9: Copy of current ACDP No. 34-2681-ST-2
- ► Attachment 10: Emission Inventory

APPLICATION GOALS AND PURPOSE

Rather than submit an addendum to the original Title V application in 2016, Intel has opted to submit a new Title V Permit application, accounting for all permitting actions since the initial application in 2016. By utilizing this submission type, Intel intends to:

- Include supplementary details for grandfathered equipment and transfer information from outdated forms; and
- Complete a thorough regulatory review with respect to the most recent rules and considerations, summarized in the AR series

OVERVIEW OF FACILITY CHANGES

A summary of facility emissions as authorized in Standard ACDP No. 34-2681-ST-02 are included below in Table 1 for reference. Ongoing projects and facility changes are discussed at length in both ACDP applications as well as the issued ACDP and review report. Changes since the 2020 Title V application addendum include:

- Expansion of manufacturing operations to a federal major source status
  - Completed Major New Source Review (NSR), including Best Available Control Technology (BACT) analysis and air dispersion modeling
- Pilot testing of low NOx emission control system within the process
- Addition of ancillary equipment such as emergency generators
- Addition of control equipment not required by regulation (i.e., WESPs)

Table 1. Plant Site Emission Limits (PSELs) and Netting Basis

Pollutant	Plant Site Emission Limit (tons/12 mo)	Netting Basis (tons/12 mo)
PM	68	0
PM_{10}	61	61
$PM_{2.5}$	59	59
SO_2	35	14
NO_X	413	413
CO	598	598
VOC	351	351
Fluorides	12.5	12.5
GHG	1,725,560	1,725,560
Any individual HAP	9	N/A
Aggregate of all HAPs	21	N/A

CONFIDENTIAL BUSINESS INFORMATION

For the reasons explained in detail in the September 13, 2023 letter from Intel's counsel (Tom Wood) to Paul Garrahan (Oregon Department of Justice), Intel requests that portions of the application be managed as Confidential Business Information (CBI) and not be released in response to Public Record Act requests. To assist with DEQ's management of the document, we are submitting two versions of the emission inventory attachment to the Title V application, one labeled as "Redacted" which can be provided to the public. The other version, labeled as "Unredacted" should not be provided to the public as it contains confidential business information. As required by OAR 340-214-0130, each page of the redacted application that contains information entitled to protection as confidential is prominently marked with the words, "Confidential Business Information--Do Not Release to Public."

We note that the data for which we claim CBI protection are outside the scope of "emissions data." Intel recognizes that the total emissions from the facility are emissions data and would be subject to public scrutiny. However, the detailed facility process descriptions and production data are not.

If the Department determines that any portion of the application for which we are requesting trade secret protection is not immune from a Public Records Act request, we request that you return these materials, in their entirety, to us so that we can find a different means of providing the information you need without endangering our business.

All relevant permitting actions since the 2020 Title V application addendum and considerations for this Title V permit application are addressed at length in the attachments of this document. If you have any questions or comments about the information presented, please do not hesitate to call me at (503) 329-0649.

Sincerely,
Intel Corporation

Rafe Christopherson, P.E.
Oregon TD Environmental Manager

Attachments: Title V Application

cc: Tom Wood (Stoel Rives)
Geoffrey Tichenor (Stoel Rives)
Mr. Jesse Gonzalez (Trinity Consultants)
Ms. Jordan Hanna (Trinity Consultants)
CS TD Oregon Environmental Compliance Sharepoint

Intel Title V Air Permit Application

Content Series

AP100 – Administrative and General Facility Information

- AP101 – Administrative Information
- AP102 – Facility Description
    - Plot Plan RA
    - Plot Plan AL
    - Regional map both
    - Ronler Topography Map
    - AL Topography Map
- AP103 – Operating Scenario Description
    - Overall Process Flow Diagram

Series DV200 – Facility Device/Process Descriptions

- DV201 – Miscellaneous Device/Process
    - Fab
    - Heaters
    - Cooling towers
- DV202 – Boilers
- DV207 – Internal Combustion Devices
- DV212 – VOC Storage Tank

Series CD300 – Pollution Control Device Description

- CD301 – Electrostatic Precipitators (ESP)
- CD302 – Wet Scrubbers
- CD304 – Fume Incinerators (RCTO)
    - RCTO Residence Time Example
- CD306 – Other Pollution Control Devices
    - Arsenic Specialty Exhaust
    - Diesel Particulate Filter (DPF)
    - Lime Silo Filters
    - TMXW
    - Mist Eliminators
    - RCTO NO_X Abatement

Series AR400 – Applicable Requirements

- AR401 – Applicable Requirements Checklist
- AR401A – NSPS/NESHAP Applicability Checklist
- AR402 – Non-applicable Requirements
- AR403 – Facility-wide Applicable Requirements

Series EU500 – Emissions Units

- EU501 – Emissions Unit Summary Sheet
- EU508 – Paved Roads Particulate Fugitive Emissions Unit Summary

Series ED600 – Emissions Data Forms

- ED601 – Categorically Insignificant Activities
- ED602 – Aggregate Insignificant Activities
- ED603 – Baseline Emission Rate
- ED604 – Netting Basis
- ED605 – PM2.5 PSEL and Netting Basis and Emission Detail Sheets
- ED606 – Hazardous Air Pollutants and Copy of Most Recent TRI Report
- ED607 – Toxic Substance Usage
- ED608 – Stratospheric Ozone Protection

Series CP700 – Monitoring and Testing

- CP702 – Stack Testing
- CP703 – Operation and Maintenance
- CP704 – Periodic Visible Emissions Monitoring
- CP705 – Maintenance Activities
- CP706 – Fuel Sampling and Analysis
- CP707 – Material Balance
- CP710 – Recordkeeping
- CP711 – Plant Site Emissions Limit Monitoring

Other Information

- Copy of current ACDP No. 34-2681-ST-2

Series MF800 – Miscellaneous Forms

- MF801 – Completeness Determination Checklist

Attachment 1: Administrative Details and General Facility Information (AP100 Series)

State of Oregon
DEQ Department of Environmental Quality

Administrative Information and Certification

Form AP101
Answer Sheet

DEQ USE ONLY	
Permit Number:	Type of Application:
Application No:	**RNW**____ **MOD**_____ **NEW** ____
Date Received :	
Regional Office: NWR - AQ Permit Coordinator	**Check No.** **Amount $**

Facility name: Intel Corporation Aloha/Ronler Acres **Permit number:** 34-2681-ST-02

1. Site identifier:		Intel Corporation Aloha/Ronler Acres Campuses
2. Legal Name:		Intel Corporation
3. Mailing Address:	P.O. Box or Street number	5200 NE Elam Young Parkway M/S RS5-115
	City, State, ZIP	Hillsboro, OR
4. Facility Address:	Street number or description	3585 SW 198th Ave / 2501 NE Century Blvd
	City, County, ZIP	Aloha/Hillsboro, Washington, 97007/97124
	Tax lot #	
5. Owner:	Name	Intel Corporation
	Phone number	(408) 765-8080 (Headquarters, Santa Clara, CA)
6. Contact Person:	Name	Wes Lund
	Title	Sr. Environmental Engineer
	Phone number	(971) 610-4009
	Email	wes.lund@intel.com
	Fax number	(503) 613-8065
7. Business activity:	Description	Semiconductor Manufacturing
	Standard Industrial Classification (SIC) code	3674
8. Other DEQ permits:		34-2681-ST-02, ISCP 34-9501-4, NPDES1200Z,1200C

9. Permit Action:

- ☐ Administrative Amendment (include MD904)
- ☐ Simple permit modification (include MD905)
- ☐ Moderate permit modification (include MD905) (may require short-term NAAQS analysis)
- ☐ Complex permit modification (include MD906) (may require short-term NAAQS analysis)
- ☐ Ambient air monitoring revision fee
- ☐ Modeling review (outside Major NSR or Type A State NSR)
- ☐ Renewal of an existing permit (include forms ED605, ED606, an updated list of equipment, and any other necessary forms)

Statement of Certification:

I have reviewed this application and all supporting documentation in their entirety and to the best of my knowledge, information, and belief formed after reasonable inquiry, the statements and information contained herein are true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment for knowing violations.

The status of this facility's compliance with all air pollution control applicable requirements is reported in this application along with the methods to be used for compliance demonstration. For applicable requirements with which this facility is in compliance, this facility will continue to comply with such requirements. For applicable requirements that will become effective during the permit term, this facility will meet such requirements on a timely basis. If there are any applicable requirements for which this facility is not in compliance, a schedule of compliance is included in this permit application describing how compliance will be achieved.

Jeffrey Birdsall	VP, Technology Development GM, LTD Manufacturing
Name of Responsible Official	**Title of Responsible Official**
Jeffrey L Birdsall	August 14, 2024
Signature of Responsible Official	**Date**

Fee Information
(Make check payable to DEQ)

OAR 340-220-0050	
Administrative Amendment	$762.00
Simple permit modification	$3,050.00
Moderate permit modification	$22,873.00
Complex permit modification	$45,744.00
Ambient air monitoring revision fee	$6,099.00
Modeling review (outside Major NSR or Type A State NSR)	$9,000.00

Amount due:	**$ 0.00**

Submit a paper copy of the completed application to the applicable address below.

Modified Permits (with fees)
Oregon Department of Environmental Quality Financial Services – Revenue Section 700 NE Multnomah St., Suite 600 Portland, OR 97232-4100

Email a convenience copy to the Regional Office by selecting the county where the facility is located.
Email to: NWRAQPermits@deq.oregon.gov

Permit Renewals (no fees) Select County: Washington
Oregon Department of Environmental Quality Northwest Region, Air Quality, 700 NE Multnomah St., Suite 600 Portland, OR 97232-4100

Print Form

FORM AP102

Facility Description — Answer Sheet

Facility name: Intel Corporation Aloha / Ronler Acres Campuses Permit Number: 34-2681-ST-02

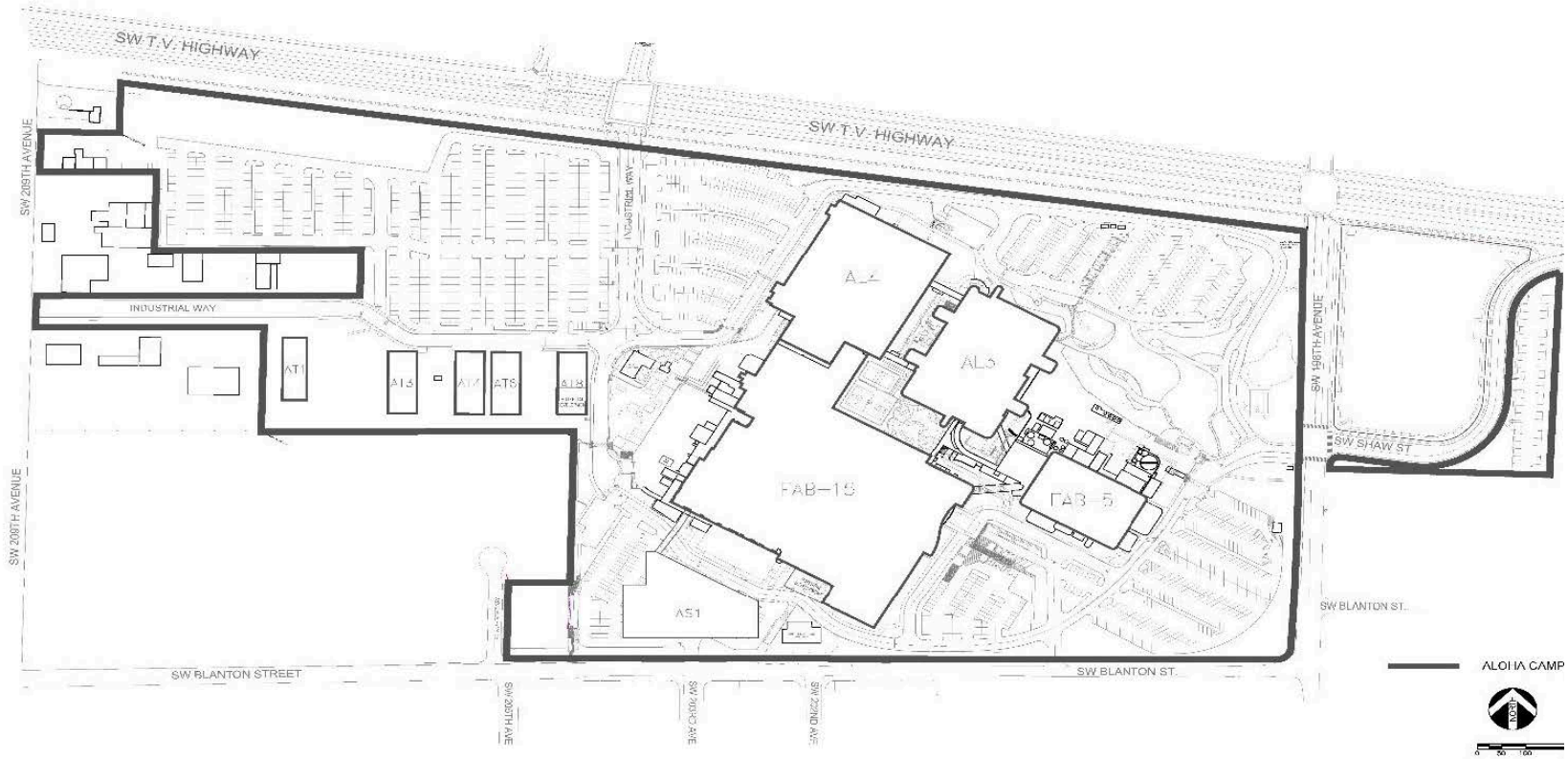
1.	Facility description:	
	Intel Corporation (Intel) owns and operates two semiconductor manufacturing facilities in Oregon. One facility is located at 2501 NE Century Boulevard, Hillsboro, Oregon (Gordon Moore Park at Ronler Acres Campus also referenced as Ronler Acres in this permit). The second facility is located at 3585 SW 198th Avenue, Aloha, Oregon (Aloha Campus). The two facilities are considered one source for permitting purposes. Combined, the two campuses are the Facility that operates under a single Standard Air Contaminant Discharge Permit (ACDP), 34-2681-ST-02, issued by the Oregon Department of Environmental Quality (DEQ) on 4/16/24. The semiconductor manufacturing process begins with thin disks of high-purity silicon called wafers, which then undergo a large number of individual process to create a number of microprocessors on each wafer. Each individual microprocessor consists of microcircuits containing semiductor devices such as diodes and transistors. After a group of microprocessors have been creased on a wafer, they are cut out of the wafer to produce individual microprocessors. The typical processes used to create the microcircuits and semiconductor devices are: Etching, Doping, Deposition and film, Photoresist masking, Planarization, C4 (Controlled Collapse Chip Connection), and Die Prep. Details of each of these processes are included in the Review Report for Permit No.: 34-2681-ST2, R04 & R05. The processes above are carried out in process units called "tools". Microprocessor production involves dozens of individual masking, etching, deposition, planarization, and doping steps which are carried out in a number of different tools. Particular tools may be used multiple times throughout the production process. The semiconductor production processes change and are updated rapidly, with significant changes to processes and tools occurring roughly every two years. The microprocessor manufacturing process takes place in buildings known as “fabs”. Each fab contains the tools necessary to manufacture a particular type of microprocessor, or carries out other operations such as cutting the individual microprocessors from a wafer.	
2.	Property area (specify: acres, m^2)	~59 Acres (Aloha); ~530 Acres (Ronler); Total ~ 589 Acres
3.	Nonattainment area [yes/no; if yes, specify]	No
4.	Number of employees	~17,000
5.	Maximum capacity [specify units] hourly	See Emission Inventory
	annually	See Emission Inventory

6. Attach plot plan

7. Attach regional map

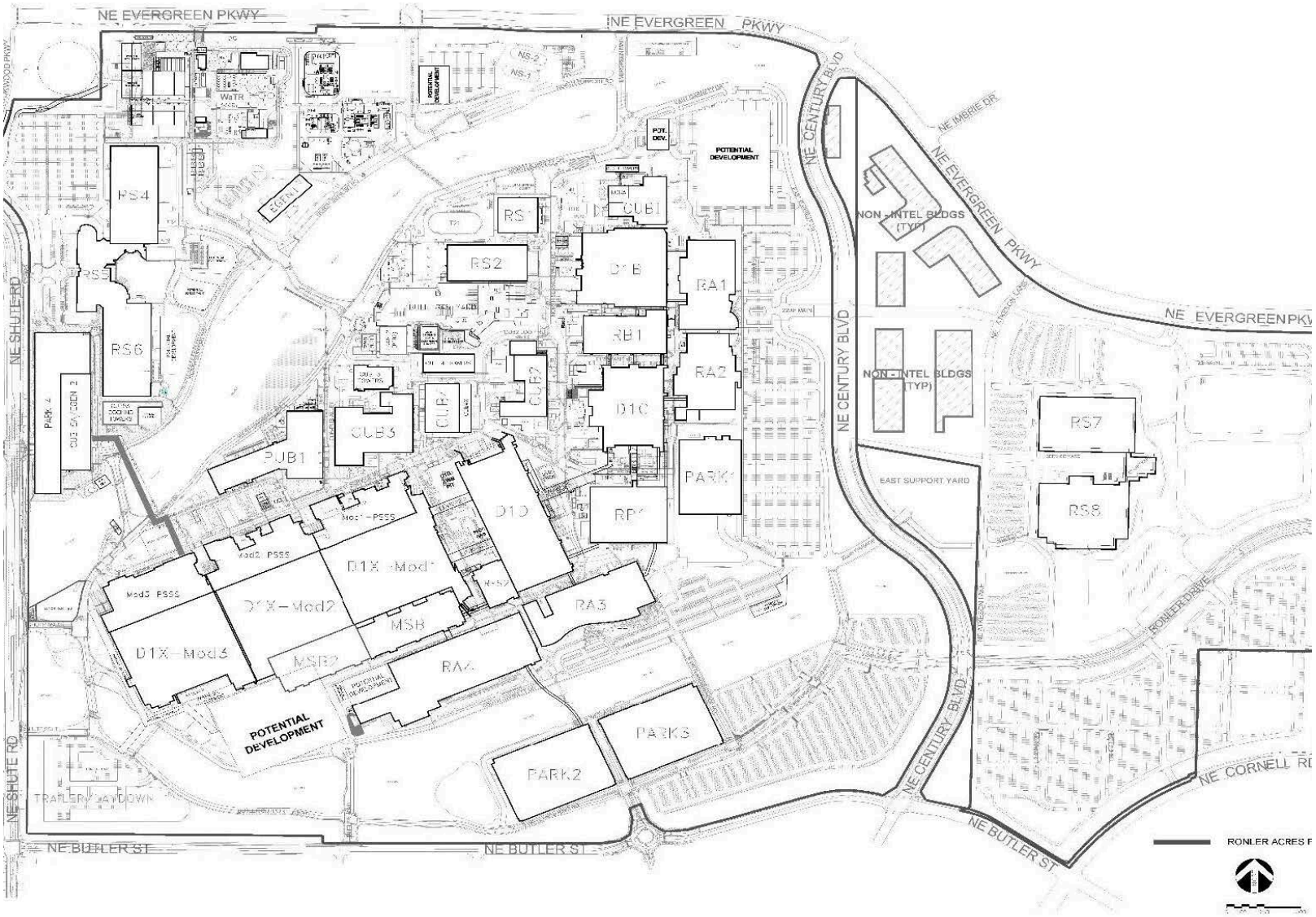
8. Attach USGS map

Aloha Campus Site Plan



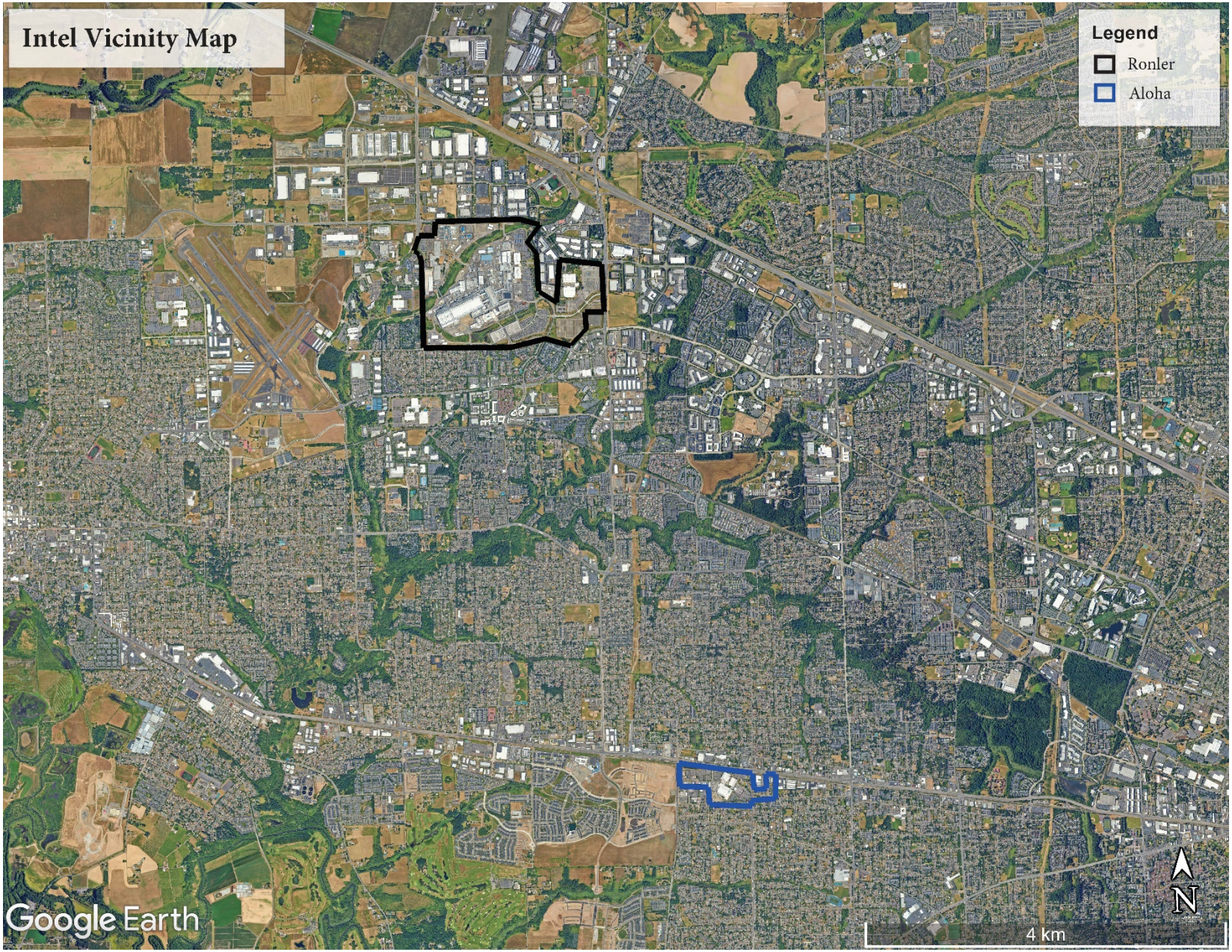
Aloha Campus United States Geological Survey

Ronler Acres Campus Site Plan



Ronler Acres Campus United States Geological Survey

Vicinity Map



Print Form

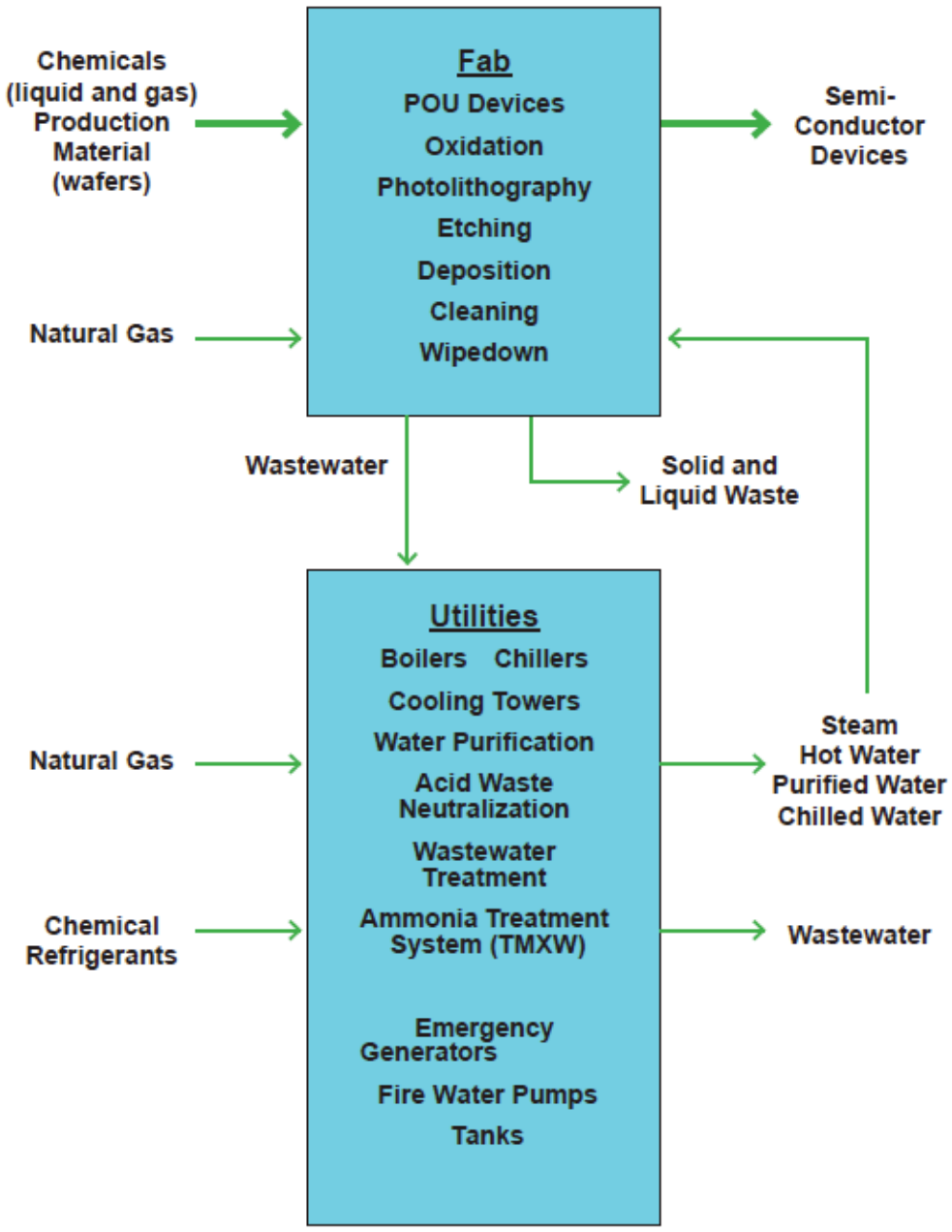
FORM AP103

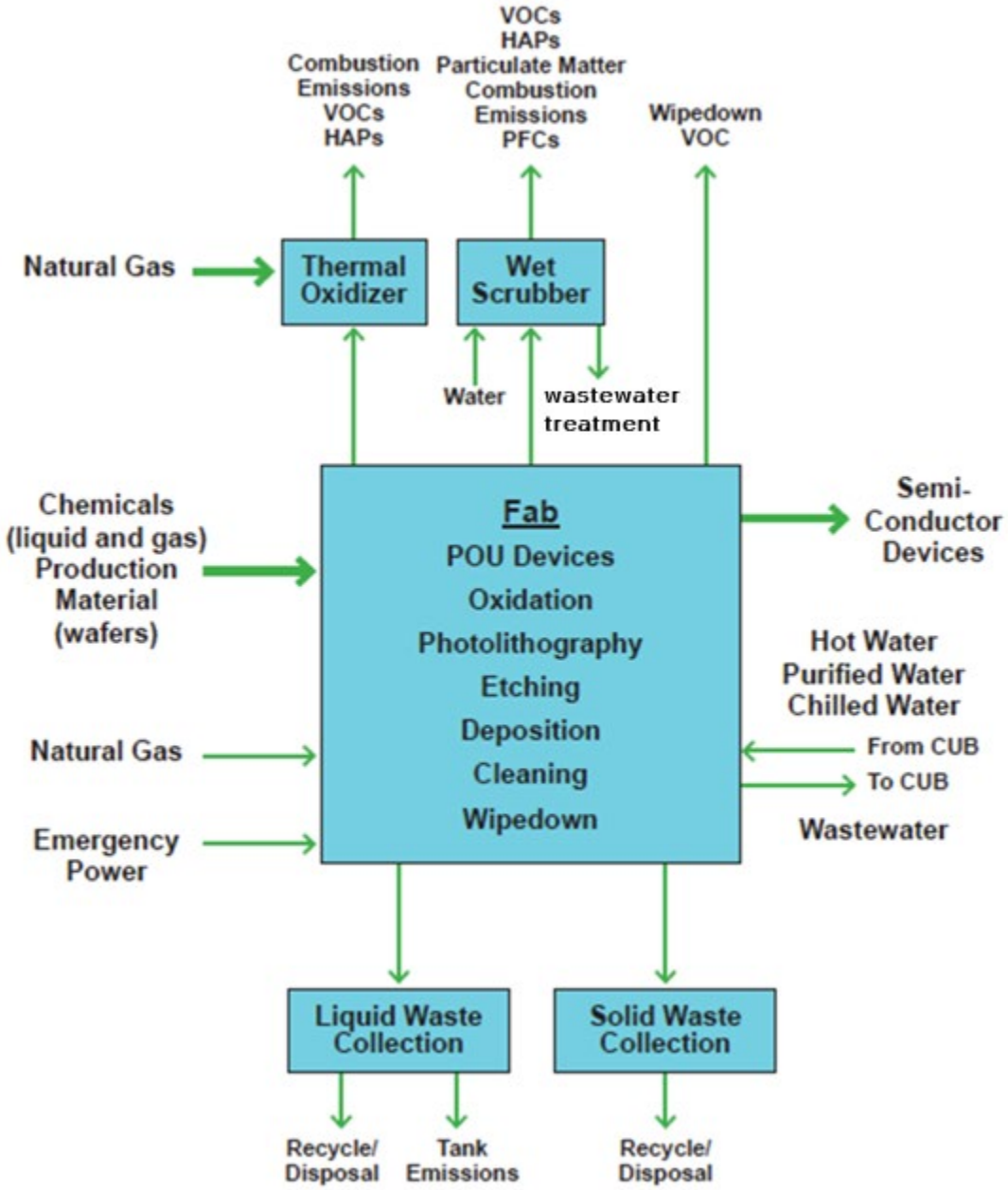
Operating Scenario Description — Answer Sheet

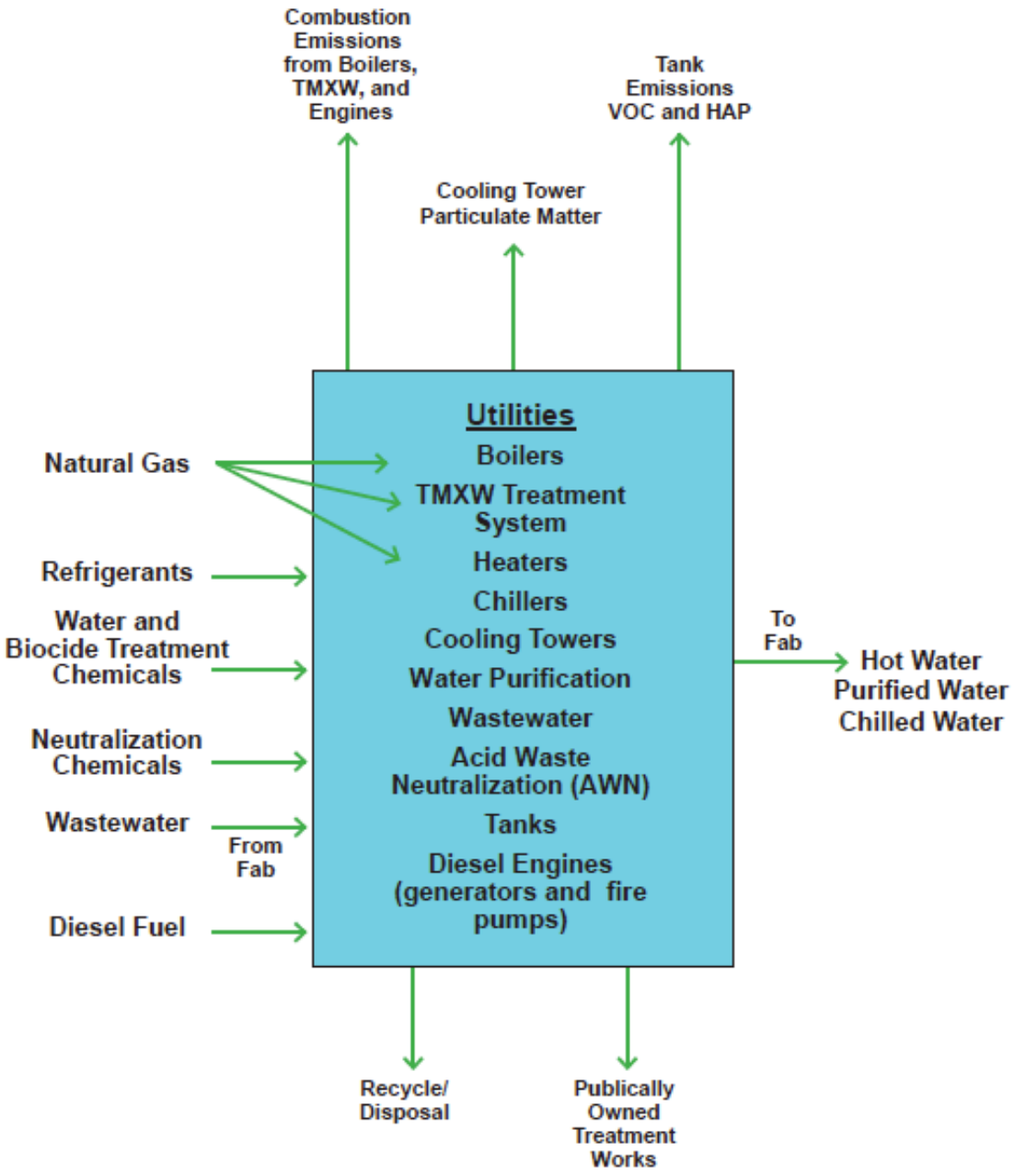
Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1	Operating scenario ID	OS_1
2.	Operating scenario description:	
	This base operating scenario is for the planned full build-out of the Intel Corporation Aloha/Ronler Acres Campuses and an alternate operating scenario is not proposed with this permit application. The industrial activities associated with this base operating scenario are semiconductor manufacturing and utility support systems (see Form Series DV200, CD300, and EU500 for more details). Emissions of regulated air pollutants associated with this base operating scenario are criteria air pollutants, hazardous air pollutants (HAPs), greenhouse gases (GHGs) and non-criteria air pollutants including Fluorides and hydrogen sulfide (see Form Series ED600 for more detail). 3) List the emissions units involved in this operating scenario.: EU-Boilers, EU-Heaters, EU-TMXW, EU-RCTOs, EU- Wet Scrubbers, EU-VOCunc, EU-Paved Roads, EU-RICE, EU-Cooling Towers, EU-other	
3.	List the emissions units involved in this operating scenario.	See above for full list
4.	Operating schedule: hours/day	24
	days/week	7
	weeks/year	52
5	Seasonal variation (%): December - February	25%
	March – May	25%
	June - August	25%
	September - November	25%

6. Attach process flow diagram


Chemicals (liquid and gas) Production Material (wafers)
Fab
POU Devices
Oxidation
Photolithography
Etching
Deposition
Cleaning
Wipedown
Semi-Conductor Devices
Natural Gas
Wastewater
Solid and Liquid Waste
Utilities
Boilers Chillers
Cooling Towers
Water Purification
Acid Waste Neutralization
Wastewater Treatment
Ammonia Treatment System (TMXW)
Emergency Generators
Fire Water Pumps
Tanks
Natural Gas
Chemical Refrigerants
Steam
Hot Water
Purified Water
Chilled Water
Wastewater


VOCs
HAPs
Particulate Matter
Combustion
Emissions
PFCs
Combustion
Emissions
VOCs
HAPs
Wipedown
VOC
Natural Gas
Thermal
Oxidizer
Wet
Scrubber
Water
wastewater
treatment
Chemicals
(liquid and gas)
Production
Material
(wafers)
Fab
POU Devices
Oxidation
Photolithography
Etching
Deposition
Cleaning
Wipedown
Semi-
Conductor
Devices
Hot Water
Purified Water
Chilled Water
From CUB
To CUB
Wastewater
Natural Gas
Emergency
Power
Liquid Waste
Collection
Solid Waste
Collection
Recycle/
Disposal
Tank
Emissions
Recycle/
Disposal


Combustion Emissions from Boilers, TMXW, and Engines
Tank Emissions VOC and HAP
Cooling Tower Particulate Matter
Utilities
Boilers
TMXW Treatment System
Heaters
Chillers
Cooling Towers
Water Purification
Wastewater
Acid Waste Neutralization (AWN)
Tanks
Diesel Engines (generators and fire pumps)
Natural Gas
Refrigerants
Water and Biocide Treatment Chemicals
Neutralization Chemicals
Wastewater
From Fab
Diesel Fuel
To Fab
Hot Water
Purified Water
Chilled Water
Recycle/ Disposal
Publically Owned Treatment Works

Attachment 2: Applicable Requirements / Regulatory Review (AR400 Series)

Title V Operation Permit Program
Applicable Requirements Checklist Attachment

Company name: Intel Aloha/Ronler Acres Campuses **Permit number:** 34-2681-ST-02

Division 202 AMBIENT AIR QUALITY STANDARDS AND PSD INCREMENTS					
Applicability		**Reason(1)**	**Rule number**	**(2)**	**Rule Description**
Yes	**No**				
Ambient Air Quality Standards and PSD Increments					
	X	i	340-202-0060	■	Suspended Particulate Matter
	X	i	340-202-0070	■	Sulfur Dioxide
	X	i	340-202-0080	■	Carbon Monoxide
	X	i	340-202-0090	■	Ozone
	X	i	340-202-0100	■	Nitrogen Dioxide
	X	i	340-202-0110	■	Particle Fallout
	X	i	340-202-0130	■	Lead
Prevention of Significant Deterioration Increments					
	X	i	340-202-0200	■	General
	X	i	340-202-0210	■	Ambient Air PSD Increments
	X	i	340-202-0220	■	Ambient Air Ceilings

(1) The abbreviations for non-applicability are as follows:
- a this pollutant is not emitted by the facility;
- b the facility is not in this source category;
- c the facility in not in the special control area;
- d the facility is not in this county;
- e the facility does not have this emissions unit;
- f the facility does not use this fuel type;
- g the rule does not apply because no changes have been made at the facility that would trigger these procedural requirements;
- h this method/procedure is not used by the facility;
- i this rule applies only to DEQ and regional authorities; and
- j other (explain on Form AR402, Non-Applicable Requirements)

(2)
- ◆ indicates that this rule contains a limit or standard that must be transferred to the appropriate Form EU500, Emissions Unit Summary;
- ■ indicates that this rule contains a limit or standard that must be transferred to the Form AR403, Facility-Wide Applicable Requirements;
- ◆■ indicates that this rule contains a limit or standard that must be transferred to *both* Form AR403 and the appropriate Form EU500

Division 206
Air Pollution Emergencies

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
	X	c	340-206-0050	■	Source Emission Reduction Plans

Division 208
Visible Emissions and Nuisance Requirements

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
Visible Emissions					
X			340-208-0110	◆■	Visible Air Contaminant Limitations
Fugitive Emission Requirements					
X			340-208-0210	■	Requirements for Fugitive Emissions
Nuisance Control Requirements					
X			340-208-0300	■	Nuisance Prohibited (This rule is not federally enforceable)
X			340-208-0310	■	Determining Whether A Nuisance Exits (This rule is not federally enforceable)
X			340-208-0320	■	Best Work Practices Agreement (This rule is not federally enforceable)
X			340-208-0400	■	Masking of Emissions (This rule is not federally enforceable)
X			340-208-0450	■	Particle Fallout Limitation (This rule is not federally enforceable)
Clackamas, Columbia, Multnomah, and Washington Counties					
	X	q	340-208-0510	◆	Exclusions (This rule is not federally enforceable)
X			340-208-0550	◆	Odor Control Measures (This rule is not federally enforceable)
X			340-208-0590	■	Emission Standards – General (This rule is not federally enforceable)
X			340-208-0610	◆	Particulate Matter Weight Standards (This rule is not federally enforceable)

Division 209
Public Participation

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
X			340-209-0030	■	Public Notice Categories and Timing
X			340-209-0040	■	Public Notice Information
X			340-209-0050	■	Public Notice Procedures
X			340-209-0060	■	Persons Required to be Notified
X			340-209-0080	■	Issuance or Denial of a Permit

(1) Refer to the first page of AR401 for the list of reason codes.
(2) Refer to the first page of AR401 for the explanation of the symbols.

Division 210
Stationary Source Notification Requirements

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
Registration					
	X	b	340-210-0120	■	Re-Registration and Maintaining Registration
Notice of Construction and Approval of Plans					
X			340-210-0215	■	Requirement
X			340-210-0225	■	Types of Construction/Modification Changes
X			340-210-0230	■	Notice to Construct
X			340-210-0240	■	Construction Approval
X			340-210-0250	■	Approval to Operate

Division 212
Stationary Source Testing and Monitoring

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
Sampling, Testing, Measurement					
X			340-212-0120	■	Program
X			340-212-0130	◆	Stack Heights and Dispersion Techniques
X			340-212-0140	■	Methods
	X	i	340-212-0150	■	Department Testing
Compliance Assurance Monitoring					
X			340-212-0210	◆	Monitoring Design Criteria
X			340-212-0220	◆	Submittal Requirements
X			340-212-0230	◆	Deadlines for Submittal
X			340-212-0240	◆	Approval of Monitoring Plans
X			340-212-0250	◆	Operation of Approved Monitoring
X			340-212-0260	◆	Quality Improvement Plan (QIP) Requirements
X			340-212-0270	◆	Reporting and Recordkeeping Requirements
X			340-212-0280	◆	Savings Provisions

Division 214
Stationary Source Reporting Requirements

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
Reporting					
X			340-214-0110	■	Request for Information
X			340-214-0114	■	Records; Maintaining and Reporting

(1) Refer to the first page of AR401 for the list of reason codes.
(2) Refer to the first page of AR401 for the explanation of the symbols.

Division 214
Stationary Source Reporting Requirements

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
X			340-214-0120	■	Enforcement
X			340-214-0130	■	Information Exempt From Disclosure
Emission Statements for VOC and NOx Sources					
	X	c	340-214-0210	■	Requirements
	X	c	340-214-0220	■	Submission of Emission Statement
Excess Emissions and Emergency Provision					
X			340-214-0310	■	Planned Startup and Shutdown
X			340-214-0320	■	Scheduled Maintenance
X			340-214-0330	■	All Other Excess Emissions
X			340-214-0340	■	Reporting Requirements
X			340-214-0350	■	Enforcement Action Criteria
X			340-214-0360	■	Emergency as an Affirmative Defense for Title V Permitted Sources

Division 215
Oregon Greenhouse Gas Reporting Program

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
X			340-215-0030	■	Applicability
	X	b	340-215-0032	■	Deferrals and Exemptions
X			340-215-0034	■	Changes in Ownership and Cessation of Reporting Requirements
X			340-215-0040	■	Greenhouse Gas Registration and Reporting Requirements
X			340-215-0042	■	Recordkeeping Requirements
X			340-215-0044	■	Emissions Data Reports
X			340-215-0046	■	Reporting Deadlines
X			340-215-0060	■	Greenhouse Gas Reporting Fees
X			340-215-0105	■	Requirements for Air Contamination Sources
	X	b	340-215-0110	■	Requirements for Fuel Suppliers and In-State Producers
	X	b	340-215-0115	■	Requirements for Natural Gas Suppliers and In-State Producers
	X	b	340-215-0120	■	Requirements for Electricity Suppliers
	X	b	340-215-0125	■	Requirements for Petroleum and Natural Gas Systems

(1) Refer to the first page of AR401 for the list of reason codes.
(2) Refer to the first page of AR401 for the explanation of the symbols.

Division 216
Air Contaminant Discharge Permits

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
X			340-216-0020	■	Applicability
X			340-216-0025	■	Types of Permits
X			340-216-0040	■	Application Requirements
X			340-216-0052	◆■	Construction ACDP
	X	b	340-216-0054	■	Short Term Activity ACDPs
	X	b	340-216-0056	■	Basic ACDPs
	X	b	340-216-0060	■	General Air Contaminant Discharge Permits
	X	b	340-216-0062	■	General ACDP Attachments
	X	b	340-216-0064	■	Simple ACDPs
X			340-216-0066	■	Standard ACDPs
X			340-216-0068	■	Simple and Standard ACDP Attachments
X			340-216-0069	◆■	Toxic Air Contaminant Permit Addendums
X			340-216-0070	■	Permitting Multiple Sources at a Single Adjacent or Contiguous Site
X			340-216-0082	■	Termination or Revocation of an ACDP
X			340-216-0084	■	Department Initiated Modification
X			340-216-0090	■	Sources Subject to ACDPs and Fees
X			340-216-0094	■	Temporary Closure

Division 218
Oregon Title V Operating Permits

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
X			340-218-0040	■	Permit Applications
X			340-218-0050	■	Standard Permit Requirements
X			340-218-0060	■	State Enforceable Requirements
X			340-218-0070	■	Federally Enforceable Requirements
X			340-218-0080	■	Compliance Requirements
	X	b	340-218-0090	■	General Permits
	X	b	340-218-0100	■	Temporary Sources
X			340-218-0110	■	Permit Shield
X			340-218-0120	■	Permit Issuance
X			340-218-0130	■	Permit Renewal and Expiration
X			340-218-0140	■	Operational Flexibility
X			340-218-0150	■	Administrative Permit Amendments
X			340-218-0160	■	Permit Modification

(1) Refer to the first page of AR401 for the list of reason codes.
(2) Refer to the first page of AR401 for the explanation of the symbols.

Division 218
Oregon Title V Operating Permits

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
X			340-218-0170	■	Minor Permit Modifications
X			340-218-0180	■	Significant Permit Modifications
X			340-218-0190	■	Construction/Operation Modifications
X			340-218-0200	■	Reopenings
X			340-218-0210	■	Public Participation
X			340-218-0220	■	Contested Permits
X			340-218-0230	■	Permit Review by the EPA and Affected States
X			340-218-0240	■	Enforcement

Division 220
Oregon Title V Operating Permit Fees

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
X			340-220-0030	■	Annual Base Fee
X			340-220-0040	■	Emission Fee
X			340-220-0050	■	Specific Activity Fees
X			340-220-0060	■	Pollutants Subject to Emission Fees
X			340-220-0070	■	Exclusions
X			340-220-0080	■	References
X			340-220-0090	■	Election for Each Regulated Pollutant
X			340-220-0100	■	Emission Reporting
X			340-220-0110	■	Emission Reporting and Fee Procedures
X			340-220-0120	◆■	Actual Emissions
	X	j	340-220-0130	◆■	Determining Emissions From Continuous Monitoring Systems
X			340-220-0140	■	Determining Emissions Using Material Balance
X			340-220-0150	■	Determining VOC Emissions Using Material Balance
X			340-220-0160	■	Determining Sulfur Dioxide Emissions Using Material Balance
X			340-220-0170	◆	Verified Emission Factors
X			340-220-0180	■	Late and Underpayment of Fees
X			340-220-0190	■	Failure to Pay Fees

(1) Refer to the first page of AR401 for the list of reason codes.
(2) Refer to the first page of AR401 for the explanation of the symbols.

Division 222
Stationary Source Plant Emission Limits

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
X			340-222-0035	◆■	General Requirements for Establishing All PSELs
	X	j	340-222-0040	◆■	Generic Annual PSEL
X			340-222-0041	◆■	Source Specific Annual PSEL
	X	c	340-222-0042	◆■	Short Term PSEL
X			340-222-0046	◆■	Netting Basis
X			340-222-0048	◆■	Baseline Period and Baseline Emission Rate
X			340-222-0051	◆■	Actual Emissions
X			340-222-0055	◆■	Unassigned Emissions
X			340-222-0060	◆■	Plant Site Emission Limits for Sources of Hazardous Air Pollutants
X			340-222-0080	◆■	Plant Site Emission Limit Compliance
	X	g	340-222-0090	◆■	Combining and Splitting Sources and Changing Primary SIC Code

Division 224
New Source Review

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
X			340-224-0025	■	Major Modifications
X			340-224-0030	■	New Source Review Procedural Requirements
	X	b	340-224-0034	■	Exemptions
X			340-224-0038	■	Fugitive and Secondary Emissions
X			340-224-0040	■	Review of Sources Subject to Major NSR or Type A State NSR for Compliance With Regulations
Major New Source Review					
	X	c	340-224-0045	■	Requirements for Sources in Sustainment Areas
	X	c	340-224-0050	■	Requirements for Sources in Nonattainment Areas
	X	c	340-224-0055	■	Requirements for Sources in Reattainment Areas
X			340-224-0060	■	Requirements for Sources in Maintenance Areas
X			340-224-0070	■	Prevention of Significant Deterioration Requirements for Sources in Attainment or Unclassified Areas
State New Source Review					
	X	b	340-224-0245	■	Requirements for Sources in Sustainment Areas
	X	b	340-224-0250	■	Requirements for Sources in Nonattainment Areas
	X	b	340-224-0255	■	Requirements for Sources in Reattainment Areas
X			340-224-0260	■	Requirements for Sources in Maintenance Areas
X			340-224-0270	■	Requirement for Sources in Attainment and Unclassified Areas

(1) Refer to the first page of AR401 for the list of reason codes.
(2) Refer to the first page of AR401 for the explanation of the symbols.

Division 224
New Source Review

Applicability Yes	Applicability No	Reason(1)	Rule number	(2)	Rule Description
Net Air Quality Benefit Emission Offsets					
X			340-224-0500	■	Net Air Quality Benefit for Sources Locating Within or Impacting Designated Areas
X			340-224-0510	■	Common Offset Requirements
X			340-224-0520	■	Requirements for Demonstrating Net Air Quality Benefit for Ozone Areas
X			340-224-0530	■	Requirements for Demonstrating Net Air Quality Benefit for Non-Ozone Areas
	X	C	340-224-0540	■	Sources in a Designated Area Impacting Other Designated Areas

Division 225
Air Quality Analysis Requirements

Applicability Yes	Applicability No	Reason(1)	Rule number	(2)	Rule Description
X			340-225-0030	■	Procedural Requirements
X			340-225-0040	■	Air Quality Models
X			340-225-0045	■	Requirements for Analysis in Maintenance Areas
X			340-225-0050	■	Requirements for Analysis in PSD Class II and Class III Areas
X			340-225-0060	■	Requirements for Demonstrating Compliance with Standards and Increments in PSD Class I Areas
X			340-225-0070	■	Requirements for Demonstrating Compliance with Air Quality Related Values Protection

Division 226
General Emission Standards

Applicability Yes	Applicability No	Reason(1)	Rule number	(2)	Rule Description
Highest and Best Practicable Treatment and Control					
X			340-226-0110	◆	Pollution Prevention
X			340-226-0120	◆	Operating and Maintenance Requirements
X			340-226-0130	◆	Typically Achievable Control Technology (TACT)
X			340-226-0140	◆	Additional Control Requirements for Stationary Sources of Air Contaminants
Grain Loading Standard					
X			340-226-0210	◆	Particulate Emission Limitations for Sources Other Than Fuel Burning Equipment, Refuse Burning Equipment and Fugitive Emissions

(1) Refer to the first page of AR401 for the list of reason codes.
(2) Refer to the first page of AR401 for the explanation of the symbols.

Division 226
General Emission Standards

Applicability Yes	Applicability No	Reason(1)	Rule number	(2)	Rule Description
Particulate Emissions from Process Equipment					
X			340-226-0310	◆	Emission Standard
X			340-226-0320	◆	Determination of Process Weight
X			340-226-8010	◆	Table-Particulate Matter Emissions Standards for Process Equipment
Alternative Emission Controls					
	X	h	340-226-0400	◆	Alternative Emission Controls (Bubble)

Division 228
Requirements for Fuel Burning Equipment and Fuel Sulfur Content

Applicability Yes	Applicability No	Reason(1)	Rule number	(2)	Rule Description
Sulfur Content of Fuels					
	X	f	340-228-0100	◆■	Residual Fuel Oils
X			340-228-0110	◆■	Distillate Fuel Oils
	X	f	340-228-0120	◆■	Coal
X			340-228-0130	◆■	Exemptions
General Emission Standards for Fuel Burning Equipment					
	X	e	340-228-0200	◆	Sulfur Dioxide Standards
X			340-228-0210	◆	Grain Loading Standards
Federal Acid Rain Program					
	X	b	340-228-0300	◆	Federal Regulations Adopted by Reference

Division 230
Incinerator Regulations

Applicability Yes	Applicability No	Reason(1)	Rule number	(2)	Rule Description
Solid and Infectious Waste Incinerators					
	X	e	340-230-0100	◆	Best Available Control Technology (This rule is not federally enforceable)
	X	e	340-230-0110	◆	Emissions Limitations (This rule is not federally enforceable)
	X	e	340-230-0120	◆	Design and Operation (This rule is not federally enforceable)
	X	e	340-230-0130	◆	Continuous Emission Monitoring (This rule is not federally enforceable)
	X	e	340-230-0140	◆	Reporting and Testing (This rule is not federally enforceable)
	X	e	340-230-0150	◆	Compliance (This rule is not federally enforceable)

(1) Refer to the first page of AR401 for the list of reason codes.
(2) Refer to the first page of AR401 for the explanation of the symbols.

Division 230
Incinerator Regulations

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
Crematory Incinerators					
	X	e	340-230-0200	◆	Emission Limitations (This rule is not federally enforceable)
	X	e	340-230-0210	◆	Design and Operation (This rule is not federally enforceable)
	X	e	340-230-0220	◆	Monitoring and Reporting (This rule is not federally enforceable)
	X	e	340-230-0230	◆	Compliance (This rule is not federally enforceable)
Municipal Waste Combustors					
	X	e	340-230-0310	◆	Emission Limitations (This rule is not federally enforceable)
	X	e	340-230-0320	◆	Operating Practices (This rule is not federally enforceable)
	X	e	340-230-0330	◆	Operator Training and Certification (This rule is not federally enforceable)
	X	e	340-230-0335	◆	Standards for Municipal Waste Combustor Fugitive Ash Emissions (This rule is not federally enforceable)
	X	e	340-230-0340	◆	Monitoring and Testing (This rule is not federally enforceable)
	X	e	340-230-0350	◆	Recordkeeping and Reporting (This rule is not federally enforceable)
	X	e	340-230-0359	◆	Compliance Schedule (This rule is not federally enforceable)
	X	e	340-230-0365	◆	Small Municipal Waste Combustion Unit (This rule is not federally enforceable)
	X	e	340-230-0370	◆	Increments of Progress (This rule is not federally enforceable)
	X	e	340-230-0373	◆	Operator Training (This rule is not federally enforceable)
	X	e	340-230-0375	◆	Operator Certification (This rule is not federally enforceable)
	X	e	340-230-0377	◆	Operating Requirements (This rule is not federally enforceable)
	X	e	340-230-0380	◆	Emission Limits (This rule is not federally enforceable)
	X	e	340-230-0383	◆	Continuous Emission Monitoring (This rule is not federally enforceable)
	X	e	340-230-0385	◆	Stack Testing (This rule is not federally enforceable)
	X	e	340-230-0387	◆	Other Monitoring Requirements (This rule is not federally enforceable)
	X	e	340-230-0390	◆	Recordkeeping (This rule is not federally enforceable)
	X	e	340-230-0395	◆	Reporting (This rule is not federally enforceable)
	X	e	340-230-0415	◆	Adoption of Federal Plan by Reference (This rule is not federally enforceable)
	X	e	340-230-0500	◆	Emission Standards for Commercial and Industrial Solid Waste Incineration Units (This rule is not federally enforceable)

Division 232
Emission Standards for VOC Point Sources

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
	X	b	All Rules in Division 232		
	X	b	340-232-0040	◆	General Non-Categorical Requirements

(1) Refer to the first page of AR401 for the list of reason codes.
(2) Refer to the first page of AR401 for the explanation of the symbols.

Division 232
Emission Standards for VOC Point Sources

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
	X	b	340-232-0050	◆	Exemptions
	X	b	340-232-0060	◆	Compliance Determination
	X	b	340-232-0080	◆	Bulk Gasoline Plants Including Transfer of Gasoline
	X	b	340-232-0085	◆	Gasoline Delivery Vessel(s)
	X	b	340-232-0090	◆	Bulk Gasoline Terminals Including Truck and Trailer Loading
	X	b	340-232-0100	◆	Testing Vapor Transfer and Collection Systems
	X	b	340-232-0110	◆	Loading Gasoline and Volatile Organic Liquids onto Marine Tank Vessels
	X	b	340-232-0120	◆	Cutback and Emulsified Asphalt
	X	b	340-232-0130	◆	Petroleum Refineries
	X	b	340-232-0140	◆	Petroleum Refinery Leaks
	X	b	340-232-0150	◆	VOC Liquid Storage
	X	b	340-232-0160	◆	Surface Coating in Manufacturing
	X	b	340-232-0170	◆	Aerospace Component Coating Operations
	X	b	340-232-0180	◆	Degreasers
	X	b	340-232-0190	◆	Open Top Vapor Degreasers
	X	b	340-232-0200	◆	Conveyorized Degreasers
	X	b	340-232-0210	◆	Asphaltic and Coal Tar Pitch Used for Roofing Coating
	X	b	340-232-0220	◆	Flat Wood Coating
	X	b	340-232-0230	◆	Rotogravure and Flexographic Printing

Division 234
Emission Standards for Wood Products Industry

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
	X	b	All Rules in Division 234		
Wigwam Waste Burners					
	X	e	340-234-0100	■	Wigwam Waste Burners
	X	e	340-234-0140	■	Existing Administration Agency Orders
Kraft Pulp Mills					
	X	b	340-234-0210	◆	Emission Limitations
	X	b	340-234-0220	◆	More Restrictive Emission Limits
	X	b	340-234-0240	◆	Monitoring
	X	b	340-234-0250	◆	Reporting
	X	b	340-234-0270	■	Chronic Upset Conditions

(1) Refer to the first page of AR401 for the list of reason codes.
(2) Refer to the first page of AR401 for the explanation of the symbols.

Division 234
Emission Standards for Wood Products Industry

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
Board Products Industries (Veneer, Plywood, Particleboard, Hardboard)					
	X	b	340-234-0500	■	Applicability and General Provisions
	X	b	340-234-0510	◆■	Veneer and Plywood Manufacturing Operations
	X	b	340-234-0520	■	Particleboard Manufacturing Operations
	X	b	340-234-0530	◆■	Hardboard Manufacturing Operations
	X	b	340-234-0540	◆■	Testing and Monitoring

Division 236
Emission Standards for Specific Industries

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
	X	b	All Rules in Division 236		
Reduction of Animal Matter					
	X	b	340-236-0310	◆■	Control Facilities Required
	X	b	340-236-0320	◆■	Monitoring of Reduction Facilities
	X	b	340-236-0330	■	Housekeeping of Plant and Plant Area
Hot Mix Asphalt Plants					
	X	b	340-236-0410	◆	Control Facilities Required
	X	b	340-236-0420	◆	Other Established Air Quality Limitations
	X	b	340-236-0440	■	Ancillary Sources of Emission - Housekeeping of Plant Facilities
Solid Waste Landfills					
	X	b	340-236-0500	◆	Emissions Guidelines for Municipal Solid Waste Landfills.

Division 238
New Source Performance Standards

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
X			340-238-0060	◆	Federal Regulations Adopted by Reference (Specific Subparts of 40 CFR Part 60)
X			340-238-0070	◆	Compliance
	X	e	340-238-0080	◆	More Restrictive Regulations
	X	i	340-238-0090	◆	Delegation
	X	e	340-238-0100	◆	Municipal Solid Waste Landfills (40 CFR Part 60, Subpart WWW)

(1) Refer to the first page of AR401 for the list of reason codes.
(2) Refer to the first page of AR401 for the explanation of the symbols.

Division 239
Landfill Gas Emissions

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
	X	b	340-239-0010	■	Applicability
	X	b	340-239-0100	■	Landfills with Greater Than or Equal to 200,000 Tons of Waste-in-Place
	X	b	340-239-0105	■	Title V Operating Permit Requirement
	X	b	340-239-0110	■	Gas Collection and Control System Requirements
	X	b	340-239-0200	■	Compliance Standards
	X	b	340-239-0300	■	Construction Activities
	X	b	340-239-0400	■	Permanent Shutdown and Removal of the Gas Collection and Control System
	X	b	340-239-0500	■	Alternative Compliance Options
	X	b	340-239-0600	■	Monitoring Requirements
	X	b	340-239-0700	■	Recordkeeping and Reporting Requirements
	X	b	340-239-0800	■	Test Methods and Procedures

Division 240
Rules for Areas With Unique Air Quality Needs

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
	X	d	340-240-0020	◆	Emission Limitations
	X	d	340-240-0050	◆	Compliance Testing Requirements
The Medford-Ashland Air Quality Maintenance Area and the Grants Pass Urban Growth Area					
	X	d	340-240-0110	◆	Wood Waste Boilers
	X	d	340-240-0120	◆	Veneer Dryer Emission Limitations
	X	d	340-240-0130	◆	Air Conveying Systems (Medford-Ashland AQMA Only)
	X	d	340-240-0140	◆	Wood Particle Dryers at Particleboard Plants
	X	d	340-240-0150	■	Hardboard Manufacturing Plants
	X	d	340-240-0160	■	Wigwam Waste Burners
	X	d	340-240-0180	■	Control of Fugitive Emissions (Medford-Ashland AQMA Only)
	X	d	340-240-0190	■	Requirement for Operation and Maintenance Plans (Medford-Ashland AQMA Only)
	X	d	340-240-0210	◆	Continuous Monitoring
	X	d	340-240-0220	◆	Source Testing
	X	d	340-240-0250	■	Open Burning
La Grande Urban Growth Area					
	X	d	340-240-0320	◆	Wood-Waste Boilers
	X	d	340-240-0330	◆	Wood Particle Dryers at Particleboard Plants

(1) Refer to the first page of AR401 for the list of reason codes.
(2) Refer to the first page of AR401 for the explanation of the symbols.

Division 240
Rules for Areas With Unique Air Quality Needs

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
	X	d	340-240-0340	■	Hardboard Manufacturing Plants
	X	d	340-240-0350	◆	Air Conveying Systems
	X	d	340-240-0360	■	Fugitive Emissions
The Lakeview Urban Growth Area					
	X	d	340-240-0410	■	Control of Fugitive Emissions
	X	d	340-240-0420	■	Requirement for Operation and Maintenance Plans
	X	d	340-240-0430	◆	Source Testing
	X	d	340-240-0440	■	Open Burning
Klamath Falls Nonattainment Area					
	X	d	340-240-0510	■	Opacity Standard
	X	d	340-240-0550	■	Requirements for New Sources When Using Residential Wood Fuel-Fired Devise Offsets
	X	d	340-240-0560	■	Real and Permanent PM2.5 and PM10 Offsets
Klamath Falls Nonattainment Area Contingency Measures					
	X	d	340-240-0610	■	Continuous Monitoring for Industrial Sources

Division 242
Rules Applicable to the Portland Area

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
			All Rules in Division 242		
Employee Commute Options Program					
	X	j	340-242-0070	■	What are the major Requirements of ECO?
	X	j	340-242-0080	■	What are the Registration Requirements?
	X	j	340-242-0090	■	What are the Requirements for an Employee Survey?
	X	j	340-242-0110	■	What if an Employer Does Not Meet the Target Auto Trip Rate?
	X	j	340-242-0120	■	How Will Employers Demonstrate Progress Toward the Target Auto Trip Rate?
	X	j	340-242-0140	■	How Should Employers Account for Changes in Work Force Size?
	X	j	340-242-0150	■	How Can an Employer Reduce Auto Commute Trips to a Work Site?
	X	j	340-242-0160	■	What Should be Included in an Auto Trip Reduction Plan?
	X	j	340-242-0170	■	When Will the Department Act on a Submitted Auto Trip Reduction Plan?
	X	j	340-242-0180	■	What is a Good Faith Effort?
	X	j	340-242-0190	■	How Does the ECO Program Affect New Employers, Expanding Employers and Employers Relocating within the Portland AQMA?

(1) Refer to the first page of AR401 for the list of reason codes.
(2) Refer to the first page of AR401 for the explanation of the symbols.

Division 242
Rules Applicable to the Portland Area

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
	X	j	340-242-0200	■	Can a New or Relocating Employer Comply with ECO Through Restricted Parking Ratios?
	X	j	340-242-0210	■	Can an Existing Employer Comply with ECO through Restricted Parking Ratios?
	X	j	340-242-0220	■	What if an Employer Has More Than One Work Site within the Portland AQMA?
	X	j	340-242-0230	■	Can Employers Submit a Joint Plan?
	X	j	340-242-0240	■	Are There Alternatives to Trip Reduction?
	X	j	340-242-0250	■	What Alternatives Qualify as Equivalent Emission Reductions?
	X	j	340-242-0260	■	Can Employers Get Credit for Existing Trip Reduction Programs?
	X	j	340-242-0270	■	Are Exemptions Allowed if an Employer is Unable to Reduce Trips or Take Advantage of Alternate Compliance Options?
	X	j	340-242-0280	■	Participation in the Industrial Emission Management Program
	X	j	340-242-0290	■	What Kind of Records Must be Kept and for How Long?
Voluntary Maximum Parking Ratio Program					
	X	j	340-242-0330	■	How Does a Property Owner Comply with the Voluntary Parking Ratio Program?
	X	j	340-242-0340	■	What are the Incentives for Complying with the Voluntary Parking Ratio Program?
	X	j	340-242-0350	■	Why Do I Need a Parking Ratio Permit?
	X	j	340-242-0360	■	What is Required to Obtain a Parking Ratio Permit?
	X	j	340-242-0390	■	What are the Applicable Parking Ratios?
Industrial Emission Management Program					
X			340-242-0420	■	Unused PSEL Donation Program
X			340-242-0430	■	Industrial Growth Allowances
X			340-242-0440	■	Industrial Growth Allowance Allocation
Gasoline Vapors from Gasoline Transfer and Dispensing Operations					
	X	e	340-242-0520	◆	General Provisions (This rule is not federally enforceable.)
Motor Vehicle Refinishing					
	X	b	340-242-0620	◆	Requirements for Motor Vehicle Refinishing in Portland AQMA
	X	b	340-242-0630	◆	Inspecting and Testing Requirements

Division 244
Oregon Federal Hazardous Air Pollutant Program

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
Compliance Extensions for Early Reductions					

(1) Refer to the first page of AR401 for the list of reason codes.
(2) Refer to the first page of AR401 for the explanation of the symbols.

Division 244
Oregon Federal Hazardous Air Pollutant Program

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
X			340-244-0200	◆	Emission Limitations for New and Reconstructed Major Sources
Emission Standards					
X			340-244-0210	◆	Emission Limitations for Existing Sources
X			340-244-0220	◆	Federal Regulations Adopted by Reference
Emission Standards for Gasoline Dispensing Facilities					
	X	b	340-244-0234	■	Affected Sources
	X	b	340-244-0236	■	Affected Equipment or Processes
	X	b	340-244-0238	■	Compliance Dates
Emission Limitations and Management Practices					
	X	b	340-244-0239	■	General Duties to Minimize Emissions
	X	b	340-244-0240	■	Work Practice and Submerged Fill Requirements
	X	b	340-244-0242	■	Vapor Balance Requirements
Testing and Monitoring Requirements					
	X	b	340-244-0244	■	Testing and Monitoring Requirements
Notifications, Records, and Reports					
	X	b	340-244-0246	■	Notifications
	X	b	340-244-0248	■	Recordkeeping and requirements
	X	b	340-244-0250	■	Reporting Requirements

Division 245
Cleaner Air Oregon

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
	X	j	340-245-0030	■	Submittal and Payment Deadlines
X			340-245-0040	■	Emissions Inventory
	X	j	340-245-0050	■	Risk Assessment Procedures
X			340-245-0060	◆	Toxic Emissions Units
	X	j	340-245-0100	■	Toxic Air Contaminant Permit Addenda
	X	j	340-245-0110	◆■	Source Risk Limits
	X	j	340-245-0120	■	Community Engagement
	X	j	340-245-0130	◆■	Risk Reduction Plan Requirements
	X	j	340-245-0140	◆■	Pollution Prevention
	X	j	340-245-0150	■	Postponement of Risk Reduction
	X	j	340-245-0200	◆■	Risk Estimates
	X	j	340-245-0210	◆■	Modeling and Risk Assessment Work Plan Requirements

(1) Refer to the first page of AR401 for the list of reason codes.
(2) Refer to the first page of AR401 for the explanation of the symbols.

Division 245
Cleaner Air Oregon

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
	X	j	340-245-0220	◆	TBACT and TLAER Procedures
	X	j	340-245-0230	■	Toxic Air Contaminant Monitoring Requirements
	X	j	340-245-0300	■	Toxicity Reference Values
	X	j	340-245-0400	■	Cleaner Air Oregon Fees
	X	j	340-245-8010	◆■	Table 1 - Risk Action Levels
	X	j	340-245-8020	■	Table 2 - Toxic Air Contaminant Reporting List
	X	j	340-245-8030	■	Table 3 - Toxicity Reference Values
	X	j	340-245-8040	◆■	Table 4 - Risk-Based Concentrations
	X	j	340-245-8050	◆■	Table 5 - Level 1 Risk Assessment Tool Dispersion Factors
	X	j	340-245-9015	■	Colored Art Glass Manufacturing Facility Rules; Compliance Extensions
	X	j	340-245-9020	■	Colored Art Glass Manufacturing Facility Rules; Permit Required
	X	j	340-245-9030	■	Colored Art Glass Manufacturing Facility Rules; Requirements That Apply To Tier 2 CAGMs
	X	j	340-245-9050	■	Colored Art Glass Manufacturing Facility Rules; Requirements That Apply To Tier 1 CAGMs
	X	j	340-245-9060	■	Colored Art Glass Manufacturing Facility Rules; Operating Restrictions That Apply To Tier 1 CAGMs
	X	j	340-245-9070	■	Colored Art Glass Manufacturing Facility Rules; Emission Control Device Requirements
	X	j	340-245-9080	■	Colored Art Glass Manufacturing Facility Rules; Emission Control Device Monitoring

Division 248
Asbestos Requirements

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
			All Rules in Division 248		
Asbestos Licensing and Certification Requirements					
	X	b	340-248-0110	◆	General Provisions
	X	b	340-248-0120	■	Contractor Licensing
	X	b	340-248-0130	■	Certification
	X	b	340-248-0140	■	Training Provider Accreditation
	X	b	340-248-0150	■	General Training Standards
	X	b	340-248-0160	■	Prior Training
	X	b	340-248-0170	■	Reciprocity
	X	b	340-248-0180	■	Fees

(1) Refer to the first page of AR401 for the list of reason codes.
(2) Refer to the first page of AR401 for the explanation of the symbols.

Division 248
Asbestos Requirements

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
Asbestos Emission Standards and Procedural Requirements					
	X	b	340-248-0210	■	Asbestos Requirements for Mills, Roadways and Parking lots, and Manufacturing Operations
	X	b	340-248-0220	■	Reporting Requirements for Sources Using Air Cleaning Devices
	X	b	340-248-0230	■	Asbestos to Nonasbestos Conversion Operations
X			340-248-0240	■	Asbestos Inspection Requirements for Oregon Title V Operating Permit Program Sources
X			340-248-0250	■	Exemptions
X			340-248-0260	■	Asbestos Abatement Notification Requirements
X			340-248-0270	■	Asbestos Abatement Work Practices and Procedures
X			340-248-0275	■	Asbestos Standards for Air Cleaning, Spraying, Molded Insulation, and Fabricating
X			340-248-0280	■	Asbestos Disposal Requirements

Division 256
Motor Vehicles

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
	X	b	All Rules in Division 256		
Visible Emissions					
			340-256-0110	◆	Visible Emissions-Special Requirements for Excluded Motor Vehicles
			340-256-0120	◆	Uncombined Water-Water Vapor
			340-256-0130	◆	Motor Vehicle Fleet Operation
			340-256-0150	◆	Method of Measurement
			340-256-0160	◆	Alternative Methods of Measuring Visible Emissions
Certification of Pollution Control Systems					
			340-256-0210	■	Criteria for Certification of Motor Vehicle Pollution Control Systems
Emissions Control System Inspection					
			340-256-0310	◆	Government-Owned Vehicle, Permanent Fleet Vehicle and United States Government Vehicle Testing Requirements
			340-256-0320	◆	Motor Vehicle Inspection Program Fee Schedule
			340-256-0340	◆	Light Duty Motor Vehicle and Heavy Duty Gasoline Motor Vehicle Emissions Control Test Method for Basic Program
			340-256-0350	◆	Light Duty Motor Vehicle Emission Control Test Method for Enhanced Program
			340-256-0355	◆	Emissions Control Test Method for OBD Test Program

(1) Refer to the first page of AR401 for the list of reason codes.
(2) Refer to the first page of AR401 for the explanation of the symbols.

Division 256
Motor Vehicles

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
			340-256-0356	◆	Emissions Control Test Method for On-Site Vehicle Testing for Automobile Dealerships
			340-256-0357	◆	Emissions Control Test Method for Clean-Screen Testing Program
			340-256-0358	◆	Emissions Control Test Method for Self-Service Testing Program
			340-256-0360	◆	Motorcycle Noise Emission Control Test Method
			340-256-0370	◆	Renewal of Registration for Light Duty Motor Vehicles and Heavy Duty Gasoline Motor Vehicles Temporarily Operating Outside of Oregon
			340-256-0380	◆	Light Duty Motor Vehicle Emission Control Test Criteria for Basic Program
			340-256-0390	◆	Heavy Duty Gasoline Motor Vehicle Emission Control Test Criteria
			340-256-0400	◆	Light Duty Motor Vehicle Emission Control Standards for Basic Program
			340-256-0410	◆	Light Duty Motor Vehicle Emission Control Standards for Enhanced Program
			340-256-0420	◆	Heavy Duty Gasoline Motor Vehicle Emission Control Standards
			340-256-0430	◆	Motor Vehicle Propulsion Exhaust Noise Standards
			340-256-0440	■	Criteria for Qualifications of Persons Eligible to Inspect Motor Vehicles and Motor Vehicle Pollution Control Systems and Execute Certificates
			340-256-0450	■	Gas Analytical System Licensing Criteria for Basic Program
			340-256-0460	■	Gas Analytical System Licensing Criteria for Enhanced Program
			340-256-0465	■	Test Equipment Licensing Criteria for OBD Test Program
			340-256-0470	■	Agreement With Independent Contractor; Qualifications of Contractor; Agreement Provisions

Division 258
Motor Vehicle Fuel Specifications

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
	X	b	All Rules in Division 258		
Oxygenated Gasoline					
			340-258-0120	■	Sampling and Testing for Oxygen Content
			340-258-0130	■	Compliance Options
			340-258-0140	■	Per Gallon Oxygen Content Standard
			340-258-0150	■	Average Oxygen Content Standard
			340-258-0160	■	Minimum Oxygen Content
			340-258-0170	■	Oxygenated Gasoline Blending

(1) Refer to the first page of AR401 for the list of reason codes.
(2) Refer to the first page of AR401 for the explanation of the symbols.

Division 258
Motor Vehicle Fuel Specifications

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
			340-258-0180	■	Registration
			340-258-0190	■	CAR, Distributor and Retail Outlet Operating Permits
			340-258-0210	■	Recordkeeping
			340-258-0220	■	Reporting
			340-258-0230	■	Prohibited Activities
			340-258-0240	■	Inspection and Sampling
			340-258-0250	■	Liability for Violation of a Prohibited Activity
			340-258-0260	■	Defenses for Prohibited Activities
			340-258-0270	■	Inability to Produce Conforming Gasoline Due to Extraordinary Circumstances
			340-258-0280	■	Quality Assurance Program
			340-258-0290	■	Attest Engagement Guidelines When Prohibited Activities Alleged
			340-258-0300	■	Dispenser Labeling
			340-258-0310	■	Contingency Provision for Carbon Monoxide in Nonattainment Areas
Standard for Automotive Gasoline ■					
			340-258-0400	■	Reid Vapor Pressure for Gasoline

Division 260
Refrigerant Recycling and Ozone Depleting Substance Requirements

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
			All Rules in Division 260		
Refrigerant Recycling					
	X	b	340-260-0030	■	Requirements for Recycling Automotive Air Conditioning Coolant
Ozone Depleting Substance Requirements					
X			340-260-0040	■	Federal Regulations Adopted by Reference (40 CFR Part 82)

Division 264
Rules for Open Burning

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
			All Rules in Division 264		
General Provisions					

(1) Refer to the first page of AR401 for the list of reason codes.
(2) Refer to the first page of AR401 for the explanation of the symbols.

Division 264
Rules for Open Burning

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
X			340-264-0010	■	How to Use These Open Burning Rules
X			340-264-0040	■	Exemptions, Statewide
X			340-264-0050	■	General Requirements Statewide
X			340-264-0060	■	General Prohibitions Statewide
X			340-264-0070	■	Open Burning Schedule
X			340-264-0078	■	Open Burning Control Areas
X			340-264-0080	■	County Listing of Septic Open Burning Rules
Open Burning Requirements					
	X	d	340-264-0100	■	Baker, Clatsop, Crook, Curry, Deschutes, Gilliam, Grant, Harney, Hood River, Jefferson, Klamath, Lake, Lincoln, Malheur, Morrow, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco and Wheeler Counties
	X	d	340-264-0110	■	Benton, Linn, Marion, Polk, and Yamhill Counties
	X	d	340-264-0120	■	Clackamas County
	X	d	340-264-0130	■	Multnomah County
X			340-264-0140	■	Washington County
	X	d	340-264-0150	■	Columbia County
	X	d	340-264-0160	■	Lane County
	X	d	340-264-0170	■	Coos, Douglas, Jackson and Josephine Counties
	X	d	340-264-0175	■	Klamath County
	X	d	340-264-0180	■	Letter Permits

Division 268
Emission Reduction Credits

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
	X	h	340-268-0030	■	Emission Reduction Credits

Division 271
Oregon Climate Protection Program

Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
	X	j	340-271-0110	■	Covered Entity and Covered Emissions Applicability
	X	j	340-271-0120	■	Changes in Covered Entity Ownership and Changes to Related Entities

(1) Refer to the first page of AR401 for the list of reason codes.
(2) Refer to the first page of AR401 for the explanation of the symbols.

Division 271 Oregon Climate Protection Program					
Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
	X	j	340-271-0150	■	Covered Entity Permit Requirements
	X	j	340-271-0310	■	Best Available Emissions Reduction Assessments for Covered Stationary Sources
	X	j	340-271-0330	■	Compliance with a BAER Order
	X	j	340-271-0390	■	Recordkeeping Requirements Related to BAER

Division 272 Third Party Verification					
Applicability		Reason(1)	Rule number	(2)	Rule Description
Yes	No				
X			340-272-0120	■	Verification of GHG Reporting Program Emissions Data Reports
X			340-272-0300	■	Verification Services Requirements
X			340-272-0350	■	Approval and Re-Verification Requirements
X			340-272-0405	■	Notice of Verification Services
X			340-272-0410	■	Scoping Verification Services
X			340-272-0415	■	Verification Plan
X			340-272-0425	■	Sampling Plan
X			340-272-0430	■	Data Checks
X			340-272-0440	■	Findings
X			340-272-0445	■	Log of Issues
X			340-272-0460	■	Material Misstatement Assessment
X			340-272-0465	■	Review of Missing Data Substitution
X			340-272-0470	■	Review of Operations and Emissions
X			340-272-0495	■	Independent Review and Completion of Verification Services
X			340-272-0500	■	Requirements for Conflict of Interest Evaluation

(1) Refer to the first page of AR401 for the list of reason codes.
(2) Refer to the first page of AR401 for the explanation of the symbols.

Title V Operation Permit Program
Applicable Requirements Checklist Attachment

Division 238 New Source Performance Standards (40 C.F.R. part 60)				
Applicability		**Adopted By DEQ**	**Subpart**	**Rule Description**
Yes	**No**			
X		Yes	A	General provisions
	X	Yes	D	Fossil-fuel-fired steam generators for which construction is commenced after August 17, 1971
	X	Yes	Da	Electric utility steam generating units for which construction is commenced after September 18, 1978
	X	Yes	Db	Industrial-commercial-institutional steam generating units
X		Yes	Dc	Small industrial-commercial-institutional steam generating units
	X	Yes	E	Incinerators
	X	Yes	Ea	Municipal waste combustors for which construction is commenced after December 20, 1989 and on or before September 20, 1994
	X	Yes	Eb	Municipal waste combustors for which construction is commenced after September 20, 1994
	X	Yes	Ec	Hospital/Medical/Infectious waste incinerators that commenced construction after June 20, 1996, or for which modification is commenced after March 16, 1998
	X	Yes	F	Portland cement plants
	X	Yes	G	Nitric acid plants
	X	Yes	Ga	Nitric acid plants for which construction, reconstruction, or modification commenced after October 14, 2011
	X	Yes	H	Sulfuric acid plants
	X	Yes	I	Hot mix asphalt facilities
	X	Yes	J	Petroleum refineries
	X	No	Ja	Petroleum refineries for which construction, reconstruction, or modification commenced after May 14, 2007
	X	Yes	K	Storage vessels for petroleum liquids for which construction, reconstruction, or modification commenced after June 11, 1973, and before May 19, 1978
	X	Yes	Ka	Storage vessels for petroleum liquids for which construction, reconstruction, or modification commenced after May 18, 1978, and before July 23, 1984
	X	Yes	Kb	Volatile organic liquid storage vessels (including petroleum liquid storage vessels) for which construction, reconstruction, or modification commenced after July 23, 1984
	X	Yes	L	Secondary lead smelters
	X	Yes	M	Secondary brass and bronze production plants
	X	Yes	N	Primary emissions from basic oxygen process furnaces for which construction is commenced after June 11, 1973
	X	Yes	Na	Secondary emissions from basic oxygen process steelmaking facilities for which construction is commenced after January 20, 1983
	X	Yes	O	Sewage treatment plants

Division 238
New Source Performance Standards
(40 C.F.R. part 60)

Applicability		Adopted By DEQ	Subpart	Rule Description
Yes	No			
	X	Yes	P	Primary copper smelters
	X	Yes	Q	Primary zinc smelters
	X	Yes	R	Primary lead smelters
	X	Yes	S	Primary aluminum reduction plants
	X	Yes	T	Phosphate fertilizer industry: wet-process phosphoric acid plants
	X	Yes	U	Phosphate fertilizer industry: superphosphoric acid plants
	X	Yes	V	Phosphate fertilizer industry: diammonium phosphate plants
	X	Yes	W	Phosphate fertilizer industry: triple superphosphate plants
	X	Yes	X	Phosphate fertilizer industry: granular triple superphosphate storage facilities
	X	Yes	Y	Coal preparation and processing plants
	X	Yes	Z	Ferroalloy production facilities
	X	Yes	AA	Steel plants: electric arc furnaces constructed after October 21, 1974 and on or before August 17, 1983
	X	Yes	AAa	Steel plants: electric arc furnaces and argon-oxygen decarburization vessels constructed after august 7, 1983
	X	Yes	BB	Kraft pulp mills
	X	Yes	BBa	Kraft pulp mill affected sources for which construction, reconstruction, or modification commenced after May 23, 2013
	X	Yes	CC	Glass manufacturing plants
	X	Yes	DD	Grain elevators
	X	Yes	EE	Surface coating of metal furniture
	X	Yes	GG	Stationary gas turbines
	X	Yes	HH	Lime manufacturing plants
	X	Yes	KK	Lead-acid battery manufacturing plants
	X	Yes	LL	Metallic mineral processing plants
	X	Yes	MM	Automobile and light-duty truck surface coating operations
	X	Yes	NN	Phosphate rock plants
	X	Yes	PP	Ammonium sulfate manufacture
	X	Yes	QQ	Graphic arts industry: publication rotogravure printing
	X	Yes	RR	Pressure sensitive tape and label surface coating operations
	X	Yes	SS	Industrial surface coating: large appliances
	X	Yes	TT	Metal coil surface coating
	X	Yes	UU	Asphalt processing and asphalt roofing manufacture
	X	Yes	VV	Equipment leaks of VOC in the synthetic organic chemicals manufacturing industry for which construction, reconstruction, or modification commenced after January 5, 1981, and on or before November 7, 2006
	X	Yes	VVa	Equipment leaks of VOC in the synthetic organic chemicals manufacturing industry for which construction, reconstruction, or modification commenced after November 7, 2006
	X	Yes	WW	Beverage can surface coating industry
	X	Yes	XX	Bulk gasoline terminals
	X	Yes	AAA	New residential wood heaters
	X	Yes	BBB	Rubber tire manufacturing industry
	X	Yes	DDD	Volatile organic compound (VOC) emissions for the polymer manufacture industry
	X	Yes	FFF	Flexible vinyl and urethane coating and printing

Division 238
New Source Performance Standards
(40 C.F.R. part 60)

Applicability		Adopted By DEQ	Subpart	Rule Description
Yes	No			
	X	Yes	GGG	Equipment leaks of VOC in petroleum refineries for which construction, reconstruction, or modification commenced after January 4, 1983, and on or before November 7, 2006
	X	Yes	GGGa	Equipment leaks of VOC in petroleum refineries for which construction, reconstruction, or modification commenced after November 7, 2006
	X	Yes	HHH	Synthetic fiber production facilities
	X	Yes	III	Volatile organic compound (VOC) emissions from the synthetic organic chemical manufacturing industry (SOCMI) air oxidation unit processes
	X	Yes	JJJ	Petroleum dry cleaners
	X	Yes	KKK	Equipment leaks of VOC from onshore natural gas processing plants
	X	Yes	LLL	Onshore natural gas processing: SO2 emissions
	X	Yes	NNN	Volatile organic compound (VOC) emissions from synthetic organic chemical manufacturing industry (SOCMI) distillation operations
	X	Yes	OOO	Nonmetallic mineral processing plants
	X	Yes	PPP	Wool fiberglass insulation manufacturing plants
	X	Yes	QQQ	VOC emissions from petroleum refinery wastewater systems
	X	Yes	RRR	Volatile organic compound emissions from synthetic organic chemical manufacturing industry (SOCMI) reactor processes
	X	Yes	SSS	Magnetic tape coating facilities
	X	Yes	TTT	Industrial surface coating: surface coating of plastic parts for business machines
	X	Yes	UUU	Calciners and dryers in mineral industries
	X	Yes	VVV	Polymeric coating of supporting substrates facilities
	X	Yes	WWW	Municipal solid waste landfills, as clarified by OAR 340-238-0100
	X	Yes	XXX	Municipal solid waste landfills that commenced construction, reconstruction, or modification after July 14, 2014
	X	Yes	AAAA	Small municipal waste combustion units for which construction is commenced after August 30, 1999 or for which modification or reconstruction is commenced after June 6, 2001
	X	Yes	CCCC	Commercial and industrial solid waste incineration units for which construction is commenced after November 30, 1999 or for which modification or reconstruction is commenced on or after June 1, 2001
	X	Yes	EEEE	Other solid waste incineration units for which construction is commenced after December 9, 2004, or for which modification or reconstruction is commenced on or after June 16, 2006
X		Yes	IIII	Stationary compression ignition internal combustion engines
	X	Yes	JJJJ	Stationary spark ignition internal combustion engines
	X	Yes	KKKK	Stationary combustion turbines
	X	Yes	LLLL	New sewage sludge incineration units
	X	Yes	OOOO	Crude oil and natural gas production, transmission, and distribution
	X	Yes	OOOOa	Crude oil and natural gas facilities for which construction, modification, or reconstruction commended after September 18, 2015
	X	No	QQQQ	New residential hydronic heaters and forced air furnace
	X	Yes	TTTT	Greenhouse gas emissions for electric generating units.

*Standards marked with an asterisk are adopted only for title V major sources
**Standards marked with two asterisks are adopted only for sources required to obtain a title V permit or an ACDP and excludes requirements for engine manufacturers.

Division 244 Federal Hazardous Air Pollutant Standards (40 C.F.R. part 61)				
Applicability		Adopted By DEQ	Subpart	Rule Description
Yes	No			
	X	Yes	A	General provisions
	X	No	B	Radon emissions from underground uranium mines
	X	Yes	C	Beryllium
	X	Yes	D	Beryllium rocket motor firing
	X	Yes	E	Mercury
	X	Yes	F	Vinyl chloride
	X	No	H	Emissions of radionuclides other than radon from Department of Energy facilities
	X	No	I	Radionuclide emissions from federal facilities other than Nuclear Regulatory Commission licensees and not covered by subpart H
	X	Yes	J	Equipment leaks (fugitive emission sources) of benzene
	X	No	K	Radionuclide emissions from elemental phosphorus plants
	X	Yes	L	Benzene emissions from coke by-product recovery plants
	X	No	M	Asbestos
	X	Yes	N	Inorganic arsenic emissions from glass manufacturing plants
	X	Yes	O	Inorganic arsenic emissions from primary copper smelters
	X	Yes	P	Inorganic arsenic emissions from arsenic trioxide and metal arsenic facilities
	X	No	Q	Radon emissions from Department of Energy facilities
	X	No	R	Radon emissions from phosphogypsum stacks
	X	No	T	Radon emissions from the disposal of uranium mill tailings
	X	Yes	V	Equipment leaks (fugitive emission sources)
	X	No	W	Radon emissions from operating mill tailings
	X	Yes	Y	Benzene emissions from benzene storage vessels
	X	Yes	BB	Benzene emissions from benzene transfer operations
	X	Yes	FF	Benzene waste operations

Division 244 Federal Hazardous Air Pollutant Standards (40 C.F.R. part 63)				
Applicability		**Adopted By DEQ**	**Subpart**	**Rule Description**
Yes	**No**			
X		Yes	A	General Provisions
	X	Yes	F	Synthetic organic chemical manufacturing industry
	X	Yes	G	Synthetic organic chemical manufacturing industry: process vents, storage vessels, transfer operations, and wastewater
	X	Yes	H	Synthetic organic chemical manufacturing industry: equipment leaks
	X	Yes	I	Certain processes subject to the negotiated regulation for equipment leaks
	X	Yes	J	Polyvinyl chloride and copolymers production
	X	Yes	L	Coke oven batteries
	X	Yes	M	Perchloroethylene air emission standards for dry cleaning facilities
	X	Yes	N	Chromium emissions from hard and decorative chromium electroplating and chromium anodizing tanks
	X	Yes	O	Ethylene oxide emissions standards for sterilization facilities
	X	Yes	Q	Industrial process cooling towers
	X	Yes	R	Gasoline distribution (bulk gasoline terminals and pipeline breakout stations)
	X	Yes	S	Pulp and paper industry
	X	Yes	T	Halogenated solvent cleaning
	X	Yes	U	Group I polymers and resins
	X	Yes	W	Epoxy resins and non-nylon polyamides production
	X	Yes	X	Secondary lead smelting
	X	Yes	Y	Marine tank vessel loading operations
	X	Yes	AA	Phosphoric acid manufacturing plants
	X	Yes	BB	Phosphate fertilizer production plants
	X	Yes	CC	Petroleum refineries
	X	Yes	DD	Off-site waste and recovery operations
	X	Yes	EE	Magnetic tape manufacturing operations
	X	Yes	GG	Aerospace manufacturing and rework facilities
	X	Yes	HH	Oil and natural gas production facilities
	X	Yes	II	Shipbuilding and ship repair (surface coating)
	X	Yes	JJ	Wood furniture manufacturing operations
	X	Yes	KK	Printing and publishing industry
	X	Yes	LL	Primary aluminum reduction plants
	X	Yes	MM	Chemical recovery combustion sources at kraft, soda, sulfite and stand-alone semi-chemical pulp mills
	X	Yes	NN	Area Sources: Wool fiberglass manufacturing
	X	Yes	OO	Tanks: Level 1
	X	Yes	PP	Containers
	X	Yes	QQ	Surface impoundments
	X	Yes	RR	Individual drain systems
	X	Yes	SS	Closed vent systems, control devices, recovery devices and routing to a fuel gas system or a process
	X	Yes	TT	Equipment leaks: control level 1
	X	Yes	UU	Equipment leaks: control level 2
	X	Yes	VV	Oil-water separators and organic-water separators

Division 244
Federal Hazardous Air Pollutant Standards
(40 C.F.R. part 63)

Applicability		Adopted By DEQ	Subpart	Rule Description
Yes	No			
	X	Yes	WW	Storage vessels (tanks): control level 2
	X	Yes	XX	Ethylene manufacturing process units: heat exchange systems and waste operations
	X	Yes	YY	Generic maximum achievable control technology standards
	X	Yes	CCC	Steel pickling: HCl process facilities and hydrochloric acid regeneration plants
	X	Yes	DDD	Mineral wool production
	X	Yes	EEE	Hazardous waste combustors
	X	Yes	GGG	Pharmaceuticals production
	X	Yes	HHH	Natural gas transmission and storage facilities
	X	Yes	III	Flexible polyurethane foam production
	X	Yes	JJJ	Group IV polymers and resins
	X	Yes	LLL	Portland cement manufacturing industry
	X	Yes	MMM	Pesticide active ingredient production
	X	Yes	NNN	Wool fiberglass manufacturing
	X	Yes	OOO	Manufacture of amino/phenolic resins
	X	Yes	PPP	Polyether polyols production
	X	Yes	QQQ	Primary copper smelting
	X	Yes	RRR	Secondary aluminum production
	X	Yes	TTT	Primary lead smelting
	X	Yes	UUU	Petroleum refineries: catalytic cracking units, catalytic reforming units, and sulfur recovery units
	X	Yes	VVV	Publicly owned treatment works
	X	Yes	XXX	Ferroalloys production: ferromanganese and silicomanganese
	X	Yes	AAAA	Municipal solid waste landfills
	X	Yes	CCCC	Manufacturing of nutritional yeast
	X	Yes	DDDD	Plywood and composite wood products
	X	Yes	EEEE	Organic liquids distribution (non-gasoline)
	X	Yes	FFFF	Miscellaneous organic chemical manufacturing
	X	Yes	GGGG	Solvent extraction for vegetable oil production
	X	Yes	HHHH	Wet formed fiberglass mat production
	X	Yes	IIII	Surface coating of automobiles and light-duty trucks
	X	Yes	JJJJ	Paper and other web coating
	X	Yes	KKKK	Surface coating of metal cans
	X	Yes	MMMM	Surface coating of miscellaneous metal parts and products
	X	Yes	NNNN	Surface coating of large appliances
	X	Yes	OOOO	Printing, coating, and dyeing of fabrics and other textiles
	X	Yes	PPPP	Surface coating of plastic parts and products
	X	Yes	QQQQ	Surface coating of wood building products
	X	Yes	RRRR	Surface coating of metal furniture
	X	Yes	SSSS	Surface coating of metal coil
	X	Yes	TTTT	Leather finishing operations
	X	Yes	UUUU	Cellulose production manufacturing
	X	Yes	VVVV	Boat manufacturing
	X	Yes	WWWW	Reinforced plastics composites production
	X	Yes	XXXX	Rubber tire manufacturing
	X	Yes	YYYY	Stationary combustion turbines
X		Yes	ZZZZ	Stationary reciprocating internal combustion engines
	X	Yes	AAAAA	Lime manufacturing

Division 244
Federal Hazardous Air Pollutant Standards
(40 C.F.R. part 63)

Applicability		Adopted By DEQ	Subpart	Rule Description
Yes	No			
	X	Yes	BBBBB	Semiconductor manufacturing
	X	Yes	CCCCC	Coke ovens: pushing, quenching & battery stacks
	X	Yes	DDDDD	Industrial, combustion and industrial boilers and process heaters
	X	Yes	EEEEE	Iron and steel foundries
	X	Yes	FFFFF	Integrated iron and steel manufacturing facilities
	X	Yes	GGGGG	Site remediation
	X	Yes	HHHHH	Misc. coating manufacturing
	X	Yes	IIIII	Mercury cell chlor-alkali plants
	X	Yes	JJJJJ	Brick and structural clay products manufacturing
	X	Yes	KKKKK	Clay ceramics manufacturing
	X	Yes	LLLLL	Asphalt processing & asphalt roofing manufacturing
	X	Yes	MMMMM	Flexible polyurethane foam fabrication operations
	X	Yes	NNNNN	Hydrochloric acid production
	X	Yes	PPPPP	Engine tests cells/stands
	X	Yes	QQQQQ	Friction materials manufacturing facilities
	X	Yes	RRRRR	Taconite iron ore processing
	X	Yes	SSSSS	Refractory products manufacturing
	X	Yes	TTTTT	Primary magnesium refining
	X	Yes	UUUUU	Coal and oil-fired electric utility steam generating units
	X	Yes	WWWWW	Area sources: hospital ethylene oxide sterilization
	X	Yes	YYYYY	Area sources: electric arc furnace steelmaking facilities
	X	Yes	ZZZZZ	Area sources: iron and steel foundries
	X	Yes	BBBBBB	Area sources: gasoline distribution bulk terminals, bulk plants, and pipeline facilities
	X	No	CCCCCC	Gasoline dispensing facilities
	X	Yes	DDDDDD	Area sources: polyvinyl chloride and copolymers production
	X	Yes	EEEEEE	Area sources: primary copper smelting
	X	Yes	FFFFFF	Area sources: secondary copper smelting
	X	Yes	GGGGGG	Area sources: primary nonferrous metals, zinc, cadmium, and beryllium
	X	Yes	HHHHHH	Area sources: paint stripping and miscellaneous surface coating operations
	X	Yes	JJJJJJ	Area sources: industrial, commercial and institutional boilers
	X	Yes	LLLLLL	Area sources: acrylic and modacrylic fibers production
	X	Yes	MMMMMM	Area sources: carbon black production
	X	Yes	NNNNNN	Area sources: chemical manufacturing: chromium compounds
	X	Yes	OOOOOO	Area sources: flexible polyurethane foam production
	X	Yes	PPPPPP	Area sources: lead acid battery manufacturing
	X	Yes	QQQQQQ	Area sources: wood preserving
	X	Yes	RRRRRR	Area sources: clay ceramics manufacturing
	X	Yes	SSSSSS	Area sources: glass manufacturing
	X	Yes	TTTTTT	Area sources: secondary nonferrous metals processing
	X	Yes	VVVVVV	Area sources: chemical manufacturing
X		Yes	WWWWWW	Area sources: plating and polishing operations
	X	Yes	XXXXXX	Area sources: nine metal fabrication and finishing source categories
	X	Yes	YYYYYY	Area sources: ferroalloys production facilities
	X	Yes	ZZZZZZ	Area sources: aluminum, copper, and other nonferrous foundries

Division 244
Federal Hazardous Air Pollutant Standards
(40 C.F.R. part 63)

Applicability		Adopted By DEQ	Subpart	Rule Description
Yes	No			
	X	Yes	AAAAAAA	Area sources: asphalt processing and asphalt roofing manufacturing
	X	Yes	BBBBBBB	Area sources: chemical preparations industry
	X	Yes	CCCCCCC	Area sources: paints and allied products manufacturing
	X	Yes	DDDDDDD	Area sources: prepared feeds manufacturing
	X	Yes	EEEEEEE	Area sources: gold mine ore processing and production
	X	Yes	HHHHHHH	Polyvinyl chloride and copolymers production

*Standards marked with an asterisk are adopted only for sources required to obtain a title V permit or an ACDP.

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

Non-applicable requirements [list, with explanation]

Rule Number	Explanation for non-applicability
340-220-0130	Initial Title V application - not applicable until Title V renewal application
340-222-0040	Rule Repealed
340-242	Can be exempted based on alternative emission reductions measures and credits for past actions such as donated PSELs
340-245	In source category but not called into CAO program yet
340-271	Covered source but rule no longer in effect

Intel - AR403

Applicable Requirement Citation	Parameter/Pollutant	Limit/Standard/Requirement	Currently in Compliance?	Current Monitoring Method	Proposed Monitoring Method	Notes
340-208-0110(2)	Opacity	Opacity must not equal or exceed 20% average in a 6-minute block	Y	Recordkeeping	Recordkeeping	ACDP-11
340-208-0210	Fugitive visible emissions	Minimize	Y	Recordkeeping	Recordkeeping	ACDP-10
340-208-0300 through 0400	Nuisance Prohibited	No nuisance	Y	Recordkeeping	Recordkeeping	ACDP-6
340-208-0450	Particle Fallout Limitation (PM >250µ)	No Fallout	Y	Recordkeeping	Recordkeeping	ACDP-7
340-208-0550	Odor Control Measures	Minimize odors	Y	Recordkeeping of odor complaints	Recordkeeping of odor complaints	
340-208-0590	Emission Standards – General	Compliance with relevant OAR 340 regulations	Y	N/A	N/A	Intel will comply with relevant OAR 340 regulations alongside the specific requirements of Washington County
340-209-0030 through 0080	Public Notice	Follow Procedures	Y	N/A	N/A	
340-210-0215 through 0250	Notice of Construction	Follow Procedures	Y	N/A	N/A	
340-212-0120 and 0140	Sampling, Testing, and Measurement	Follow Procedures	Y	Recordkeeping and Reporting	Recordkeeping and Reporting	ACDP-90, ACDP-99
340-214-0110 through 0130	Reporting	Follow Procedures	Y	Recordkeeping	Recordkeeping	ACDP-95
340-214-0310 through 340-214-0330	Excess Emissions and Emergency Provisions	Submittal of start-up and shutdown procedures used to minimize excess emission events	Y	N/A	N/A	ACDP-98.d
340-214-0340 through 340-214-0360	Excess Emissions Reporting	Reporting within 15 days of excess emissions event	Y	Reporting	ACDP-98.b, ACDP 34.d	ACDP-49.d
340-215-0030, 340-215-0034 through 340-215-0105	GHG Emissions Reporting	Registering and reporting emissions when GHGs exceed 2,500 MT	Y	Follow procedures as regulated under ACDP Condition 88 and 40 CFR Part 98, Subparts C and I	Follow procedures as regulated under ACDP Condition 88 and 40 CFR Part 98, Subparts C and I	ACDP-103
340-216-0020 through 340-216-0052	Air Contaminant Discharge Permits	Obtain an ACDP	Y	N/A	N/A	
340-216-0066 through 340-216-0094	Standard ACDPs	Follow guidelines for standard ACDP	Y	Comply with requirements in current Standard ACDP	Comply with requirements in current Standard ACDP	
340-218-0040 through 340-218-0240	Title V Operating Permits	Follow guidelines for Title V Permits	Y	N/A	Comply with requirements in Title V permit once issued	
340-220-0030 through 340-220-0190; ACDP-104.b.ii.	Title V Operating Permit Fees	Follow guidelines for Title V Permit Fees	Y	N/A	Comply with fee requirements in Title V permit once issued	

340-222-0035 through 340-222-0080	Stationary Source Plant Emission Limits	Follow guidelines for establishing PSELs	Y	Emission Calculations and Reporting	Emission Calculations and Reporting	
340-222-0041	PM	68 tpy	Y	Emission Calculations and Reporting	Emission Calculations and Reporting	
	PM10	61 tpy	Y	Emission Calculations and Reporting	Emission Calculations and Reporting	
	PM2.5	59 tpy	Y	Emission Calculations and Reporting	Emission Calculations and Reporting	
	SO2	35 tpy	Y	Emission Calculations and Reporting	Emission Calculations and Reporting	
	NOx	413 tpy	Y	Emission Calculations and Reporting	Emission Calculations and Reporting	
	CO	598 tpy	Y	Emission Calculations and Reporting	Emission Calculations and Reporting	
	VOC	351 tpy	Y	Emission Calculations and Reporting	Emission Calculations and Reporting	
	Fluorides	12.5 tpy	Y	Emission Calculations and Reporting	Emission Calculations and Reporting	
	GHG	1,725,560 tpy	Y	Emission Calculations and Reporting	Emission Calculations and Reporting	
	Individual HAP	9 tpy	Y	Emission Calculations and Reporting	Emission Calculations and Reporting	
	Aggregate HAP	21 tpy	Y	Emission Calculations and Reporting	Emission Calculations and Reporting	
340-222-0046 through OAR 340-222-0051	PM	0 tpy	Y	Emission Calculations and Reporting	Emission Calculations and Reporting	
	PM10	61 tpy	Y	Emission Calculations and Reporting	Emission Calculations and Reporting	
	PM2.5	59 tpy	Y	Emission Calculations and Reporting	Emission Calculations and Reporting	
	SO2	14 tpy	Y	Emission Calculations and Reporting	Emission Calculations and Reporting	
	NOx	413 tpy	Y	Emission Calculations and Reporting	Emission Calculations and Reporting	
	CO	598 tpy	Y	Emission Calculations and Reporting	Emission Calculations and Reporting	
	VOC	351 tpy	Y	Emission Calculations and Reporting	Emission Calculations and Reporting	
	Fluorides	12.5 tpy	Y	Emission Calculations and Reporting	Emission Calculations and Reporting	

	GHG	1,725,560 tpy	Y	Emission Calculations and Reporting	Emission Calculations and Reporting	
340-224-0025 through 0040	New Source Review	Follow guidelines for new source review	Y	N/A	N/A	Completed application for NSR; issued updated ACDP permit on 4/16/2024
340-224-0060; 340-224-0260	New Source Review in Maintenance Area	Follow guidelines for new source review in Maintenance Area	Y	N/A	N/A	Completed application for NSR; issued updated ACDP permit on 4/16/2024
340-224-0070; 340-224-0260; 340-224-0270	Applicable BACT Limits, operating requirements, and specifications based on equipment type	Comply with selected BACT and dispersion modeling paraments	Y	Source testing, operation and maintenance	Source testing, operation and maintenance	ACDP-21, 27, 29, 31, 33, 42, 45, 56, 63, 66, 68, 69
340-224-0500 through 340-224-0530	Net Air Quality Benefit Emissions Offsets	Comply with selected BACT and dispersion modeling paraments	Y	Source testing, operation and maintenance	Source testing, operation and maintenance	Obtained allocation from DEQ growth allowance
340-225-0030 through 340-225-0070	Air Quality Analysis	Follow guidelines for Air Quality Analysis	Y	N/A	N/A	Air dispersion modeling protocol submitted to and approved by DEQ
340-228-0110; 340-228-0130	Fuel Use	Will not use ASTM Grade 1 fuel oil above 0.3% sulfur by weight or Grade 2 above 0.5%	Y	Fuel sampling, recordkeeping	Fuel sampling, recordkeeping	
340-242-0420 through 0440	Industrial Emission management Program	Comply with program	Y	N/A	N/A	
340-245-0040	Toxic Emission Inventory	Complete Toxic Emission Inventory	Y	Calculate emissions and report when required	Calculate emissions and report when required	
340-248-0240 through 340-248-0280	Asbestos Emission Standards and Procedural Requirements	Comply with procedures	Y	N/A	N/A	
340-260-0040	Ozone Depleting Substance Requirements	Operation and maintenance of equipment	Y	Recordkeeping and maintenance	Recordkeeping and maintenance	
340-264-0010 through 340-264-0080; 340-264-0140	Rules for Open Burning	Comply with Rules	Y	N/A	N/A	
340-272-0120 through 340-272-0500	Third Party Verification	Comply with Verification Requirements	Y	N/A	N/A	

Attachment 3: Facility Device and Process Description (DV200 Series)

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	Cooling Towers
2.	Date installation/construction commenced	Varies
3.	Date installed	Varies
4.	Special control requirements? [if yes, describe]	Yes, see #5 below
5.	Description of process: Cooling tower control devices are mist elimnators specified on CD306_Cooling Tower Mist Eliminators. Cooling tower device names are listed in the emission inventory. Drift elimination with drift rate specification and TDS control per manufacturer specifications. BACT specific requirements are listed in equipment unit forms EU which includes a list of individual devices.	
6.	Continuous or batch process? [if batch, maximum batches per hour]	NA

7. Raw material usage: [for EACH raw material used, enter]:

Material	Maximum design capacity (lbs/batch or lbs/hr)
NA	NA

8. Production data: [for EACH product, enter]:

Product	Maximum design capacity (lbs/batch or lbs/hr)
NA	NA

9. Attach any additional information necessary to describe this process and its operating and usage parameters, both short-term and annual.

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	Cooling Towers
2.	Date installation/construction commenced	Varies
3.	Date installed	Varies
4.	Special control requirements? [if yes, describe]	Yes, see #5 below
5.	Description of process: Cooling tower control devices are mist elimnators specified on CD306_Cooling Tower Mist Eliminators. Cooling tower device names are listed in the emission inventory. Drift elimination with drift rate specification and TDS control per manufacturer specifications. BACT specific requirements are listed in equipment unit forms EU which includes a list of individual devices.	
6.	Continuous or batch process? [if batch, maximum batches per hour]	NA

7. Raw material usage: [for EACH raw material used, enter]:

Material	Maximum design capacity (lbs/batch or lbs/hr)
NA	NA

8. Production data: [for EACH product, enter]:

Product	Maximum design capacity (lbs/batch or lbs/hr)
NA	NA

9. Attach any additional information necessary to describe this process and its operating and usage parameters, both short-term and annual.

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	Fab Operations
2.	Date installation/construction commenced	1974
3.	Date installed	1976
4.	Special control requirements? [if yes, describe]	Yes, see #5 below
5.	Description of process: Semiconductor manufacturing operations and certain support equipment are covered by emissions units forms in the CD, EU, ED, and DV series including but not limited to lime silos and specialty exhaust filters. Within all the fab buildings, there are fugitive VOCs associated with cleaning and breathing/working losses in waste storage tanks. Pollutants subject to NSR are Fluorides, NOx, CO, VOCs, PM10, PM2.5 and GHGs and specific BACT requirements for various equipment and control devices used at the facility are detailed in the emissions units forms in the CD, EU, ED, and DV series and also permit 34-2681-ST-02 issued 4/16/2024.	
6.	Continuous or batch process? [if batch, maximum batches per hour]	Continuous

7. Raw material usage: [for EACH raw material used, enter]:

Material	Maximum design capacity (lbs/batch or lbs/hr)
See item #8 below.	See ED605

8. Production data: [for EACH product, enter]:

Product	Maximum design capacity (lbs/batch or lbs/hr)
Semiconductors & related devices	See ED605

9. Attach any additional information necessary to describe this process and its operating and usage parameters, both short-term and annual.

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	Heaters
2.	Date installation/construction commenced	Varies
3.	Date installed	Varies
4.	Special control requirements? [if yes, describe]	Yes, see #5 below
5.	Description of process: This device form identifies small natural gas-fired heaters with a rated capacity less than or equal to 2.0 MMBtu/hr. BACT specific requirements are listed in equipment unit forms EU which includes a list of individual devices.	
6.	Continuous or batch process? [if batch, maximum batches per hour]	NA

7. Raw material usage: [for EACH raw material used, enter]:

Material	Maximum design capacity (lbs/batch or lbs/hr)
Natural Gas	< = 2.0 MMBtu/hr

8. Production data: [for EACH product, enter]:

Product	Maximum design capacity (lbs/batch or lbs/hr)
NA	NA

9. Attach any additional information necessary to describe this process and its operating and usage parameters, both short-term and annual.

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	BLR-115-1-210
2.	Date installation/construction commenced	2001
3.	Date installed	2001
4.	Special control requirements? [if yes, describe]	Yes, see #6 below
5.	Manufacturer	Cleaver Brooks
6.	Description of boiler, including type of boiler and firing method: Natural gas fired, fire tube heating water boilers, forced draft. Special control requirements: 0.011 lb/NOx/MMBtu These control requirements do not apply during periods of startup, shutdown or malfunction.	
7.	Rated design capacity (heat input, Btu/hr)	8,165,000
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	8.165 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	BLR-115-2-210, BLR-115-3-210
2.	Date installation/construction commenced	2001
3.	Date installed	2001
4.	Special control requirements? [if yes, describe]	Yes, see #6 below
5.	Manufacturer	Cleaver Brooks
6.	Description of boiler, including type of boiler and firing method: Natural gas fired, fire tube heating water boilers, forced draft. Special control requirements: 0.011 lb/NOx/MMBtu These control requirements do not apply during periods of startup, shutdown or malfunction.	
7.	Rated design capacity (heat input, Btu/hr)	29,393,000 each
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	29.39 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	BLR-115-4-210
2.	Date installation/construction commenced	2008
3.	Date installed	2008
4.	Special control requirements? [if yes, describe]	No
5.	Manufacturer	Cleaver Brooks
6.	Description of boiler, including type of boiler and firing method: Natural gas fired, fire tube heating water boilers, forced draft.	
7.	Rated design capacity (heat input, Btu/hr)	32,659,000
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	32.659 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	BLR-115-5-210
2.	Date installation/construction commenced	2009
3.	Date installed	2009
4.	Special control requirements? [if yes, describe]	No
5.	Manufacturer	Cleaver Brooks
6.	Description of boiler, including type of boiler and firing method: Natural gas fired, fire tube heating water boilers, forced draft.	
7.	Rated design capacity (heat input, Btu/hr)	14,288,000
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	14.288 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	BLR115-6-210
2.	Date installation/construction commenced	TBD
3.	Date installed	TBD
4.	Special control requirements? [if yes, describe]	Yes, see #6 below
5.	Manufacturer	Cleaver Brooks
6.	Description of boiler, including type of boiler and firing method: Natural gas fired, fire tube heating water boilers, forced draft. Special control requirements: 0.011 lb/NOx/MMBtu 0.037 lb/CO/MMBtu These control requirements do not apply during periods of startup, shutdown or malfunction.	
7.	Rated design capacity (heat input, Btu/hr)	29,392,000
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	29.392 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	CUB2-BLR115-1-210, CUB2-BLR115-2-210, CUB2-BLR115-3-210
2.	Date installation/construction commenced	1998
3.	Date installed	1998
4.	Special control requirements? [if yes, describe]	Yes, see #6 below
5.	Manufacturer	Superior
6.	Description of boiler, including type of boiler and firing method: Natural gas fired, fire tube heating water boilers, forced draft. Special control requirements: 0.011 lb/NOx/MMBtu These control requirements do not apply during periods of startup, shutdown or malfunction.	
7.	Rated design capacity (heat input, Btu/hr)	32,112,000
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	32.112 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	CUB2-BLR115-4-210
2.	Date installation/construction commenced	2000
3.	Date installed	2000
4.	Special control requirements? [if yes, describe]	Yes, see #6 below
5.	Manufacturer	Cleaver Brooks
6.	Description of boiler, including type of boiler and firing method: Natural gas fired, fire tube heating water boilers, forced draft. Special control requirements: 0.011lb/NOx/MMBtu These control requirements do not apply during periods of startup, shutdown or malfunction.	
7.	Rated design capacity (heat input, Btu/hr)	32,659,000
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	32.659 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	CUB2-BLR115-5-210
2.	Date installation/construction commenced	2012
3.	Date installed	2012
4.	Special control requirements? [if yes, describe]	No
5.	Manufacturer	Cleaver Brooks
6.	Description of boiler, including type of boiler and firing method: Natural gas fired, fire tube heating water boilers, forced draft.	
7.	Rated design capacity (heat input, Btu/hr)	29,392,000
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	29.392 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	CUB2-BLR115-6-210
2.	Date installation/construction commenced	2012
3.	Date installed	2015
4.	Special control requirements? [if yes, describe]	No
5.	Manufacturer	Cleaver Brooks
6.	Description of boiler, including type of boiler and firing method: Natural gas fired, fire tube heating water boilers, forced draft.	
7.	Rated design capacity (heat input, Btu/hr)	30,618,000
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	30.618 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	CUB4-BLR115-1-10
2.	Date installation/construction commenced	2013
3.	Date installed	2013
4.	Special control requirements? [if yes, describe]	No
5.	Manufacturer	Cleaver Brooks
6.	Description of boiler, including type of boiler and firing method: Natural gas fired, fire tube heating water boilers, forced draft.	
7.	Rated design capacity (heat input, Btu/hr)	14,287,000
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	14.287 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	CUB4-BLR115-2-10, CUB4-BLR115-3-10, CUB4-BLR115-4-10
2.	Date installation/construction commenced	2010
3.	Date installed	2013
4.	Special control requirements? [if yes, describe]	No
5.	Manufacturer	Cleaver Brooks
6.	Description of boiler, including type of boiler and firing method: Natural gas fired, fire tube heating water boilers, forced draft.	
7.	Rated design capacity (heat input, Btu/hr)	30,615,000
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	30.615 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	CUB4-BLR115-5-10, CUB4-BLR115-6-10
2.	Date installation/construction commenced	2011
3.	Date installed	2011
4.	Special control requirements? [if yes, describe]	No
5.	Manufacturer	Cleaver Brooks
6.	Description of boiler, including type of boiler and firing method: Natural gas fired, fire tube heating water boilers, forced draft.	
7.	Rated design capacity (heat input, Btu/hr)	29,393,000
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	29.393 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	CUB4-BLR115-7-10
2.	Date installation/construction commenced	TBD
3.	Date installed	TBD
4.	Special control requirements? [if yes, describe]	Yes, see #6 below
5.	Manufacturer	Cleaver Brooks
6.	Description of boiler, including type of boiler and firing method: Natural gas fired, fire tube heating water boilers, forced draft. Special control requirements: 0.011 lb/NOx/MMBtu 0.037 lb-CO/MMBtu These control requirements do not apply during periods of startup, shutdown or malfunction.	
7.	Rated design capacity (heat input, Btu/hr)	29,393,000
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	29.393 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	F15-BLR28-1-1, F15-BLR28-1-2, F15-BLR28-1-3
2.	Date installation/construction commenced	2014
3.	Date installed	2014
4.	Special control requirements? [if yes, describe]	No
5.	Manufacturer	Cleaver Brooks
6.	Description of boiler, including type of boiler and firing method: Natural gas fired, fire tube heating water boilers, forced draft.	
7.	Rated design capacity (heat input, Btu/hr)	20,922,000
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	20.922 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	F20-BLR115-1-200, F20-BLR115-2-200, F20-BLR115-3-200
2.	Date installation/construction commenced	1994
3.	Date installed	1995
4.	Special control requirements? [if yes, describe]	Yes, see #6 below
5.	Manufacturer	Johnston
6.	Description of boiler, including type of boiler and firing method: Natural gas fired, fire tube heating water boilers, forced draft. Special control requirements: 0.011 lb/NOx/MMBtu These control requirements do not apply during periods of startup, shutdown or malfunction.	
7.	Rated design capacity (heat input, Btu/hr)	31,500,000
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	31.5 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	F20-BLR115-4-200
2.	Date installation/construction commenced	2013
3.	Date installed	2013
4.	Special control requirements? [if yes, describe]	No
5.	Manufacturer	Cleaver Brooks
6.	Description of boiler, including type of boiler and firing method: Natural gas fired, fire tube heating water boilers, forced draft.	
7.	Rated design capacity (heat input, Btu/hr)	30,615,000
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	30.6150 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	F20-BLR115-5-200
2.	Date installation/construction commenced	TBD
3.	Date installed	TBD
4.	Special control requirements? [if yes, describe]	Yes, see #6 below
5.	Manufacturer	Cleaver Brooks
6.	Description of boiler, including type of boiler and firing method: Natural gas fired, fire tube heating water boilers, forced draft. Special control requirements: 0.011 lb/NOx/MMBtu 0.037 lb/CO/MMBtu These control requirements do not apply during periods of startup, shutdown or malfunction.	
7.	Rated design capacity (heat input, Btu/hr)	29,393,000
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	29.393 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	N2-BLR117-1A-30, N2-BLR117-1B-30
2.	Date installation/construction commenced	2021
3.	Date installed	2021
4.	Special control requirements? [if yes, describe]	Yes, see #6 below
5.	Manufacturer	Cleaver Brooks
6.	Description of boiler, including type of boiler and firing method: Natural gas fired, fire tube heating water boilers, forced draft. Special control requirements: 0.011 lb/NOx/MMBtu 0.037 lb/CO/MMBtu These control requirements do not apply during periods of startup, shutdown or malfunction.	
7.	Rated design capacity (heat input, Btu/hr)	45,600,000
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	45.6 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	RA2-BLR115-1-300
2.	Date installation/construction commenced	1998
3.	Date installed	Dec-1998 New burners Nov 2016
4.	Special control requirements? [if yes, describe]	No
5.	Manufacturer	Johnston
6.	Description of boiler, including type of boiler and firing method: Fire tube hot water boiler.	
7.	Rated design capacity (heat input, Btu/hr)	4,200,000
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	4.2 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	RA2-BLR115-2-300
2.	Date installation/construction commenced	1998
3.	Date installed	1998 New burners Jan-2017
4.	Special control requirements? [if yes, describe]	No
5.	Manufacturer	Johnston
6.	Description of boiler, including type of boiler and firing method: Fire tube hot water boiler.	
7.	Rated design capacity (heat input, Btu/hr)	4,200,000
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	4.2 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	RA4-BLR117-3-30, RA4-BLR117-4-30
2.	Date installation/construction commenced	TBD
3.	Date installed	TBD
4.	Special control requirements? [if yes, describe]	Yes, see #6 below
5.	Manufacturer	Cleaver Brooks
6.	Description of boiler, including type of boiler and firing method: Natural gas fired, fire tube heating water boilers, forced draft. Special control requirements: 0.011 lb/NOx/MMBtu 0.037 lb/CO/MMBtu These control requirements do not apply during periods of startup, shutdown or malfunction.	
7.	Rated design capacity (heat input, Btu/hr)	29,393,000
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	29.3 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	RAC5-BLR115-1 RAC5-BLR115-3
2.	Date installation/construction commenced	2021
3.	Date installed	2021
4.	Special control requirements? [if yes, describe]	Yes, see #6 below
5.	Manufacturer	Cleaver Brooks
6.	Description of boiler, including type of boiler and firing method: Natural gas fired, fire tube heating water boilers, forced draft. Special control requirements: 0.011lb/NOx/MMBtu 0.037 lb/CO/MMBtu These control requirements do not apply during periods of startup, shutdown or malfunction.	
7.	Rated design capacity (heat input, Btu/hr)	29,390,000
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	29.39 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	RAC5-BLR115-2 RAC5-BLR115-4
2.	Date installation/construction commenced	2022
3.	Date installed	2022
4.	Special control requirements? [if yes, describe]	Yes, see #6 below
5.	Manufacturer	Cleaver Brooks
6.	Description of boiler, including type of boiler and firing method: Natural gas fired, fire tube heating water boilers, forced draft. Special control requirements: 0.011 lb/NOx/MMBtu 0.037 lb/CO/MMBtu These control requirements do not apply during periods of startup, shutdown or malfunction.	
7.	Rated design capacity (heat input, Btu/hr)	29,390,000
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	29.39 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	RAC5-BLR115-5 RAC5-BLR115-6
2.	Date installation/construction commenced	2022
3.	Date installed	2022
4.	Special control requirements? [if yes, describe]	Yes, see #6 below
5.	Manufacturer	Cleaver Brooks
6.	Description of boiler, including type of boiler and firing method: Natural gas fired, fire tube heating water boilers, forced draft. Special control requirements: 0.011 lb/NOx/MMBtu 0.037 lb/CO/MMBtu These control requirements do not apply during periods of startup, shutdown or malfunction.	
7.	Rated design capacity (heat input, Btu/hr)	29,390,000
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	29.39 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	RAC5-BLR115-7 RAC5-BLR115-8
2.	Date installation/construction commenced	TBD
3.	Date installed	TBD
4.	Special control requirements? [if yes, describe]	Yes, see #6 below
5.	Manufacturer	Cleaver Brooks
6.	Description of boiler, including type of boiler and firing method: Natural gas fired, fire tube heating water boilers, forced draft. Special control requirements: 0.011 lb/NOx/MMBtu 0.037 lb/CO/MMBtu These control requirements do not apply during periods of startup, shutdown or malfunction.	
7.	Rated design capacity (heat input, Btu/hr)	29,390,000
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	29.39 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	RP1-BLR115-1-210
2.	Date installation/construction commenced	2016
3.	Date installed	December 2016
4.	Special control requirements? [if yes, describe]	Yes, see #6 below
5.	Manufacturer	Cleaver Brooks
6.	Description of boiler, including type of boiler and firing method: Fire tube hot water boiler. Emission Factors: NOx = 0.011 lb/MMBtu CO = 0.037 lb/MMBtu These control requirements do not apply during periods of startup, shutdown or malfunction.	
7.	Rated design capacity (heat input, Btu/hr)	13,899,000 Btu/hr
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	13.9 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	RP1-BLR115-2-210
2.	Date installation/construction commenced	2003
3.	Date installed	June 2003 New burners July 2017
4.	Special control requirements? [if yes, describe]	No
5.	Manufacturer	Cleaver Brooks
6.	Description of boiler, including type of boiler and firing method: Fire tube hot water boiler.	
7.	Rated design capacity (heat input, Btu/hr)	12,247,000
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	12.25 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	RP1-BLR115-3-210
2.	Date installation/construction commenced	2003
3.	Date installed	June 2003 New burners installed May 2017
4.	Special control requirements? [if yes, describe]	No
5.	Manufacturer	Cleaver Brooks
6.	Description of boiler, including type of boiler and firing method: Fire tube hot water boiler.	
7.	Rated design capacity (heat input, Btu/hr)	12,247,000
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	12.25 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	RP1-BLR115-4-210
2.	Date installation/construction commenced	Future
3.	Date installed	Future
4.	Special control requirements? [if yes, describe]	Yes, see #6 below
5.	Manufacturer	Cleaver Brooks or equivalent
6.	Description of boiler, including type of boiler and firing method: Natural gas fired, fire tube heating water boilers, forced draft. Special control requirements: 0.011 lb/NOx/MMBtu 0.037 lb-CO/MMBtu These control requirements do not apply during periods of startup, shutdown or malfunction.	
7.	Rated design capacity (heat input, Btu/hr)	11,715,000
8.	Maximum steam production rate (lbs/hr)	N/A (Hot Water)
9.	Maximum steam pressure (psi)	N/A (Hot Water)
10.	Maximum steam temperature (°F)	N/A (Hot Water)

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	11.715 MMBtu/hr

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	Boilers
2.	Date installation/construction commenced	Varies
3.	Date installed	Varies
4.	Special control requirements? [if yes, describe]	No
5.	Manufacturer	Various
6.	Description of boiler, including type of boiler and firing method: This device form identifies small natural gas-fired boilers with a rated capacity less than or equal to 2.0 MMBtu/hr. RA1-MECH-BO1, RA1-MECH-BO2, RA4-BLR152-1-30, RA4-BLR152-2-30, RA4-BLR117-2-30	
7.	Rated design capacity (heat input, Btu/hr)	Varies
8.	Maximum steam production rate (lbs/hr)	NA
9.	Maximum steam pressure (psi)	NA
10.	Maximum steam temperature (°F)	NA

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	Varies

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

1.	Device name and ID number or label	Boilers
2.	Date installation/construction commenced	Varies
3.	Date installed	Varies
4.	Special control requirements? [if yes, describe]	Yes
5.	Manufacturer	Various
6.	Description of boiler, including type of boiler and firing method: This device form identifies small natural gas-fired boilers with a rated capacity less than or equal to 2.0 MMBtu/hr. RA4-BLR117-1-30, RS4-BLR115-1, RS4-BLR115-2, RS4-BLR115-3, RS6-BLR115-1, RS6-BLR115-2, RS6-BLR115-3, F15-HW35-3, F15-HW35-4 Special control requirements: 0.011 lb/NOx/MMBtu 0.037 lb/CO/MMBtu These control requirements do not apply during periods of startup, shutdown or malfunction.	
7.	Rated design capacity (heat input, Btu/hr)	Varies
8.	Maximum steam production rate (lbs/hr)	NA
9.	Maximum steam pressure (psi)	NA
10.	Maximum steam temperature (°F)	NA

11. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)
Natural Gas	Varies

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State of Oregon
DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1A-GEN-1, D1A-GEN-2
2. Existing or future?	Future
3. Date construction/installation commenced	TBD
4. Date construction/installation completed	TBD
5. Manufacturer	Cummins or equivalent
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	5028 Hp each
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1A-GEN-1-DPF, D1A-GEN-2-DPF
9. Description and use of engine/turbine:	Emergency power generation

Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 240 gal/hr each	up to 6000 gal/yr each
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	76.41ft
14. Exit diameter (ft.)	1.67ft
15. Design flowrate (dscf/min)	22,779 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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State of Oregon
DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1A-GEN-3, D1A-GEN-4
2. Existing or future?	Future
3. Date construction/installation commenced	TBD
4. Date construction/installation completed	TBD
5. Manufacturer	Cummins or equivalent
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	5028 Hp each
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1A-GEN-3-DPF, D1A-GEN-4-DPF
9. Description and use of engine/turbine:	Emergency power generation

Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 240 gal/hr each	up to 6000 gal/yr each
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	76.41ft
14. Exit diameter (ft.)	1.67ft
15. Design flowrate (dscf/min)	22,779 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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State of Oregon
DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1A-GEN-5, D1A-GEN-6
2. Existing or future?	Future
3. Date construction/installation commenced	TBD
4. Date construction/installation completed	TBD
5. Manufacturer	Cummins or equivalent
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	5028 Hp each
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1A-GEN-5-DPF, D1A-GEN-6-DPF
9. Description and use of engine/turbine:	Emergency power generation

Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 240 gal/hr each	up to 6000 gal/yr each
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	76.41ft
14. Exit diameter (ft.)	1.67ft
15. Design flowrate (dscf/min)	22,779 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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State of Oregon
DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1A-GEN-7, D1A-GEN-8
2. Existing or future?	Future
3. Date construction/installation commenced	TBD
4. Date construction/installation completed	TBD
5. Manufacturer	Cummins or equivalent
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	5028 Hp each
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1A-GEN-7-DPF, D1A-GEN-8-DPF
9. Description and use of engine/turbine:	Emergency power generation

Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 240 gal/hr each	up to 6000 gal/yr each
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	76.41ft
14. Exit diameter (ft.)	1.67ft
15. Design flowrate (dscf/min)	22779 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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State of Oregon
DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1C-CPS-GEN01, GEN02, GEN03
2. Existing or future?	Existing
3. Date construction/installation commenced	1998
4. Date construction/installation completed	Jun-1998
5. Manufacturer	Caterpillar
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	1764 Hp each
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency power generation

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 89.71 gal/hr	up to 2242.75 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	67ft
14. Exit diameter (ft.)	0.83ft
15. Design flowrate (dscf/min)	3,183 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1C-EPS-GEN01, D1C-EPS-GEN02
2. Existing or future?	Existing
3. Date construction/installation commenced	1998
4. Date construction/installation completed	Jun-1998
5. Manufacturer	Detroit Diesel
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	2561 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency power generation

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 129.38 gal/hr	up to 3234.5 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	67ft
14. Exit diameter (ft.)	0.83ft
15. Design flowrate (dscf/min)	6,462 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1D-GEN-7
2. Existing or future?	Future
3. Date construction/installation commenced	TBD
4. Date construction/installation completed	TBD
5. Manufacturer	Cummins or equiv
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	2885 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency power generation

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 147.46 gal/hr	up to 3638.5 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	115ft
14. Exit diameter (ft.)	0.67ft
15. Design flowrate (dscf/min)	4,326 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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State of Oregon
DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X-GEN-1A, D1X-GEN-1C
2. Existing or future?	Existing
3. Date construction/installation commenced	2012
4. Date construction/installation completed	2012
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	3632 Hp each
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency power generation

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 176 gal/hr	up to 4400 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	51ft
14. Exit diameter (ft.)	1.67ft
15. Design flowrate (dscf/min)	7,810 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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State of Oregon
DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X-GEN-1B
2. Existing or future?	Existing
3. Date construction/installation commenced	2013
4. Date construction/installation completed	2013
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	3632 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency power generation

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 172.1 gal/hr	up to 4302.5 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	51ft
14. Exit diameter (ft.)	1.67ft
15. Design flowrate (dscf/min)	7,810 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X-GEN-2A, D1X-GEN-2B, D1X-GEN-2C
2. Existing or future?	Existing
3. Date construction/installation commenced	2012
4. Date construction/installation completed	2012
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	3632 Hp each
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency power generation

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 176 gal/hr each	up to 4400 gal/yr each
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	51ft
14. Exit diameter (ft.)	1.67ft
15. Design flowrate (dscf/min)	7,810 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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State of Oregon
DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X-GEN-3A, D1X-GEN-3C
2. Existing or future?	Existing
3. Date construction/installation commenced	2013
4. Date construction/installation completed	2013
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	3632 Hp each
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency power generation

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 172.1 gal/hr each	up to 4302.5 gal/yr each
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	51ft
14. Exit diameter (ft.)	1.67ft
15. Design flowrate (dscf/min)	7,810 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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State of Oregon
DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X-GEN-3B
2. Existing or future?	Existing
3. Date construction/installation commenced	2012
4. Date construction/installation completed	2012
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	3632 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency power generation

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 176 gal/hr	up to 4400 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	51ft
14. Exit diameter (ft.)	1.67ft
15. Design flowrate (dscf/min)	7,810 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X-GEN-4A, D1X-GEN-4B
2. Existing or future?	Existing
3. Date construction/installation commenced	2013
4. Date construction/installation completed	2013
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	3632 Hp each
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency power generation

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 172.1 gal/hr each	up to 4302.5 gal/yr each
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	51ft
14. Exit diameter (ft.)	1.67ft
15. Design flowrate (dscf/min)	7,810 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X-GEN-4C
2. Existing or future?	Existing
3. Date construction/installation commenced	2017
4. Date construction/installation completed	2017
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	4265 BHp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1X-GEN-4C-DPF
9. Description and use of engine/turbine:	Emergency power generation
Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)	

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 203 gal/hr	up to 5075 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	51ft
14. Exit diameter (ft.)	2ft
15. Design flowrate (dscf/min)	22,780 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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State of Oregon
DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X-GEN-5A
2. Existing or future?	Existing
3. Date construction/installation commenced	2017
4. Date construction/installation completed	2017
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	4265 BHp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1X-GEN-5A-DPF
9. Description and use of engine/turbine:	Emergency power generation

Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 203 gal/hr	up to 5075 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	51ft
14. Exit diameter (ft.)	2ft
15. Design flowrate (dscf/min)	22,780 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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State of Oregon
DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X-GEN-5B
2. Existing or future?	Existing
3. Date construction/installation commenced	2017
4. Date construction/installation completed	2017
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	4265 BHp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1X-GEN-5B-DPF
9. Description and use of engine/turbine:	Emergency power generation

Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 203 gal/hr	up to 5075 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	51ft
14. Exit diameter (ft.)	2ft
15. Design flowrate (dscf/min)	22,780 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X-GEN-5C
2. Existing or future?	Existing
3. Date construction/installation commenced	2013
4. Date construction/installation completed	2013
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	3632 BHp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency power generation

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 203 gal/hr	up to 5075 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	51ft
14. Exit diameter (ft.)	1.67 ft
15. Design flowrate (dscf/min)	7,810 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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State of Oregon
DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X-GEN-6A
2. Existing or future?	Existing
3. Date construction/installation commenced	2018
4. Date construction/installation completed	2018
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	4265 BHp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1X-GEN-6A-DPF
9. Description and use of engine/turbine:	Emergency power generation
Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)	

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 203 gal/hr	up to 5075 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	51ft
14. Exit diameter (ft.)	2ft
15. Design flowrate (dscf/min)	22,780 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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State of Oregon
DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X-GEN-6B
2. Existing or future?	Existing
3. Date construction/installation commenced	2018
4. Date construction/installation completed	2018
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	4265 BHp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1X-GEN-6B-DPF
9. Description and use of engine/turbine:	Emergency power generation
Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)	

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 203 gal/hr	up to 5075 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	51ft
14. Exit diameter (ft.)	2ft
15. Design flowrate (dscf/min)	22,780 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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State of Oregon
DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X-GEN-6C
2. Existing or future?	Existing
3. Date construction/installation commenced	2018
4. Date construction/installation completed	2018
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	4265 BHp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1X-GEN-6C-DPF
9. Description and use of engine/turbine:	Emergency power generation
Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)	

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 203 gal/hr	up to 5075 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	51ft
14. Exit diameter (ft.)	2ft
15. Design flowrate (dscf/min)	22,780 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X-GEN-7A, D1X-GEN-7B, D1X-GEN-7C
2. Existing or future?	Future
3. Date construction/installation commenced	TBD
4. Date construction/installation completed	TBD
5. Manufacturer	Cummins or equivalent
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	3632 Hp each
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1X2-GEN-7A-DPF D1X2-GEN-7B-DPF, D1X2-GEN-7C-DPF
9. Description and use of engine/turbine:	Emergency power generation

Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 172 gal/hr each	up to 4300 gal/yr each
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	51ft
14. Exit diameter (ft.)	1.67ft
15. Design flowrate (dscf/min)	7,810 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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State of Oregon
DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X2-GEN-1A
2. Existing or future?	Existing
3. Date construction/installation commenced	2021
4. Date construction/installation completed	2021
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	5028 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1X2-GEN-1A-DPF
9. Description and use of engine/turbine:	Emergency power generation
Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)	

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 240 gal/hr	up to 6,000 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	85ft
14. Exit diameter (ft.)	1.67 ft
15. Design flowrate (dscf/min)	22,778 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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State of Oregon
DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X2-GEN-1B
2. Existing or future?	Existing
3. Date construction/installation commenced	2021
4. Date construction/installation completed	2021
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	5028 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1X2-GEN-1B-DPF
9. Description and use of engine/turbine:	Emergency power generation

Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 240 gal/hr	up to 6,000 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	85ft
14. Exit diameter (ft.)	1.67 ft
15. Design flowrate (dscf/min)	22,778 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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State of Oregon
DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X2-GEN-1C
2. Existing or future?	Existing
3. Date construction/installation commenced	2021
4. Date construction/installation completed	2021
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	5028 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1X2-GEN-1C-DPF
9. Description and use of engine/turbine:	Emergency power generation

Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 240 gal/hr	up to 6,000 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	85ft
14. Exit diameter (ft.)	1.67ft
15. Design flowrate (dscf/min)	22,778 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X2-GEN-2A
2. Existing or future?	Existing
3. Date construction/installation commenced	2021
4. Date construction/installation completed	2021
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	5028 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1X2-GEN-2A-DPF
9. Description and use of engine/turbine:	Emergency power generation

Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 240 gal/hr	up to 6,000 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	85ft
14. Exit diameter (ft.)	1.67ft
15. Design flowrate (dscf/min)	22,778 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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State of Oregon
DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X2-GEN-2B
2. Existing or future?	Existing
3. Date construction/installation commenced	2021
4. Date construction/installation completed	2021
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	5028 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1X2-GEN-2B-DPF
9. Description and use of engine/turbine:	Emergency power generation

Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 240 gal/hr	up to 6,000 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	85ft
14. Exit diameter (ft.)	1.67ft
15. Design flowrate (dscf/min)	22,778 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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State of Oregon
DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X2-GEN-2C
2. Existing or future?	Existing
3. Date construction/installation commenced	2021
4. Date construction/installation completed	2021
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	5028 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1X2-GEN-2C-DPF
9. Description and use of engine/turbine:	Emergency power generation

Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 240 gal/hr	up to 6,000 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	85ft
14. Exit diameter (ft.)	1.67ft
15. Design flowrate (dscf/min)	22,778 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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State of Oregon
DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X2-GEN-3A
2. Existing or future?	Existing
3. Date construction/installation commenced	2021
4. Date construction/installation completed	2021
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	5028 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1X2-GEN-3A-DPF
9. Description and use of engine/turbine:	Emergency power generation

Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 240 gal/hr	up to 6,000 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	85ft
14. Exit diameter (ft.)	1.67ft
15. Design flowrate (dscf/min)	22,778 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X2-GEN-3B
2. Existing or future?	Existing
3. Date construction/installation commenced	2021
4. Date construction/installation completed	2021
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	5028 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1X2-GEN-3B-DPF
9. Description and use of engine/turbine:	Emergency power generation

Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 240 gal/hr	up to 6,000 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	85ft
14. Exit diameter (ft.)	1.67ft
15. Design flowrate (dscf/min)	22,778 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X2-GEN-3C
2. Existing or future?	Existing
3. Date construction/installation commenced	2021
4. Date construction/installation completed	2021
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	5028 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1X2-GEN-3C-DPF
9. Description and use of engine/turbine:	Emergency power generation

Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 240 gal/hr	up to 6,000 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	85ft
14. Exit diameter (ft.)	1.67ft
15. Design flowrate (dscf/min)	22,778 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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State of Oregon
DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X2-GEN-4A
2. Existing or future?	Existing
3. Date construction/installation commenced	2021
4. Date construction/installation completed	2021
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	5028 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1X2-GEN-4A-DPF
9. Description and use of engine/turbine:	Emergency power generation
Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)	

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 240 gal/hr	up to 6,000 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	85ft
14. Exit diameter (ft.)	1.67ft
15. Design flowrate (dscf/min)	22,778 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X2-GEN-4B
2. Existing or future?	Existing
3. Date construction/installation commenced	2021
4. Date construction/installation completed	2021
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	5028 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1X2-GEN-4B-DPF
9. Description and use of engine/turbine:	Emergency power generation

Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 240 gal/hr	up to 6,000 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	85ft
14. Exit diameter (ft.)	1.67ft
15. Design flowrate (dscf/min)	22,778 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X2-GEN-4C
2. Existing or future?	Existing
3. Date construction/installation commenced	2021
4. Date construction/installation completed	2021
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	5028 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1X2-GEN-4C-DPF
9. Description and use of engine/turbine:	Emergency power generation

Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 240 gal/hr	up to 6,000 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	85ft
14. Exit diameter (ft.)	1.67ft
15. Design flowrate (dscf/min)	22,778 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X2-GEN-5A
2. Existing or future?	Future
3. Date construction/installation commenced	TBD
4. Date construction/installation completed	TBD
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	5028 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1X2-GEN-5A-DPF
9. Description and use of engine/turbine:	Emergency power generation

Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 240 gal/hr	up to 6,000 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	85ft
14. Exit diameter (ft.)	1.67ft
15. Design flowrate (dscf/min)	22,778 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X2-GEN-5B
2. Existing or future?	Future
3. Date construction/installation commenced	TBD
4. Date construction/installation completed	TBD
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	5028 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1X2-GEN-5B-DPF
9. Description and use of engine/turbine:	Emergency power generation

Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 240 gal/hr	up to 6,000 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	85ft
14. Exit diameter (ft.)	1.67 ft
15. Design flowrate (dscf/min)	22,778 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X2-GEN-5C
2. Existing or future?	Future
3. Date construction/installation commenced	TBD
4. Date construction/installation completed	TBD
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	5028 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1X2-GEN-5C-DPF
9. Description and use of engine/turbine:	Emergency power generation
Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)	

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 240 gal/hr	up to 6,000 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	85ft
14. Exit diameter (ft.)	1.67ft
15. Design flowrate (dscf/min)	22,778 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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State of Oregon
DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X2-GEN-6A, D1X2-GEN-6B
2. Existing or future?	Future
3. Date construction/installation commenced	TBD
4. Date construction/installation completed	TBD
5. Manufacturer	Cummins or equivalent
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	5028 Hp each
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1X2-GEN-6A-DPF, D1X2-GEN-6B-DPF
9. Description and use of engine/turbine:	Emergency power generation

Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 240 gal/hr	up to 6,000 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	85ft
14. Exit diameter (ft.)	1.67ft
15. Design flowrate (dscf/min)	22,778 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X2-GEN-6C, D1X2-GEN-7A
2. Existing or future?	Future
3. Date construction/installation commenced	TBD
4. Date construction/installation completed	TBD
5. Manufacturer	Cummins or equivalent
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	5028 Hp each
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1X2-GEN-6C-DPF, D1X2-GEN-7A-DPF
9. Description and use of engine/turbine:	Emergency power generation

Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 240 gal/hr	up to 6,000 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	85ft
14. Exit diameter (ft.)	1.67 ft
15. Design flowrate (dscf/min)	22,778 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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State of Oregon
DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	D1X2-GEN-7B, D1X2-GEN-7C
2. Existing or future?	Future
3. Date construction/installation commenced	TBD
4. Date construction/installation completed	TBD
5. Manufacturer	Cummins or equivalent
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	5028 Hp each
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes D1X2-GEN-7B-DPF, D1X2-GEN-7C-DPF
9. Description and use of engine/turbine:	Emergency power generation

Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 240 gal/hr	up to 6,000 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	85ft
14. Exit diameter (ft.)	1.67ft
15. Design flowrate (dscf/min)	22,778 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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State of Oregon
DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	EPS-GEN01, EPS-GEN02, EPS-GEN03
2. Existing or future?	Existing
3. Date construction/installation commenced	2002
4. Date construction/installation completed	2002
5. Manufacturer	Caterpillar
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	2885 Hp each
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency power generation

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 147.46 gal/hr each	up to 3686.5 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	115ft
14. Exit diameter (ft.)	0.67ft
15. Design flowrate (dscf/min)	4,326 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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State of Oregon
DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	EPS-GEN04, EPS-GEN05, EPS-GEN06
2. Existing or future?	Existing
3. Date construction/installation commenced	2002
4. Date construction/installation completed	2002
5. Manufacturer	Caterpillar
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	2885 Hp each
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency power generation

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 147.46 gal/hr each	up to 3686.5 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	115ft
14. Exit diameter (ft.)	0.67ft
15. Design flowrate (dscf/min)	4,326 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	F15.5-EG01
2. Existing or future?	Existing
3. Date construction/installation commenced	2001
4. Date construction/installation completed	2001
5. Manufacturer	Caterpillar
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	2153 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency power generation

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 45.03 gal/hr	up to 1125.75gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	67ft
14. Exit diameter (ft.)	1ft
15. Design flowrate (dscf/min)	4,652 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	F15.5-EG02
2. Existing or future?	Existing
3. Date construction/installation commenced	2001
4. Date construction/installation completed	2001
5. Manufacturer	Caterpillar
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	2157 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency power generation

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 45.03 gal/hr	up to 1125.75 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	67ft
14. Exit diameter (ft.)	1ft
15. Design flowrate (dscf/min)	4,652 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	F15-EG01
2. Existing or future?	Existing
3. Date construction/installation commenced	1994
4. Date construction/installation completed	1994
5. Manufacturer	Detroit Diesel
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	2012 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency power generation

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 46.41 gal/hr	up to 1160.25 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	64.5ft
14. Exit diameter (ft.)	1ft
15. Design flowrate (dscf/min)	3,628 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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State of Oregon
DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	F15-EG02, F15-EG03
2. Existing or future?	Existing
3. Date construction/installation commenced	1994
4. Date construction/installation completed	1994
5. Manufacturer	Detroit Diesel
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	2012 Hp each
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency power generation

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 46.41 gal/hr each	up to 1160.25 gal/yr each
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	64.5ft
14. Exit diameter (ft.)	1ft
15. Design flowrate (dscf/min)	4,652 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	F20-EPS-1
2. Existing or future?	Existing
3. Date construction/installation commenced	2016
4. Date construction/installation completed	2016
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	4265 BHp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes F20-EPS-1-DPF
9. Description and use of engine/turbine:	Emergency power generation

Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 203 gal/hr	up to 5075 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	35ft
14. Exit diameter (ft.)	0.83ft
15. Design flowrate (dscf/min)	4,144 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	F20-EPS-2
2. Existing or future?	Existing
3. Date construction/installation commenced	2016
4. Date construction/installation completed	2016
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	4265 BHp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes F20-EPS-2-DPF
9. Description and use of engine/turbine:	Emergency power generation

Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 203 gal/hr	up to 5075 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	35ft
14. Exit diameter (ft.)	0.83ft
15. Design flowrate (dscf/min)	4,144 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	F20-CPS-1
2. Existing or future?	Existing
3. Date construction/installation commenced	In storage
4. Date construction/installation completed	In storage
5. Manufacturer	Detroit Deisel
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	2011 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency power generation

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 46.41 gal/hr	up to 1160.25 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	45ft
14. Exit diameter (ft.)	0.83ft
15. Design flowrate (dscf/min)	4,144 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	H2-GEN-1
2. Existing or future?	Future
3. Date construction/installation commenced	TBD
4. Date construction/installation completed	TBD
5. Manufacturer	Caterpillar or equivalent
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	463 hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes, H2-GEN-1-DPF
9. Description and use of engine/turbine:	Emergency power generation

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 21.4	up to 535 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	26.02 ft
14. Exit diameter (ft.)	0.73 ft
15. Design flowrate (dscf/min)	2,260 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	IWW-GEN-1
2. Existing or future?	Existing
3. Date construction/installation commenced	2018
4. Date construction/installation completed	2018
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	4265 BHp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes IWW-GEN-1-DPF
9. Description and use of engine/turbine:	Emergency power generation

Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 203 gal/hr	up to 5075 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	19.4 ft
14. Exit diameter (ft.)	0.73ft
15. Design flowrate (dscf/min)	7,565 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	IWW-GEN-2
2. Existing or future?	Future
3. Date construction/installation commenced	TBD
4. Date construction/installation completed	TBD
5. Manufacturer	Cummins or equivalent
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	4265 BHp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes IWW-GEN-2-DPF
9. Description and use of engine/turbine:	Emergency power generation
Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)	

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 206 gal/hr	up to 5150 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	22 ft
14. Exit diameter (ft.)	0.73ft
15. Design flowrate (dscf/min)	7,565 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	IWW-PS-1
2. Existing or future?	Existing
3. Date construction/installation commenced	2018
4. Date construction/installation completed	2018
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	755 BHp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes IWW-PS-1-DPF
9. Description and use of engine/turbine:	Emergency power generation

Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 34.7 gal/hr	up to 867.5 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	22ft
14. Exit diameter (ft.)	0.73ft
15. Design flowrate (dscf/min)	7,565 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	MAX-EGEN
2. Existing or future?	Existing
3. Date construction/installation commenced	2005
4. Date construction/installation completed	2005
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	335 BHp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency power generation

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 19.4 gal/hr	up to 485 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	8ft
14. Exit diameter (ft.)	0.33ft
15. Design flowrate (dscf/min)	776.8 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	N2-GEN-1A
2. Existing or future?	Existing
3. Date construction/installation commenced	2017
4. Date construction/installation completed	2017
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	603.5 BHp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	Yes N2-GEN-1a-DPF
9. Description and use of engine/turbine:	Emergency power generation
Control is a continuously regenerating technology (CRT) diesel particulate filter (DPF)	

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 27.7 gal/hr	up to 692.5 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	20ft
14. Exit diameter (ft.)	1.17 ft
15. Design flowrate (dscf/min)	7,750 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	PH #1
2. Existing or future?	Existing
3. Date construction/installation commenced	Pre 2016
4. Date construction/installation completed	Pre 2016
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	130 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency Fire Protection

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 50 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 10.4 gal/hr	up to 260 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	65ft
14. Exit diameter (ft.)	0.42ft
15. Design flowrate (dscf/min)	1,017 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	PH #2
2. Existing or future?	Existing
3. Date construction/installation commenced	Pre 2016
4. Date construction/installation completed	Pre 2016
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	130 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency Fire Protection

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 50 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 11.4 gal/hr	up to 285 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	15ft
14. Exit diameter (ft.)	0.42ft
15. Design flowrate (dscf/min)	2,279 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	PH #3
2. Existing or future?	Existing
3. Date construction/installation commenced	Pre 2016
4. Date construction/installation completed	Pre 2016
5. Manufacturer	Cummins
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	215 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency Fire Protection

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 50 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 7.9 gal/hr	up to 197.5 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	15ft
14. Exit diameter (ft.)	0.33ft
15. Design flowrate (dscf/min)	1,160 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	PH#4
2. Existing or future?	Existing
3. Date construction/installation commenced	2021
4. Date construction/installation completed	2021
5. Manufacturer	Clarke
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	208 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency Fire Protection

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 50 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 6.6 gal/hr	up to 165 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	83ft
14. Exit diameter (ft.)	0.5ft
15. Design flowrate (dscf/min)	1,540 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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State of Oregon
DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	RA1-ELEC-CPS-GEN01
2. Existing or future?	Existing
3. Date construction/installation commenced	1996
4. Date construction/installation completed	1996
5. Manufacturer	Caterpillar
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	2155 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency power generation

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 113.51 gal/hr	up to 2838 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	95ft
14. Exit diameter (ft.)	0.83ft
15. Design flowrate (dscf/min)	4,144 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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State of Oregon
DEQ Department of Environmental Quality

Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	RA1-ELEC-CPS-GEN02
2. Existing or future?	Existing
3. Date construction/installation commenced	1996
4. Date construction/installation completed	1996
5. Manufacturer	Caterpillar
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	2155 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency power generation

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 113.51 gal/hr	up to 2838 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	95ft
14. Exit diameter (ft.)	0.83ft
15. Design flowrate (dscf/min)	4,144 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	RA1-ELEC-CPS-GEN03
2. Existing or future?	Existing
3. Date construction/installation commenced	1996
4. Date construction/installation completed	1996
5. Manufacturer	Caterpillar
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	2155 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency power generation

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 113.51 gal/hr	up to 2838 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	95ft
14. Exit diameter (ft.)	0.83ft
15. Design flowrate (dscf/min)	4,144 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	RA1-ELEC-CPS-GEN04
2. Existing or future?	Existing
3. Date construction/installation commenced	1996
4. Date construction/installation completed	1996
5. Manufacturer	Caterpillar
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	2155 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency power generation

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 113.51 gal/hr	up to 2838 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	95ft
14. Exit diameter (ft.)	0.83ft
15. Design flowrate (dscf/min)	4,144 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	RB1-EPS-GEN01
2. Existing or future?	Existing
3. Date construction/installation commenced	1998
4. Date construction/installation completed	1998
5. Manufacturer	Caterpillar
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	2876 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency power generation

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 137.5 gal/hr	up to 3437.5 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	95ft
14. Exit diameter (ft.)	1ft
15. Design flowrate (dscf/min)	1,934 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	RP1-EPS-GEN01
2. Existing or future?	Existing
3. Date construction/installation commenced	2000
4. Date construction/installation completed	2000
5. Manufacturer	Caterpillar
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	2848 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency power generation

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 145.4 gal/hr	up to 3635 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	42ft
14. Exit diameter (ft.)	1ft
15. Design flowrate (dscf/min)	5,514 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	RP1-GEN-2
2. Existing or future?	Future
3. Date construction/installation commenced	
4. Date construction/installation completed	
5. Manufacturer	Cummins or equiv
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	2848 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency power generation

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 145.4 gal/hr	up to 3635 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	42ft
14. Exit diameter (ft.)	1ft
15. Design flowrate (dscf/min)	5,514 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	RS4-ELEC-EG-4-1, RS6-ELEC-EG-6-1
2. Existing or future?	Existing
3. Date construction/installation commenced	2005
4. Date construction/installation completed	2005
5. Manufacturer	Caterpillar
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	449 Hp each
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency power generation

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 26.6 gal/hr each	up to 665 gal/yr each
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	18ft
14. Exit diameter (ft.)	0.42ft
15. Design flowrate (dscf/min)	293 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

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Internal Combustion Engines and Turbines

Form DV207

Facility Name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-2

Engine Information

1. Device ID Number	RS6-GEN-2
2. Existing or future?	Future
3. Date construction/installation commenced	
4. Date construction/installation completed	
5. Manufacturer	Cummins or equiv
6. Date manufactured	
7. Maximum rating (MMbtu/hr for turbines, Hp for others)	2885 Hp
8. Control device(s) (yes/no) If yes, enter the description and identification number(s)	No
9. Description and use of engine/turbine:	Emergency power generation

Operating Schedule

10. Projected maximum hours/day	intermittent: maintenance,testing,or emergency
11. Projected maximum hours/year	up to 25 hours per year for M&R testing

Fuel Information

12. Fuel usage:	a. Type	b. Hourly usage	c. Annual usage
Primary	ULS diesel	up to 26.6 gal/hr	up to 665 gal/yr
Back-up	none		
Other			

Stack Information

13. Exit height (ft.)	18ft
14. Exit diameter (ft.)	0.67ft
15. Design flowrate (dscf/min)	4,326 dscfm

Monitoring Information

16. Monitoring equipment			
fuel flow (y/n)	No	recorder? (y/n)	No
engine load (y/n)	Yes	recorder? (y/n)	Yes

Attachment 4: Pollution Control Device Description (CD300 Series)

State of Oregon
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Pollution Control Device Form **FORM CD301**

Electrostatic Precipitator **Answer Sheet**

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	RCTO WESP	RCTO WESP	RCTO WESP	RCTO WESP
2.	ID number or label	D1X-WSP-138-5-20	D1X-WSP-138-6-20	D1X-WSP-138-7-20	D1X-WSP-138-8-20
3.	Date installed	January 2018	January 2018	January 2018	Future
4.	Manufacturer	Beltran	Beltran	Beltran	Beltran or equiv
5	Model number	BTQ-46	BTQ-46	BTQ-46	BTQ-46 or equiv
6.	Type (wet or dry)	wet	wet	wet	wet
7.	Rated efficiency (%)	83% PM2.5	83% PM2.5	83% PM2.5	83% PM2.5
8.	Inlet gas pre-treatment?	D1XM1-VOC138-5-20	D1XM1-VOC138-6-20	D1XM1-VOC138-7-20	D1XM1-VOC138-8-20
9.	Number of fields	1	1	1	1
10.	Design primary voltage	480	480	480	480
11.	Design secondary voltage	70,000	70,000	70,000	70,000
12.	Design primary current	146 AAC	146 AAC	146 AAC	146 AAC
13.	Design secondary current	1500 mADC	1500 mADC	1500 mADC	1500 mADC
14	Design inlet gas flow rate (acfm)	8,000	8,000	8,000	8,000

State of Oregon
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Quality

Pollution Control Device Form
Electrostatic Precipitator

FORM CD301
Answer Sheet

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	Scrubber WESP	Scrubber WESP	Scrubber WESP	Scrubber WESP
2.	ID number or label	D1X-WSP133-1-30	D1X-WSP133-2-30	D1X-WSP133-5-30	D1XM2-WSP133-2-30
3.	Date installed	May 2019	November 2019	January 2019	2018
4.	Manufacturer	Lundberg	Lundberg	Beltran	Lundberg
5	Model number				
6.	Type (wet or dry)	wet	wet	wet	wet
7.	Rated efficiency (%)	90% PM2.5	90% PM2.5	90% PM2.5	90% PM2.5
8.	Inlet gas pre-treatment?	D1X-SC133-1-00	D1X-SC133-2-00	D1X-SC133-5-00	D1XM2-SC133-2-00
9.	Number of fields	1	1	1	1
10.	Design primary voltage	480	480	480	480
11.	Design secondary voltage	70,000	70,000	70,000	70,000
12.	Design primary current	146 AAC	146 AAC	146 AAC	166 AAC
13.	Design secondary current	1500 mADC	1500 mADC	1500 mADC	1715 mADC
14	Design inlet gas flow rate (acfm)	68,000 - 95,000	68,000 - 95,000	68,000 - 95,000	68,000 - 95,000

State of Oregon
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Quality

Pollution Control Device Form **FORM CD301**

Electrostatic Precipitator **Answer Sheet**

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	Scrubber WESP	Scrubber WESP	Scrubber WESP	Scrubber WESP
2.	ID number or label	D1XM2-WSP133-3-30	D1XM2-WSP133-4-30	D1XM2-WSP133-5-30	D1XM3-WSP133-1-30
3.	Date installed	2018	2018	2020	2022
4.	Manufacturer	Lundberg	Lundberg	Lundberg	Lundberg
5	Model number				
6.	Type (wet or dry)	wet	wet	wet	wet
7.	Rated efficiency (%)	90% PM2.5	90% PM2.5	90% PM2.5	90% PM2.5
8.	Inlet gas pre-treatment?	D1XM2-SC133-3-00	D1XM2-SC133-4-00	D1XM2-SC133-5-00	D1XM3-SC133-1-00
9.	Number of fields	1	1	1	1
10.	Design primary voltage	480	480	480	480
11.	Design secondary voltage	70,000	70,000	70,000	70,000
12.	Design primary current	166 AAC	166 AAC	166 AAC	166 AAC
13.	Design secondary current	1715 mADC	1715 mADC	1715 mADC	1715 mADC
14	Design inlet gas flow rate (acfm)	68,000 - 95,000	68,000 - 95,000	68,000 - 95,000	68,000 - 95,000

Pollution Control Device Form **FORM CD301**

Electrostatic Precipitator **Answer Sheet**

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	Scrubber WESP	Scrubber WESP	Scrubber WESP	Scrubber WESP
2.	ID number or label	D1XM3-WSP133-2-30	D1XM3-WSP133-3-30	D1XM3-WSP133-4-30	D1XM3-WSP133-5-30
3.	Date installed	2022	2022	TBD	TBD
4.	Manufacturer	Lundberg	Lundberg	Lundberg or equiv	Lundberg or equiv
5	Model number				
6.	Type (wet or dry)	wet	wet	wet	wet
7.	Rated efficiency (%)	90% PM2.5	90% PM2.5	90% PM2.5	90% PM2.5
8.	Inlet gas pre-treatment?	D1XM3-SC133-2-00	D1XM3-SC133-3-00	D1XM3-SC133-4-00	D1XM3-SC133-5-00
9.	Number of fields	1	1	1	1
10.	Design primary voltage	480	480	480	480
11.	Design secondary voltage	70,000	70,000	70,000	70,000
12.	Design primary current	166 AAC	166 AAC	166 AAC	166 AAC
13.	Design secondary current	1715 mADC	1715 mADC	1715 mADC	1715 mADC
14	Design inlet gas flow rate (acfm)	68,000 - 95,000	68,000 - 95,000	68,000 - 95,000	68,000 - 95,000

State of Oregon
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Environmental
Quality

Pollution Control Device Form **FORM CD301**

Electrostatic Precipitator **Answer Sheet**

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	Scrubber WESP	Scrubber WESP		
2.	ID number or label	RA4-WSP133-1-30	RA4-WSP133-2-30		
3.	Date installed	TBD	TBD		
4.	Manufacturer	Lundberg	Lundberg		
5	Model number				
6.	Type (wet or dry)	wet	wet		
7.	Rated efficiency (%)	90% PM2.5	90% PM2.5		
8.	Inlet gas pre-treatment?	RA4-SC133-1	RA4-SC133-2		
9.	Number of fields	1	1		
10.	Design primary voltage	TBD	TBD		
11.	Design secondary voltage	TBD	TBD		
12.	Design primary current	TBD	TBD		
13.	Design secondary current	TBD	TBD		
14	Design inlet gas flow rate (acfm)	Up to 20,000	Up to 20,000		

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	PSSS	PSSS		
2.	ID number or label	D1XM3-SC134-2-00	D1XM3-SC134-3-00		
3.	Date installed	2021	TBD		
4.	Manufacturer	HEE or equivalent	HEE or equivalent		
5.	Model number	See onsite records	See onsite records		
6.	Type of scrubber	Packed bed	Packed bed		
7.	Rated efficiency (%)	See Below (1)	See Below (1)		
8.	Design water flow rate (gal/min)	544	544		
9.	Design water pressure (psig)	40-60	40-60		
10.	Design inlet gas flow rate (acfm)	40,000	40,000		
11.	Design pressure drop (inches of water column)	0.9	0.9		

(1) For HF and HCl, 90% removal for inlet concentrations > 10 ppmv and < 1 ppmv for inlet concentration < 10 ppmv.

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	EXSC	EXSC	EXSC	PSSS
2.	ID number or label	RB1-SC-133-1-100	RB1-SC-133-2-100	RB1-SC-133-8-100	DIC-SC133-1-200
3.	Date installed	May-1997	May-1997	May-2000	June-2001
4.	Manufacturer	HEE	HEE	HEE	HEE
5.	Model number	See onsite records	See onsite records	See onsite records	See onsite records
6.	Type of scrubber	Packed bed	Packed bed	Packed bed	Packed bed
7.	Rated efficiency (%)	See Below (1)	See Below (1)	See Below (1)	See Below (1)
8.	Design water flow rate (gal/min)	612	612	612	68
9.	Design water pressure (psig)	40-60	40-60	40-60	40-60
10.	Design inlet gas flow rate (acfm)	45,000	45,000	55,000	5,000
11.	Design pressure drop (inches of water column)	1.7	1.7	1.7	1.2

(1) For HF and HCl, 90% removal for inlet concentrations > 10 ppmv and < 1 ppmv for inlet concentration < 10 ppmv.

Pollution Control Device Form **FORM CD302**

Wet Scrubber **Answer Sheet**

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	PSSS	PSSS	PSSS	EXSC
2.	ID number or label	SC-133-1-200	F20-SC-134-1-100	RP1-SC134-1-100	RB1-SC-133-4-100
3.	Date installed	October 2001	September 1995	June 2003	May 2000
4.	Manufacturer	Beverly Pacific	HEE	Beverly Pacific	Beverly Pacific
5.	Model number	See onsite records	See onsite records	See onsite records	See onsite records
6.	Type of scrubber	Packed bed	Packed bed	Packed bed	Packed bed
7.	Rated efficiency (%)	See Below (1)	See Below (1)	See Below (1)	See Below (1)
8.	Design water flow rate (gal/min)	136	748	571	612
9.	Design water pressure (psig)	40-60	40-60	40-60	40-60
10.	Design inlet gas flow rate (acfm)	10,000	55,000	42,000	45,000
11.	Design pressure drop (inches of water column)	2.1	3.0	1.95	1.0

(1) For HF and HCl, 90% removal for inlet concentrations > 10 ppmv and < 1 ppmv for inlet concentration < 10 ppmv.

Pollution Control Device Form **FORM CD302**
Wet Scrubber **Answer Sheet**

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	EXSC	EXSC	PSSS	PSSS
2.	ID number or label	RB1-SC-133-6-100	RB1-SC-133-7-100	D1C-SC134-1-100	D1C-SC134-2-100
3.	Date installed	May 2000	May 2000	July 1999	July 1999
4.	Manufacturer	Beverly Pacific	Beverly Pacific	HEE	HEE
5.	Model number	See onsite records	See onsite records	See onsite records	See onsite records
6.	Type of scrubber	Packed bed	Packed bed	Packed bed	Packed bed
7.	Rated efficiency (%)	See Below (1)	See Below (1)	See Below (1)	See Below (1)
8.	Design water flow rate (gal/min)	612	612	408	408
9.	Design water pressure (psig)	40-60	40-60	40-60	40-60
10.	Design inlet gas flow rate (acfm)	45,000	45,000	30,000	30,000
11.	Design pressure drop (inches of water column)	1.0	1.0	2.59	4.62

(1) For HF and HCl, 90% removal for inlet concentrations > 10 ppmv and < 1 ppmv for inlet concentration < 10 ppmv.

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	PSSS	PSSS	PSSS	PSSS
2.	ID number or label	SC-134-1-100	SC-134-2-100	SC-134-3-100	DIX-SC134-1-00
3.	Date installed	April 2002	April 2002	2004	May 2012
4.	Manufacturer	HEE	HEE	HEE	HEE
5.	Model number	See onsite records	See onsite records	See onsite records	See onsite records
6.	Type of scrubber	Packed bed	Packed bed	Packed bed	Packed bed
7.	Rated efficiency (%)	See Below (1)	See Below (1)	See Below (1)	See Below (1)
8.	Design water flow rate (gal/min)	408	408	408	544
9.	Design water pressure (psig)	40-60	40-60	40-60	40-60
10.	Design inlet gas flow rate (acfm)	50,000	50,000	50,000	40,000
11.	Design pressure drop (inches of water column)	3.14	3.14	4.54	4.3

(1) For HF and HCl, 90% removal for inlet concentrations > 10 ppmv and < 1 ppmv for inlet concentration < 10 ppmv.

Pollution Control Device Form **FORM CD302**

Wet Scrubber **Answer Sheet**

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	PSSS	PSSS	PSSS	PSSS
2.	ID number or label	D1X-SC134-2-00	D1X-SC134-3-00	D1X-SC134-4-00	D1XM2-SC134-1-00
3.	Date installed	May 2012	May 2012	May 2012	June 2014
4.	Manufacturer	HEE	HEE	HEE	HEE
5.	Model number	See onsite records	See onsite records	See onsite records	See onsite records
6.	Type of scrubber	Packed bed	Packed bed	Packed bed	Packed bed
7.	Rated efficiency (%)	See Below (1)	See Below (1)	See Below (1)	See Below (1)
8.	Design water flow rate (gal/min)	544	544	544	544
9.	Design water pressure (psig)	40-60	40-60	40-60	40-60
10.	Design inlet gas flow rate (acfm)	40,000	40,000	40,000	40,000
11.	Design pressure drop (inches of water column)	0.9	0.9	0.9	4.3

(1) For HF and HCl, 90% removal for inlet concentrations > 10 ppmv and < 1 ppmv for inlet concentration < 10 ppmv.

Pollution Control Device Form **FORM CD302**

Wet Scrubber **Answer Sheet**

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	PSSS	PSSS	PSSS	PSSS
2.	ID number or label	D1XM2-SC134-2-00	D1XM2-SC134-3-00	D1XM2-SC134-4-00	D1XM3-SC134-1-00
3.	Date installed	June 2014	June 2014	June 2014	2021
4.	Manufacturer	HEE	HEE	HEE	HEE or equivalent
5.	Model number	See onsite records	See onsite records	See onsite records	See onsite records
6.	Type of scrubber	Packed Bed	Packed Bed	Packed Bed	Packed Bed
7.	Rated efficiency (%)	See Below (1)	See Below (1)	See Below (1)	See Below (1)
8.	Design water flow rate (gal/min)	544	544	544	544
9.	Design water pressure (psig)	40-60	40-60	40-60	40-60
10.	Design inlet gas flow rate (acfm)	40,000	40,000	40,000	40,000
11.	Design pressure drop (inches of water column)	0.9	0.9	0.9	0.9

(1) For HF and HCl, 90% removal for inlet concentrations > 10 ppmv and < 1 ppmv for inlet concentration < 10 ppmv.

Pollution Control Device Form **FORM CD302**

Wet Scrubber **Answer Sheet**

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	PSSS	PSSS	PSSS	PSSS
2.	ID number or label	D1XM4-SC134-1-00	D1XM4-SC134-2-00	F15-SC7-1-7	F15-SC7-2-7
3.	Date installed	TBD	TBD	1992	2024
4.	Manufacturer	HEE or equivalent	HEE or equivalent	Harrington	TBD
5.	Model number	See onsite records	See onsite records	See onsite records	See onsite records
6.	Type of scrubber	Packed Bed	Packed Bed	Packed Bed	Packed Bed
7.	Rated efficiency (%)	See Below (1)	See Below (1)	See Below (1)	See Below (1)
8.	Design water flow rate (gal/min)	1,292	1,292	394	136
9.	Design water pressure (psig)	40-60	40-60	50-70	TBD
10.	Design inlet gas flow rate (acfm)	95,000	95,000	29,000	TBD
11.	Design pressure drop (inches of water column)	TBD	TBD	0 - 2.6" WC	TBD

(1) For HF and HCl, 90% removal for inlet concentrations > 10 ppmv and < 1 ppmv for inlet concentration < 10 ppmv.

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	PSSS	PSSS	PSSS	PSSS
2.	ID number or label	RAWTR1-TK909-1-1	RAWTR1-TK909-2-1	RAWTR1-TK909-3-1	RAWTR1-TK909-4-1
3.	Date installed	TBD	TBD	TBD	TBD
4.	Manufacturer	TBD	TBD	TBD	TBD
5.	Model number	TBD	TBD	TBD	TBD
6.	Type of scrubber	Packed Bed	Packed Bed	Packed Bed	Packed Bed
7.	Rated efficiency (%)	NA (odor scrubber)	NA (odor scrubber)	NA (odor scrubber)	NA (odor scrubber)
8.	Design water flow rate (gal/min)	TBD	TBD	TBD	TBD
9.	Design water pressure (psig)	TBD	TBD	TBD	TBD
10.	Design inlet gas flow rate (acfm)	TBD	TBD	TBD	TBD
11.	Design pressure drop (inches of water column)	TBD	TBD	TBD	TBD

Pollution Control Device Form **FORM CD302**

Wet Scrubber **Answer Sheet**

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	EXAM	EXAM	EXAM	EXAM
2.	ID number or label	D1XM3-SC142-1-00	D1XM3-SC142-2-00	D1XM3-SC142-3-00	D1XM3-SC142-4-00
3.	Date installed	2021	2021	TBD	TBD
4.	Manufacturer	HEE	HEE	HEE	HEE
5.	Model number	See onsite records	See onsite records	NA	NA
6.	Type of scrubber	Packed bed	Packed bed	Packed bed	Packed bed
7.	Rated efficiency (%)	~90% for NH3	~90% for NH3	~90% for NH3	~90% for NH3
8.	Design water flow rate (gal/min)	1323	1323	1323	1323
9.	Design water pressure (psig)	40-60	40-60	40-60	40-60
10.	Design inlet gas flow rate (acfm)	95,000	95,000	95,000	95,000
11.	Design pressure drop (inches of water column)	-3.7	-3.7	-3.7	-3.7

Pollution Control Device Form **FORM CD302**

Wet Scrubber **Answer Sheet**

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	EXAM	EXAM	EXAM	EXAM
2.	ID number or label	D1XM4-SC142-1-00	D1XM4-SC142-2-00	D1C-SC142-3-100	D1C-SC142-4-100
3.	Date installed	TBD	TBD	2008	2008
4.	Manufacturer	HEE	HEE	HEE	HEE
5.	Model number	NA	NA	See onsite records	See onsite records
6.	Type of scrubber	Packed bed	Packed bed	Packed bed	Packed bed
7.	Rated efficiency (%)	~90% for NH3	~90% for NH3	~90% for NH3	~90% for NH3
8.	Design water flow rate (gal/min)	1323	1323	408	408
9.	Design water pressure (psig)	40-60	40-60	40-60	40-60
10.	Design inlet gas flow rate (acfm)	95,000	95,000	30,000	30,000
11.	Design pressure drop (inches of water column)	1.0	1.0	1.9	1.9

Pollution Control Device Form **FORM CD302**

Wet Scrubber **Answer Sheet**

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	EXAM	EXAM	EXAM	EXAM
2.	ID number or label	D1C-SC142-5-100	SC-142-1-100	SC-142-2-100	SC-142-3-100
3.	Date installed	2014	2002	2004	2004
4.	Manufacturer	HEE	HEE	HEE	HEE
5.	Model number	See onsite records	See onsite records	See onsite records	See onsite records
6.	Type of scrubber	Packed bed	Packed bed	Packed bed	Packed bed
7.	Rated efficiency (%)	~90% for NH3	~90% for NH3	~90% for NH3	~90% for NH3
8.	Design water flow rate (gal/min)	408	109	109	109
9.	Design water pressure (psig)	40-60	40-60	40-60	40-60
10.	Design inlet gas flow rate (acfm)	30,000	8,000	8,000	8,000
11.	Design pressure drop (inches of water column)	1.0	1.21	1.21	1.21

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	EXAM	EXAM	EXAM	EXAM
2.	ID number or label	SC-142-4-100	SC-142-5-100	SC142-21-100	SC142-22-100
3.	Date installed	2005	2008	2008	2008
4.	Manufacturer	HEE	HEE	HEE	HEE
5.	Model number	See onsite records	See onsite records	See onsite records	See onsite records
6.	Type of scrubber	Packed bed	Packed bed	Packed bed	Packed bed
7.	Rated efficiency (%)	~90% for NH3	~90% for NH3	~90% for NH3	~90% for NH3
8.	Design water flow rate (gal/min)	109	109	354	354
9.	Design water pressure (psig)	40-60	40-60	40-60	40-60
10.	Design inlet gas flow rate (acfm)	8,000	8,000	26,000	26,000
11.	Design pressure drop (inches of water column)	1.21	1.21	1.5	1.5

Pollution Control Device Form **FORM CD302**

Wet Scrubber **Answer Sheet**

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	EXAM	EXAM	EXAM	EXAM
2.	ID number or label	SC142-23-100	D1X-SC142-1-11	D1X-SC142-2-11	D1X-SC142-3-11
3.	Date installed	2008	2012	2012	2013
4.	Manufacturer	HEE	HEE	HEE	HEE
5.	Model number	See onsite records	See onsite records	See onsite records	See onsite records
6.	Type of scrubber	Packed bed	Packed bed	Packed bed	Packed bed
7.	Rated efficiency (%)	~90% for NH3	~90% for NH3	~90% for NH3	~90% for NH3
8.	Design water flow rate (gal/min)	354	544	544	544
9.	Design water pressure (psig)	40-60	40-60	40-60	40-60
10.	Design inlet gas flow rate (acfm)	26,000	40,000	40,000	40,000
11.	Design pressure drop (inches of water column)	1.5	0.9	0.9	0.9

Pollution Control Device Form **FORM CD302**

Wet Scrubber **Answer Sheet**

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	EXAM	EXAM	EXAM	EXAM
2.	ID number or label	RB1-SC-142-1-100	RB1-SC-142-2-100	RB1-SC-142-3-100	RP1-SC142-1-100
3.	Date installed	1997	1997	TBD	TBD
4.	Manufacturer	HEE	Beverly Pacific	HEE or equivalent	HEE or equivalent
5.	Model number	See onsite records	See onsite records	NA	NA
6.	Type of scrubber	Packed bed	Packed bed	Packed bed	Packed bed
7.	Rated efficiency (%)	~90% for NH3	~90% for NH3	~90% for NH3	~90% for NH3
8.	Design water flow rate (gal/min)	340	517	517	140
9.	Design water pressure (psig)	40-60	40-60	40-60	40-60
10.	Design inlet gas flow rate (acfm)	25,000	25,000	25,000	8,000
11.	Design pressure drop (inches of water column)	1.5	1.0	1.5	1.21

Pollution Control Device Form **FORM CD302**

Wet Scrubber **Answer Sheet**

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	EXAM	EXAM	EXAM	EXAM
2.	ID number or label	D1XM2-SC142-4-00	SC142-24-100	SC142-25-100	D1X-SC142-5-00
3.	Date installed	May 2018	TBD	TBD	TBD
4.	Manufacturer	HEE	HEE or equivalent	HEE or equivalent	HEE or equivalent
5.	Model number	NA	NA	NA	NA
6.	Type of scrubber	Packed bed	Packed bed	Packed bed	Packed bed
7.	Rated efficiency (%)	~90% for NH3	~90% for NH3	~90% for NH3	~90% for NH3
8.	Design water flow rate (gal/min)	544	1,008	1,008	1,323
9.	Design water pressure (psig)	40-60	40-60	40-60	40-60
10.	Design inlet gas flow rate (acfm)	95,000	75,000	75,000	95,000
11.	Design pressure drop (inches of water column)	0.9	3.14	3.1	3.1

Pollution Control Device Form **FORM CD302**

Wet Scrubber **Answer Sheet**

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	EXAM	EXAM	EXAM	EXAM
2.	ID number or label	D1XM2-SC142-1-00	D1XM2-SC142-2-00	D1XM2-SC142-3-00	D1X-SC142-4-11
3.	Date installed	2018	2018	TBD	2015
4.	Manufacturer	HEE	HEE	HEE or equivalent	HEE
5.	Model number	See onsite records	See onsite records	NA	See onsite records
6.	Type of scrubber	Packed bed	Packed bed	Packed bed	Packed bed
7.	Rated efficiency (%)	~90% for NH3	~90% for NH3	~90% for NH3	~90% for NH3
8.	Design water flow rate (gal/min)	544	544	544	544
9.	Design water pressure (psig)	40-60	40-60	40-60	40-60
10.	Design inlet gas flow rate (acfm)	40000	40000	40000	40000
11.	Design pressure drop (inches of water column)	0.9	0.9	0.9	0.9

Pollution Control Device Form **FORM CD302**

Wet Scrubber **Answer Sheet**

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	EXSC	EXSC	EXSC	EXSC
2.	ID number or label	F20-SC133-1-111	F20-SC133-2-111	F20-SC133-3-111	D1C-SC133-1-100
3.	Date installed	1996	1996	1996	July 1999
4.	Manufacturer	HEE	HEE	HEE	HEE
5.	Model number	See onsite records	See onsite records	See onsite records	See onsite records
6.	Type of scrubber	Packed bed	Packed bed	Packed bed	Packed bed
7.	Rated efficiency (%)	See Below (1)	See Below (1)	See Below (1)	See Below (1)
8.	Design water flow rate (gal/min)	748	748	748	680
9.	Design water pressure (psig)	40-60	40-60	40-60	40-60
10.	Design inlet gas flow rate (acfm)	55,000	55,000	55,000	50,000
11.	Design pressure drop (inches of water column)	1.7	1.7	1.7	1.93

(1) For HF and HCl, 90% removal for inlet concentrations > 10 ppmv and < 1 ppmv for inlet concentration < 10 ppmv.

Pollution Control Device Form **FORM CD302**

Wet Scrubber **Answer Sheet**

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	EXSC	EXSC	EXSC	EXSC
2.	ID number or label	D1C-SC133-2-100	D1C-SC133-3-100	D1C-SC133-4-100	SC-133-1-100
3.	Date installed	July 1999	July 1999	July 1999	May 2002
4.	Manufacturer	HEE	HEE	HEE	HEE
5.	Model number	See onsite records	See onsite records	See onsite records	See onsite records
6.	Type of scrubber	Packed bed	Packed bed	Packed bed	Packed bed
7.	Rated efficiency (%)	See Below (1)	See Below (1)	See Below (1)	See Below (1)
8.	Design water flow rate (gal/min)	680	680	680	680
9.	Design water pressure (psig)	40-60	40-60	40-60	40-60
10.	Design inlet gas flow rate (acfm)	50,000	50,000	50,000	50,000
11.	Design pressure drop (inches of water column)	1.93	1.93	1.93	2.1

(1) For HF and HCl, 90% removal for inlet concentrations > 10 ppmv and < 1 ppmv for inlet concentration < 10 ppmv.

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	EXSC	EXSC	EXSC	EXSC
2.	ID number or label	SC-133-2-100	SC-133-3-100	SC-133-4-100	SC-133-5-100
3.	Date installed	2003	2002	2004	2000
4.	Manufacturer	HEE	HEE	HEE	HEE
5.	Model number	See onsite records	See onsite records	See onsite records	See onsite records
6.	Type of scrubber	Packed bed	Packed bed	Packed bed	Packed bed
7.	Rated efficiency (%)	See Below (1)	See Below (1)	See Below (1)	See Below (1)
8.	Design water flow rate (gal/min)	680	680	680	680
9.	Design water pressure (psig)	40-60	40-60	40-60	40-60
10.	Design inlet gas flow rate (acfm)	50,000	50,000	50,000	50,000
11.	Design pressure drop (inches of water column)	2.1	2.1	2.1	2.2

(1) For HF and HCl, 90% removal for inlet concentrations > 10 ppmv and < 1 ppmv for inlet concentration < 10 ppmv.

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	EXSC	EXSC	EXSC	EXSC
2.	ID number or label	SC-133-6-100	D1X-SC133-1-00	D1X-SC133-2-00	D1X-SC133-3-00
3.	Date installed	2000	2012	2012	2013
4.	Manufacturer	HEE	HEE	HEE	HEE
5.	Model number	See onsite records	See onsite records	See onsite records	See onsite records
6.	Type of scrubber	Packed bed	Packed bed	Packed bed	Packed bed
7.	Rated efficiency (%)	See Below (1)	See Below (1)	See Below (1)	See Below (1)
8.	Design water flow rate (gal/min)	680	1292	1292	1292
9.	Design water pressure (psig)	40-60	40-60	40-60	40-60
10.	Design inlet gas flow rate (acfm)	50,000	95,000	95,000	95,000
11.	Design pressure drop (inches of water column)	1.0	1.0	1.0	1.0

(1) For HF and HCl, 90% removal for inlet concentrations > 10 ppmv and < 1 ppmv for inlet concentration < 10 ppmv.

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	EXSC	EXSC	EXSC	EXSC
2.	ID number or label	D1X-SC133-4-100	D1X-SC133-5-100	D1XM2-SC133-2-00	D1XM2-SC133-3-00
3.	Date installed	2013	2016	2018	2018
4.	Manufacturer	HEE	HEE	HEE	HEE
5.	Model number	See onsite records	See onsite records	See onsite records	See onsite records
6.	Type of scrubber	Packed bed	Packed bed	Packed bed	Packed bed
7.	Rated efficiency (%)	See Below (1)	See Below (1)	See Below (1)	See Below (1)
8.	Design water flow rate (gal/min)	1292	1292	1292	1292
9.	Design water pressure (psig)	40-60	40-60	40-60	40-60
10.	Design inlet gas flow rate (acfm)	95,000	95,000	95,000	95,000
11.	Design pressure drop (inches of water column)	1.0	1.0	1.0	1.0

(1) For HF and HCl, 90% removal for inlet concentrations > 10 ppmv and < 1 ppmv for inlet concentration < 10 ppmv.

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	EXSC	EXSC	EXSC	EXSC
2.	ID number or label	D1XM2-SC133-4-00	D1XM2-SC133-5-00	D1XM3-SC133-1-00	D1XM3-SC133-2-00
3.	Date installed	2018	2020	2022	2022
4.	Manufacturer	HEE	HEE	HEE	HEE
5.	Model number	See onsite records	See onsite records	See onsite records	See onsite records
6.	Type of scrubber	Packed bed	Packed bed	Packed bed	Packed bed
7.	Rated efficiency (%)	See Below (1)	See Below (1)	See Below (1)	See Below (1)
8.	Design water flow rate (gal/min)	1292	1292	1292	1292
9.	Design water pressure (psig)	40-60	40-60	40-60	40-60
10.	Design inlet gas flow rate (acfm)	95,000	95,000	95,000	95,000
11.	Design pressure drop (inches of water column)	1.0	1.0	1.0	1.0

(1) For HF and HCl, 90% removal for inlet concentrations > 10 ppmv and < 1 ppmv for inlet concentration < 10 ppmv.

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	EXSC	EXSC	EXSC	EXSC
2.	ID number or label	D1XM3-SC133-3-00	D1XM3-SC133-4-00	D1XM3-SC133-5-00	RA4-SC133-1
3.	Date installed	2022	Future	Future	Future
4.	Manufacturer	HEE	HEE	HEE	HEE
5.	Model number	See onsite records	See onsite records	See onsite records	See onsite records
6.	Type of scrubber	Packed bed	Packed bed	Packed bed	Packed bed
7.	Rated efficiency (%)	See Below (1)	See Below (1)	See Below (1)	See Below (1)
8.	Design water flow rate (gal/min)	1292	1292	1292	272
9.	Design water pressure (psig)	40-60	40-60	40-60	40-60
10.	Design inlet gas flow rate (acfm)	95,000	95,000	95,000	20,000
11.	Design pressure drop (inches of water column)	1.0	1.0	1.0	0.9

(1) For HF and HCl, 90% removal for inlet concentrations > 10 ppmv and < 1 ppmv for inlet concentration < 10 ppmv.

Pollution Control Device Form **FORM CD302**

Wet Scrubber **Answer Sheet**

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	EXSC	EXSC	EXSC	EXSC
2.	ID number or label	RP1-SC133-1-100	RP1-SC133-2-100	F15-SC7-1-1	F15-SC7-1-2
3.	Date installed	2003	2003	1992	1992
4.	Manufacturer	Beverly Pacific Co.	HEE	Beverly Pacific Co.	Harrington Industrial
5.	Model number	See onsite records	See onsite records	See onsite records	See onsite records
6.	Type of scrubber	Packed bed	Packed bed	Packed bed	Packed bed
7.	Rated efficiency (%)	See Below (1)	See Below (1)	See Below (1)	See Below (1)
8.	Design water flow rate (gal/min)	544	544	816	816
9.	Design water pressure (psig)	40-60	40-60	40-50	40-50
10.	Design inlet gas flow rate (acfm)	38,000	42,000	60,000	60,000
11.	Design pressure drop (inches of water column)	2.15	1.72	0-2 range	0-2 range

(1) For HF and HCl, 90% removal for inlet concentrations > 10 ppmv and < 1 ppmv for inlet concentration < 10 ppmv.

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	EXSC	EXSC	EXSC	EXSC
2.	ID number or label	MSB-SC133-1	MSB-SC133-2	MSB-SC133-3	RA4-SC133-2
3.	Date installed	2023	2023	2023	TBD
4.	Manufacturer	HEE	HEE	HEE	HEE or equivalent
5.	Model number	See onsite records	See onsite records	See onsite records	NA
6.	Type of scrubber	Packed bed	Packed bed	Packed bed	Packed bed
7.	Rated efficiency (%)	See Below (1)	See Below (1)	See Below (1)	See Below (1)
8.	Design water flow rate (gal/min)	1323	1323	1323	272
9.	Design water pressure (psig)	40-60	40-60	40-60	40-60
10.	Design inlet gas flow rate (acfm)	95,000	95,000	95,000	20,000
11.	Design pressure drop (inches of water column)	3.1	3.1	3.1	-0.9

(1) For HF and HCl, 90% removal for inlet concentrations > 10 ppmv and < 1 ppmv for inlet concentration < 10 ppmv.

Pollution Control Device Form **FORM CD302**

Wet Scrubber **Answer Sheet**

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	EXSC	EXSC	EXSC	EXSC
2.	ID number or label	RP1-SC133-3-100	D1XM4-SC133-1-00	D1XM4-SC133-2-00	D1XM4-SC133-3-00
3.	Date installed	Future	Future	Future	Future
4.	Manufacturer	HEE or equivalent	HEE or equivalent	HEE or equivalent	HEE or equivalent
5.	Model number	See onsite records	See onsite records	See onsite records	See onsite records
6.	Type of scrubber	Packed bed	Packed bed	Packed bed	Packed bed
7.	Rated efficiency (%)	See Below (1)	See Below (1)	See Below (1)	See Below (1)
8.	Design water flow rate (gal/min)	680	1292	1292	1292
9.	Design water pressure (psig)	40-60	40-60	40-60	40-60
10.	Design inlet gas flow rate (acfm)	38,000	95,000	95,000	95,000
11.	Design pressure drop (inches of water column)	1.0	1.0	1.0	1.0

(1) For HF and HCl, 90% removal for inlet concentrations > 10 ppmv and < 1 ppmv for inlet concentration < 10 ppmv.

Pollution Control Device Form **FORM CD302**
Wet Scrubber **Answer Sheet**

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	EXSC	EXSC		
2.	ID number or label	D1A-SC133-1-00	D1A-SC133-2-00		
3.	Date installed	Future	Future		
4.	Manufacturer	HEE or equivalent	HEE or equivalent		
5.	Model number	See onsite records	See onsite records		
6.	Type of scrubber	Packed bed	Packed bed		
7.	Rated efficiency (%)	See Below (1)	See Below (1)		
8.	Design water flow rate (gal/min)	748	748		
9.	Design water pressure (psig)	40-60	40-60		
10.	Design inlet gas flow rate (acfm)	55000	55000		
11.	Design pressure drop (inches of water column)	1	1		

(1) For HF and HCl, 90% removal for inlet concentrations > 10 ppmv and < 1 ppmv for inlet concentration < 10 ppmv.

Pollution Control Device Form **FORM CD302**

Wet Scrubber **Answer Sheet**

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	EXSC	EXSC	EXSC	EXSC
2.	ID number or label	F15-SC7-1-3	F15-SC7-1-4	F15-SC7-1-5	F15-SC7-1-6
3.	Date installed	1992	1992	1992	1992
4.	Manufacturer	Harrington Industrial	Harrington Industrial	Harrington Industrial	Beverly Pacific Co.
5.	Model number	See onsite records	See onsite records	See onsite records	See onsite records
6.	Type of scrubber	Packed bed	Packed bed	Packed bed	Packed bed
7.	Rated efficiency (%)	See Below (1)	See Below (1)	See Below (1)	See Below (1)
8.	Design water flow rate (gal/min)	1156	1156	816	816
9.	Design water pressure (psig)	40-50	40-50	40-50	40-50
10.	Design inlet gas flow rate (acfm)	85,000	85,000	60,000	60,000
11.	Design pressure drop (inches of water column)	0-2.1 range	0-2.1 range	0-2.3 range	0-2 range

(1) For HF and HCl, 90% removal for inlet concentrations > 10 ppmv and < 1 ppmv for inlet concentration < 10 ppmv.

Pollution Control Device Form **FORM CD302**

Wet Scrubber **Answer Sheet**

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	PSSS	PSSS	PSSS	
2.	ID number or label	D1XM3-SC134-4-00	PUB1-SC133-1-00	PUB1-SC133-2-00	
3.	Date installed	TBD	1997	TBD	
4.	Manufacturer	HEE or equivalent	HEE	HEE or equivalent	
5.	Model number	NA	See onsite records	NA	
6.	Type of scrubber	Packed bed	Packed bed	Packed bed	
7.	Rated efficiency (%)	See Below (1)	See Below (1)	See Below (1)	
8.	Design water flow rate (gal/min)	544	272	272	
9.	Design water pressure (psig)	40-60	40-60	40-60	
10.	Design inlet gas flow rate (acfm)	40,000	20,000	20,000	
11.	Design pressure drop (inches of water column)	0.9	0.9	0.9	

(1) For HF and HCl, 90% removal for inlet concentrations > 10 ppmv and < 1 ppmv for inlet concentration < 10 ppmv.

Pollution Control Device Form **FORM CD302**

Wet Scrubber **Answer Sheet**

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	PSSS			
2.	ID number or label	F15-SC7-2-12			
3.	Date installed	1992			
4.	Manufacturer	Harrington Industrial			
5.	Model number	See onsite records			
6.	Type of scrubber	Packed bed			
7.	Rated efficiency (%)	See Below (1)			
8.	Design water flow rate (gal/min)	136			
9.	Design water pressure (psig)	50-70			
10.	Design inlet gas flow rate (acfm)	10,000			
11.	Design pressure drop (inches of water column)	0"-1.5"			

(1) For HF and HCl, 90% removal for inlet concentrations > 10 ppmv and < 1 ppmv for inlet concentration < 10 ppmv.

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	RCTO			
2.	ID number or label	D1XM2 -VOC138-5-20			
3.	Date installed	TBD			
4.	Manufacturer	Anguil or equiv			
5.	Model number	NA			
6.	Type of incinerator	thermal oxidizer			
7.	Rated efficiency (%)	greater than 95%			
8.	Design inlet gas flow rate (acfm)	90,000			
9.	Design temperature (°F)	1400			
10.	Design residence time (seconds)	>/= 0.5 second			

11. Schematic and residence time calculations:

See attached typical schematic and calculation.

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	RCTO	RCTO	RCTO	RCTO
2.	ID number or label	F20-VOC138-1-100	F20-VOC138-2-100	F20-VOC138-3-100	D1C-VOC138-1-120
3.	Date installed	2013	2013	2016	2001
4.	Manufacturer	Munters	Munters	Munters	Munters
5.	Model number	See onsite records	See onsite records	See onsite records	See onsite records
6.	Type of incinerator	thermal oxidizer	thermal oxidizer	thermal oxidizer	thermal oxidizer
7.	Rated efficiency (%)	greater than 95%	greater than 95%	greater than 95%	greater than 95%
8.	Design inlet gas flow rate (acfm)	35,000	35,000	35,000	35,000
9.	Design temperature (°F)	1400	1400	1400	1400
10.	Design residence time (seconds)	>/= 0.5 second	>/= 0.5 second	>/= 0.5 second	>/= 0.5 second

11. Schematic and residence time calculations:

See attached typical schematic and calculation.

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	RCTO	RCTO	RCTO	RCTO
2.	ID number or label	D1C-VOC138-2-120	D1C-VOC138-3-120	VOC-138-1-120	VOC-138-2-120
3.	Date installed	2001	2001	2002	2002
4.	Manufacturer	Munters	Munters	Munters	Munters
5.	Model number	See onsite records	See onsite records	See onsite records	See onsite records
6.	Type of incinerator	thermal oxidizer	thermal oxidizer	thermal oxidizer	thermal oxidizer
7.	Rated efficiency (%)	greater than 95%	greater than 95%	greater than 95%	greater than 95%
8.	Design inlet gas flow rate (acfm)	35,000	35,000	25,000	25,000
9.	Design temperature (°F)	1400	1400	1400	1400
10.	Design residence time (seconds)	>/= 0.5 second	>/= 0.5 second	>/= 0.5 second	>/= 0.5 second

11. Schematic and residence time calculations:

See attached typical schematic and calculation.

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	RCTO	RCTO	RCTO	RCTO
2.	ID number or label	VOC-138-3-120	VOC-138-4-120	VOC-138-5-120	VOC-138-6-120
3.	Date installed	2004	2004	Future	Future
4.	Manufacturer	Munters	Munters	Anguil or equiv	Anguil or equiv
5.	Model number	See onsite records	See onsite records	NA	NA
6.	Type of incinerator	thermal oxidizer	thermal oxidizer	thermal oxidizer	thermal oxidizer
7.	Rated efficiency (%)	greater than 95%	greater than 95%	greater than 95%	greater than 95%
8.	Design inlet gas flow rate (acfm)	35,000	35,000	120,000	120,000
9.	Design temperature (°F)	1400	1400	1400	1400
10.	Design residence time (seconds)	>/= 0.5 second	>/= 0.5 second	>/= 0.5 second	>/= 0.5 second

11. Schematic and residence time calculations:

See attached typical schematic and calculation.

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	RCTO	RCTO	RCTO	RCTO
2.	ID number or label	D1XM1-VOC138-1-20	D1XM1-VOC138-2-20	D1XM1-VOC138-3-20	D1XM1-VOC138-4-20
3.	Date installed	2012	2012	2013	2014
4.	Manufacturer	Munters	Munters	Munters	Munters
5.	Model number	See onsite records	See onsite records	See onsite records	See onsite records
6.	Type of incinerator	thermal oxidizer	thermal oxidizer	thermal oxidizer	thermal oxidizer
7.	Rated efficiency (%)	greater than 95%	greater than 95%	greater than 95%	greater than 95%
8.	Design inlet gas flow rate (acfm)	40,000	40,000	40,000	40,000
9.	Design temperature (°F)	1400	1400	1400	1400
10.	Design residence time (seconds)	>/= 0.5 second	>/= 0.5 second	>/= 0.5 second	>/= 0.5 second

11. Schematic and residence time calculations:

See attached typical schematic and calculation.

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	RCTO	RCTO	RCTO	RCTO
2.	ID number or label	D1XM1-VOC138-5-20	D1XM1-VOC138-6-20	D1XM1-VOC138-7-20	D1XM1-VOC138-8-20
3.	Date installed	2015	2015	2016	Future
4.	Manufacturer	Anguil	Anguil	Anguil	Anguil or equiv
5.	Model number	See onsite records	See onsite records	See onsite records	See onsite records
6.	Type of incinerator	thermal oxidizer	thermal oxidizer	thermal oxidizer	thermal oxidizer
7.	Rated efficiency (%)	greater than 95%	greater than 95%	greater than 95%	greater than 95%
8.	Design inlet gas flow rate (acfm)	90,000	90,000	90,000	90,000
9.	Design temperature (°F)	1400	1400	1400	1400
10.	Design residence time (seconds)	>/= 0.5 second	>/= 0.5 second	>/= 0.5 second	>/= 0.5 second

11. Schematic and residence time calculations:

See attached typical schematic and calculation.

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	RCTO	RCTO	RCTO	RCTO
2.	ID number or label	D1XM2 -VOC138-1-20	D1XM2 -VOC138-2-20	D1XM2 -VOC138-3-20	D1XM2 -VOC138-4-20
3.	Date installed	2018	2018	2021	2021
4.	Manufacturer	Anguil	Anguil	Anguil	Anguil
5.	Model number	See onsite records	See onsite records	See onsite records	See onsite records
6.	Type of incinerator	thermal oxidizer	thermal oxidizer	thermal oxidizer	thermal oxidizer
7.	Rated efficiency (%)	greater than 95%	greater than 95%	greater than 95%	greater than 95%
8.	Design inlet gas flow rate (acfm)	120,000	120,000	120,000	120,000
9.	Design temperature (°F)	1400	1400	1400	1400
10.	Design residence time (seconds)	>/= 0.5 second	>/= 0.5 second	>/= 0.5 second	>/= 0.5 second

11. Schematic and residence time calculations:

See attached typical schematic and calculation.

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	RCTO	RCTO	RCTO	RCTO
2.	ID number or label	D1XM3-VOC138-1-20	D1XM3-VOC138-2-20	D1XM3-VOC138-3-20	D1XM3-VOC138-4-20
3.	Date installed	Future	Future	Future	Future
4.	Manufacturer	Anguil or equiv	Anguil or equiv	Anguil or equiv	Anguil or equiv
5.	Model number	NA	NA	NA	NA
6.	Type of incinerator	thermal oxidizer	thermal oxidizer	thermal oxidizer	thermal oxidizer
7.	Rated efficiency (%)	greater than 95%	greater than 95%	greater than 95%	greater than 95%
8.	Design inlet gas flow rate (acfm)	120,000	120,000	120,000	120,000
9.	Design temperature (°F)	1400	1400	1400	1400
10.	Design residence time (seconds)	>/= 0.5 second	>/= 0.5 second	>/= 0.5 second	>/= 0.5 second

11. Schematic and residence time calculations:

See attached typical schematic and calculation.

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	RCTO	RCTO	RCTO	RCTO
2.	ID number or label	D1XM3-VOC138-5-20	F15-VOC-138-1-10	F15-VOC-138-2-10	F15-VOC-138-3-10
3.	Date installed	Future	2003	2008	2020
4.	Manufacturer	Anguil or equiv	Munter	Munter	Munter
5.	Model number	NA	NA	NA	NA
6.	Type of incinerator	thermal oxidizer	thermal oxidizer	thermal oxidizer	thermal oxidizer
7.	Rated efficiency (%)	greater than 95%	greater than 95%	greater than 95%	greater than 95%
8.	Design inlet gas flow rate (acfm)	120,000	23,000	23,000	23,000
9.	Design temperature (°F)	1400	1400	1400	1400
10.	Design residence time (seconds)	>/= 0.5 second	>/= 0.5 second	>/= 0.5 second	>/= 0.5 second

11. Schematic and residence time calculations:

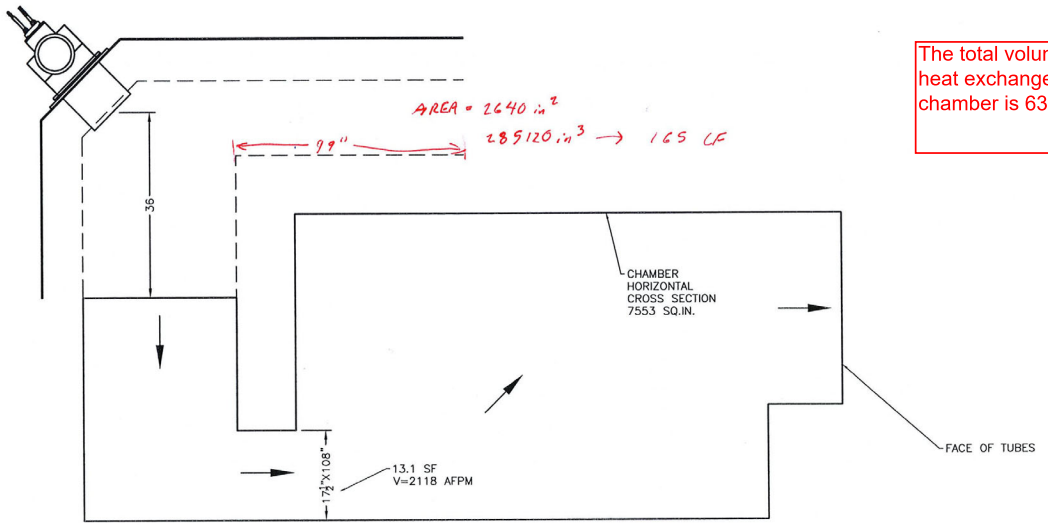
See attached typical schematic and calculation.

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	RCTO	RCTO	RCTO	RCTO
2.	ID number or label	F15-VOC-138-4-10	F15-VOC-138-5-10	D1B-VOC138-4-100	D1B-VOC138-5-100
3.	Date installed	Future	Future	2024	2024
4.	Manufacturer	Munter or equiv	Munter or equiv	Anguil	Anguil
5.	Model number	NA	NA	See onsite Records	See onsite records
6.	Type of incinerator	thermal oxidizer	thermal oxidizer	thermal oxidizer	thermal oxidizer
7.	Rated efficiency (%)	greater than 95%	greater than 95%	greater than 95%	greater than 95%
8.	Design inlet gas flow rate (acfm)	35,000	25,000	120,000	120,000
9.	Design temperature (°F)	1400	1400	1400	1400
10.	Design residence time (seconds)	>/= 0.5 second	>/= 0.5 second	>/= 0.5 second	>/= 0.5 second

11. Schematic and residence time calculations:

See attached typical schematic and calculation.



The total volume of the thermal oxidizer from the heat exchanger inlet to the exit of the combustion chamber is 637 Cubic Feet.

MODEL 75 RESIDENCE:
CHAMBER HEIGHT: 108"
7500x((1500+460)/530)/60
=462 CF REQ'D FOR 1 SEC RESIDENCE

ACTUAL: 7553 SQ.IN. X108 IN HIGH
=472 CF
1.0sec

TOTAL = 637 CF

ANGUIL ENVIRONMENTAL SYSTEMS, INC.
MILWAUKEE, WISCONSIN

TITLE: MODEL 75 THERMAL OXIDIZER
RESIDENCE TIME DRAWING

DRAWING NO. 17958-8
SCALE 1"=1'-0"
REV.

DRAWN JPW DATE 11NOV14
CHECKED DATE
APPROVED DATE
LAST DRAWN DATE

CUSTOMER
SEMICONDUCTOR POR
D1XEXVO 90K UPGRADE
CW900-T075-OR

SOURCE
PAGE 1 OF 1
LAST PLOT BY DATE
AUTOCAD PATH H:\CAD\JOBS\17958

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	EU-Other Arsenic Specialty Exhaust (EXSP)
2.	ID number or label	MSB-EF140-1, MSB-EF140-2, D1XM4-EF-140-1-00, D1XM4-EF-140-2-00
3.	Date installed	All future TBD
4.	Manufacturer	Flanders or equivalent
5.	Model number	VFH406
6.	Type of device (describe) High efficiency particulate air (HEPA) filter	
7.	Rated efficiency (%)	99.99%
8.	Design inlet gas flow rate (acfm)	6000 each

Pollution Control Device Form **FORM CD306**

Other Pollution Control Devices **Answer Sheet**

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	EU-Other Arsenic Specialty Exhaust EXSP
2.	ID number or label	D1C-EF-140-1-100, EF-140-2-100, EF-140-1-100, EF-140-51-00, EF-140-52-00
3.	Date installed	D1C-EF-140-1-100 (May-98) EF-140-1-100 (Oct-02) EF-140-2-100 (Jun-02) EF-140-51-00 and EF-140-52-00 (2023)
4.	Manufacturer	Flanders or equivalent
5.	Model number	VFH406
6.	Type of device (describe) Device IDs: D1C-EF-140-1-100, EF-140-2-100, EF-140-1-100, EF-140-51-00, EF-140-52-00 Date Installed: D1C-EF-140-1-100 (May-98) EF-140-1-100 (Oct-02) EF-140-2-100 (Jun-02) EF-140-51-00 and EF-140-52-00 (2023) High efficiency particulate air (HEPA) filter	
7.	Rated efficiency (%)	99.99%
8.	Design inlet gas flow rate (acfm)	6000 each

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	CRT DPF
2.	ID number or label	See ID listed on Form DV207 for each engine
3.	Date installed	varies by engine
4.	Manufacturer	Johnson Matthey
5.	Model number	Catalysts (CRT) + DPF System
6.	Type of device (describe) The CRT + DPF system contains a platinum catalyst that converts part of the NO in the engine exhaust to NO2, which combusts carbon soot that has been collected on the filter and thereby regenerating the filter. NO2 can combust soot more effectively than oxygen at lower temperatures. Regeneration is continuous and occurs at typical engine loads. The additional combustion reduces VOC and CO emissions. The filters reduce emissions of PM.	
7.	Rated efficiency (%)	85% for PM/PM-HAPs, 80% for CO and 70% for VOC/VOC-HAPs
8.	Design inlet gas flow rate (acfm)	varies for each engine

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	Lime Silo Filters (5 identical units)
2.	ID number or label	RACB2-TK266-1-40, RAC3-TK266-1-40, RAPB1A-TK266-1-40, RAPB1B-TK266-1-40, RAPB1C-TK266-1-40
3.	Date installed	2001, 2002, 2012, 2014, 2014
4.	Manufacturer	C.P.E. Filters
5.	Model number	60-MS-049-C
6.	Type of device (describe) Bin vent filter	
7.	Rated efficiency (%)	outlet grain loading = 0.005 grains/ft3
8.	Design inlet gas flow rate (acfm)	473 each

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	TMXW
2.	ID number or label	CUB3 - OX293-0-70, PUB1A-OX293-0-70
3.	Date installed	See #6 below
4.	Manufacturer	System – CPI, Burner - Maxon
5.	Model number	Custom
6.	Type of device (describe) Control device IDs: CUB3 - OX293-0-70 (Install date 2002), PUB1A-OX293-0-70 (Install Date 2012) Natural gas fired, two-stage thermal catalytic oxidation/reduction system treating gas phase ammonia generated from a wastewater treatment system.	
7.	Rated efficiency (%)	>99.8% for NH3
8.	Design inlet gas flow rate (acfm)	4000 – 6500 scfm each

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	TMXW (6 identical devices see #6 below)
2.	ID number or label	See #6 below
3.	Date installed	All Future TBD
4.	Manufacturer	System – CPI, Burner - Maxon
5.	Model number	Custom
6.	Type of device (describe) Control device IDs: PUB1B-OX293-0-70, PUB1C-OX293-0-70, PUB1D-OX293-0-70, PUB1E-OX293-0-70, PUB1F-OX293-0-70, CUB2-OX293-0-70 All devices are futures installs Natural gas fired, two-stage thermal catalytic oxidation/reduction system treating gas phase ammonia generated from a wastewater treatment system.	
7.	Rated efficiency (%)	>99.8% for NH3
8.	Design inlet gas flow rate (acfm)	4000 – 6500 scfm each

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	TMXW
2.	ID number or label	CUB3 - OX293B-0-70
3.	Date installed	2012
4.	Manufacturer	System – CPI, Burner - Electric
5.	Model number	Custom
6.	Type of device (describe) Electric pilot TMXW, two-stage thermal catalytic oxidation/reduction system treating gas phase ammonia generated from a wastewater treatment system.	
7.	Rated efficiency (%)	>99.8% for NH3
8.	Design inlet gas flow rate (acfm)	4000 – 6500 scfm

Pollution Control Device Form **FORM CD306**

Other Pollution Control Devices **Answer Sheet**

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	Cooling Tower Mist Eliminators
2.	ID number or label	See Cooling Tower emission inventory
3.	Date installed	Varies
4.	Manufacturer	Varies
5.	Model number	Varies
6.	Type of device (describe) Mist eliminators installed on various cooling towers, which are outlined in the emission inventory. BACT requirement Drift elimination with drift rate specification and TDS control per manufacturer specifications.	
7.	Rated efficiency (%)	Varies
8.	Design inlet gas flow rate (acfm)	Varies

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Name	RCTO NOx Abatement Pilot
2.	ID number or label	TBD
3.	Date installed	Future
4.	Manufacturer	TDB
5.	Model number	TBD
6.	Type of device (describe) Voluntary NOx Abatement System at the D1X Mod 2 Anguil RCTO group using Ozone injection.	
7.	Rated efficiency (%)	TBD
8.	Design inlet gas flow rate (acfm)	TBD

Attachment 5: Emissions Unit Summary (EU500 Series)

Print Form

FORM EU501

Emissions Unit Summary — Answer Sheet

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Emissions Unit name and ID number or label	See Attached EU501 Excel Workbook
2.	Emissions Unit description	
3.	Operating Scenario ID number	

4. Emission devices, processes, and control devices:

Device/process ID(s) from DV2XX	Control Device ID(s) from CD3XX

5. Pollutants/Emissions:

Pollutant	PSEL Component from ED605

Table 6: Applicable Requirements (next page)

6. Applicable Requirements:

Applicable Requirement Citation	Parameter/ Pollutant	Limit/Standard/ Requirement	Currently in Compliance?	Current Monitoring Method	Proposed Monitoring Method

Facility name: **Intel Corporation Aloha/Ronler Acres Campuses** Permit Number: **34-2681-ST-02**

1.	Emissions Unit name and ID number or label	EU-Boilers
2.	Emissions Unit description	Natural gas fired boilers rated > 2.0 MMBtu/hr
3.	Operating Scenario ID number	OS-01

4. Emission devices, processes, and control devices:

Device/process ID(s) from DV2XX	Control Device ID(s) from CD3XX
F20-BLR115-1-200**	See Note 1
F20-BLR115-2-200**	See Note 1
F20-BLR115-3-200**	See Note 1
F20-BLR115-4-200	See Note 1
F20-BLR115-5-200*	See Note 1
RA1-MECH-B01	See Note 1
RA1-MECH-B02	See Note 1
CUB2-BLR115-1-210**	See Note 1
CUB2-BLR115-2-210**	See Note 1
CUB2-BLR115-3-210**	See Note 1
CUB2-BLR115-4-210**	See Note 1
CUB2-BLR115-5-210	See Note 1
CUB2-BLR115-6-210	See Note 1
RA4-BLR152-2-30	See Note 1
RA4-BLR152-1-30	See Note 1
RA4-BLR117-2-30	See Note 1
RA4-BLR117-1-30*	See Note 1
RA4-BLR117-3-30*	See Note 1
RA4-BLR117-4-30*	See Note 1
BLR-115-1-210**	See Note 1
BLR-115-2-210**	See Note 1
BLR-115-3-210**	See Note 1
BLR-115-4-210	See Note 1
BLR-115-5-210	See Note 1
BLR-115-6-210*	See Note 1
RP1-BLR115-1-210*	See Note 1
RP1-BLR115-2-210	See Note 1
RP1-BLR115-3-210	See Note 1
RP1-BLR115-4-210*	See Note 1
CUB4-BLR115-1-10	See Note 1
CUB4-BLR115-2-10	See Note 1
CUB4-BLR115-3-10	See Note 1

CUB4-BLR115-4-10	See Note 1
CUB4-BLR115-5-10	See Note 1
CUB4-BLR115-6-10	See Note 1
CUB4-BLR115-7-10*	See Note 1
RAC5-BLR115-1*	See Note 1
RAC5-BLR115-2*	See Note 1
RAC5-BLR115-3*	See Note 1
RAC5-BLR115-4*	See Note 1
RA2-BLR115-1-300	See Note 1
RA2-BLR115-2-300	See Note 1
RS4-BLR115-1*	See Note 1
RS4-BLR115-2*	See Note 1
RS4-BLR115-3*	See Note 1
RS6-BLR115-1*	See Note 1
RS6-BLR115-2*	See Note 1
RS6-BLR115-3*	See Note 1
F15-BLR28-1-1	See Note 1
F15-BLR28-1-2	See Note 1
F15-BLR28-1-3	See Note 1
F15-HW35-3*	See Note 1
F15-HW35-4*	See Note 1
RAC5-BLR115-5*	See Note 1
RAC5-BLR115-6*	See Note 1
RAC5-BLR115-7*	See Note 1
RAC5-BLR115-8*	See Note 1
N2-BLR117-1A-30*	See Note 1
N2-BLR117-1B-30*	See Note 1
* Boiler units marked with an asterisk meet BACT applicability for all polutants (NOx, CO, VOC, GHGs, PM, PM10, PM2.5) as required by ACDP Condition 21 and 27, outlined in Item 6 below.	
** Boiler units marked with two asterisks have pre-project BACT limits for NOx as required by ACDP Condition 21, outlined in Item 6 below.	
(Note 1) There are different burner types installed that control emissions of NOx.	

5. Pollutants/Emissions:

Pollutant	PSEL Component from ED605
NOx	19.69 tpy
CO	58.64 tpy
PM	3.89 tpy
PM10	3.89 tpy
PM2.5	3.89 tpy
SO2	4.04 tpy
VOC	8.55 tpy
GHG (CO2e)	187,037 short tons/yr
Total HAPs	0.14 tpy

Table 6: Applicable Requirements

Applicable Requirement Citation	Parameter/ Pollutant	Limit/Standard/ Requirement	Currently in Compliance?	Current Monitoring Method	Proposed Monitoring Method
ACDP-21 & 27* (BACT) OAR 340-224-0070	NOx	0.011 lb NOx/MMBtu	Yes	Source testing for boiler groups >2 MMBtu/hr	Source testing for boiler groups >2 MMBtu/hr
ACDP-21 & 27* (BACT) OAR 340-224-0070	CO	0.037 lb CO/MMBtu	Yes	Source testing for boiler groups >2 MMBtu/hr	Source testing for boiler groups >2 MMBtu/hr
ACDP-21 & 27* (BACT) OAR 340-224-0070	VOC, PM_{10}, $PM_{2.5}$	Good Combustion Practices	Yes	Recordkeeping	Recordkeeping
ACDP-21 & 27* (BACT) OAR 340-224-0070	CO2e (GHGs)	Design and Operational Efficiency	Yes	Recordkeeping	Recordkeeping
ACDP-23, 24 & 28 40 CFR Part 60, Subpart Dc	Fuel usage and type	N/A	Yes	Recordkeeping	Recordkeeping
ACDP-25 (see Note 2) OAR 340-226-0120	N/A	Periodic tune-ups	Yes	Recordkeeping	Recordkeeping

* Only boiler units marked with an asterisk in Item 4 above meet BACT applicability for all polutants (Nox, CO, VOC, GHGs, PM, PM_{10}, $PM_{2.5}$) as required by ACDP Condition 21 and 27.

(Note 2) Only applies to Boilers >MMBtu/hr

Facility name: **Intel Corporation Aloha/Ronler Acres Campuses** Permit Number: **34-2681-ST-02**

1.	Emissions Unit name and ID number or label	EU-Heaters
2.	Emissions Unit description	Natural gas-fired unit rated < 2.0 MMBtu/hr
3.	Operating Scenario ID number	OS-01

4. Emission devices, processes, and control devices:

Device/process ID(s) from DV2XX	Control Device ID(s) from CD3XX
HER3_01	N/A
HELT4_07	N/A
HER3_04	N/A
HELT4_10	N/A
HER3_07	N/A
HELT4_13	N/A
HERS2_15	N/A
HERS2_16	N/A
HERA1_01	N/A
HERA1_02	N/A
HEC4_01	N/A
HEPB1_01	N/A
HEC5_01	N/A
HERA5_01	N/A
HERA5_02	N/A
HERA5_03	N/A
HERA6_01	N/A
HERA6_02	N/A
HERA6_03	N/A
HEPB1_02	N/A
HEC5_02	N/A
HEAL_07	N/A
HEAL_08	N/A
HELT4_01	N/A
HELT4_02	N/A
HELT4_03	N/A
HELT4_04	N/A
HELT4_05	N/A
HERS6_04	N/A
HERS2_09	N/A
HERS6_07	N/A
HERS2_12	N/A
HERS6_10	N/A
HELT4_06	N/A
HER3_03	N/A

HELT4_09	N/A
HER3_06	N/A
HELT4_12	N/A
HERS4_01	N/A
HERS4_02	N/A
HERS4_03	N/A
HERS4_04	N/A
HERS4_05	N/A
HERS4_06	N/A
HERS4_07	N/A
HERS4_08	N/A
HERS4_09	N/A
HERS4_10	N/A
HERS4_11	N/A
HERS4_12	N/A
HERS5_01	N/A
HERS5_02	N/A
HERS5_03	N/A
HERS5_04	N/A
HERS5_05	N/A
HERS5_06	N/A
HERS5_07	N/A
HERS5_08	N/A
HERS5_09	N/A
HERS6_01	N/A
HERS6_02	N/A
HERS6_03	N/A
HERS2_08	N/A
HERS6_06	N/A
HERS2_11	N/A
HERS6_09	N/A
HERS2_14	N/A
HER3_02	N/A
HELT4_08	N/A
HER3_05	N/A
HELT4_11	N/A
HER3_08	N/A
HELT4_14	N/A
HELT4_15	N/A
HELT4_16	N/A
HELT4_17	N/A

HELT4_18	N/A
HELT4_19	N/A
HELT4_20	N/A
HELT4_21	N/A
HELT4_22	N/A
HELT4_23	N/A
HELT4_24	N/A
HEAL_01	N/A
HEAL_02	N/A
HEAL_03	N/A
HEAL_04	N/A
HEAL_05	N/A
HEAL_06	N/A
HERS2_01	N/A
HERS2_02	N/A
HERS2_03	N/A
HERS2_04	N/A
HERS2_05	N/A
HERS2_06	N/A
HERS2_07	N/A
HERS6_05	N/A
HERS2_10	N/A
HERS6_08	N/A
HERS2_13	N/A
HERS6_11	N/A

5. Pollutants/Emissions:

Pollutant	**PSEL Component from ED605**
NOx	10.41 tpy
CO	17.13 tpy
PM	0.26 tpy
PM10	0.26 tpy
PM2.5	0.26 tpy
SO2	0.27 tpy
VOC	0.57 tpy
GHG (CO2e)	25,031 short tons/yr
Total HAPs	0.025 tpy

Table 6: Applicable Requirements

Applicable Requirement Citation	Parameter/ Pollutant	Limit/Standard/ Requirement	Currently in Compliance?	Current Monitoring Method	Proposed Monitoring Method
ACDP-29 (BACT) OAR 340-224-0070	NOx, CO, VOC, PM_{10}, $PM_{2.5}$	Good Combustion Practices	Yes	Recordkeeping	Recordkeeping
ACDP-29 (BACT) OAR 340-224-0070	CO_2e (GHGs)	Design and Operational Energy Efficiency	Yes	Recordkeeping	Recordkeeping
ACDP-30	Fuel usage and type	N/A	Yes	Recordkeeping	Recordkeeping

Facility name: **Intel Corporation Aloha/Ronler Acres Campuses** Permit Number: **34-2681-ST-02**

1.	Emissions Unit name and ID number or label	EU-TMXW
2.	Emissions Unit description	Thermal catalytic oxidation/reduction system for ammonia wastewater treatment
3.	Operating Scenario ID number	OS-01

4. Emission devices, processes, and control devices:

Device/process ID(s) from DV2XX	Control Device ID(s) from CD3XX
Fab Operations	CUB3-OX293-0-70
Fab Operations	PUB1A-OX293-0-70
Fab Operations	PUB1B-OX293-0-70
Fab Operations	PUB1C-OX293-0-70
Fab Operations	PUB1D-OX293-0-70
Fab Operations	PUB1E-OX293-0-70
Fab Operations	PUB1F-OX293-0-70
Fab Operations	CUB2-OX293-0-70
Fab Operations	CUB3-OX293B-0-70

5. Pollutants/Emissions:

Pollutant	PSEL Component from ED605
NOx	12.23 tpy
CO	1.10 tpy
PM	0.09 tpy
PM10	0.09 tpy
PM2.5	0.09 tpy
SO2	0.09 tpy
VOC	0.20 tpy
GHG (CO2e)	101,880 short tons/yr
Total HAPs	0.004 tpy

Table 6: Applicable Requirements

Applicable Requirement Citation	Parameter/ Pollutant	Limit/Standard/ Requirement	Currently in Compliance?	Current Monitoring Method	Proposed Monitoring Method
ACDP-42 (BACT) OAR 340-224-0070	NOx	0.34 lb NOx/hr	Yes	Source testing	Source testing
ACDP-42 (BACT)* OAR 340-224-0070	CO	0.03 lb CO/MMBtu	Yes	Source testing	Source testing
ACDP-42 (BACT)* OAR 340-224-0070	VOC, PM_{10}, $PM_{2.5}$	Good combustion practices	Yes	Recordkeeping	Recordkeeping
ACDP-42 (BACT)* OAR 340-224-0070	CO2e (GHGs)	Design and Operational Energy Efficiency	Yes	Recordkeeping	Recordkeeping
ACDP-44	NG usage	N/A	Yes	Recordkeeping	Recordkeeping
ACDP-44	Amount of ammonia containing compounds processed and treated in TMXW system	N/A	Yes	Recordkeeping	Recordkeeping
*CUB3-OX293B-0-70 does not utilize natural gas and therefore is subject to NOx BACT but not PM_{10}, $PM_{2.5}$, CO, VOC, or GHG BACT					

Facility name: **Intel Corporation Aloha/Ronler Acres Campuses** Permit Number: **34-2681-ST-02**

1.	Emissions Unit name and ID number or label	EU-RCTO
2.	Emissions Unit description	Manufacturing processes that emit VOCs and treated in natural gas-fired Rotor Concentrator Thermal Oxidizers (RCTOs)
3.	Operating Scenario ID number	OS-01

4. Emission devices, processes, and control devices:

Device/process ID(s) from DV2XX	Control Device ID(s) from CD3XX
Fab Operations	F20-VOC138-1-100
Fab Operations	F20-VOC138-2-100
Fab Operations	F20-VOC138-3-100
Fab Operations	D1B-VOC138-4-100
Fab Operations	D1B-VOC138-5-100
Fab Operations	D1C-VOC138-1-120
Fab Operations	D1C-VOC138-2-120
Fab Operations	D1C-VOC138-3-120
Fab Operations	VOC-138-1-120
Fab Operations	VOC-138-2-120
Fab Operations	VOC-138-3-120
Fab Operations	VOC-138-4-120
Fab Operations	VOC-138-5-120
Fab Operations	VOC-138-6-120
Fab Operations	D1XM1-VOC138-1-20
Fab Operations	D1XM1-VOC138-2-20
Fab Operations	D1XM1-VOC138-3-20
Fab Operations	D1XM1-VOC138-4-20
Fab Operations	D1XM1-VOC138-5-20 (WESP ID: D1X-WSP-138-5-20)
Fab Operations	D1XM1-VOC138-6-20 (WESP ID: D1X-WSP-138-6-20)
Fab Operations	D1XM1-VOC138-7-20 (WESP ID: D1X-WSP-138-7-20)
Fab Operations	D1XM1-VOC138-8-20 (WESP ID: D1X-WSP-138-8-20)
Fab Operations	D1XM2 -VOC138-1-20 (NOx Abatement Pilot)
Fab Operations	D1XM2 -VOC138-2-20 (NOx Abatement Pilot)
Fab Operations	D1XM2 -VOC138-3-20 (NOx Abatement Pilot)
Fab Operations	D1XM2 -VOC138-4-20 (NOx Abatement Pilot)
Fab Operations	D1XM2 -VOC138-5-20 (NOx Abatement Pilot)
Fab Operations	D1XM3-VOC138-1-20
Fab Operations	D1XM3-VOC138-2-20
Fab Operations	D1XM3-VOC138-3-20
Fab Operations	D1XM3-VOC138-4-20
Fab Operations	D1XM3-VOC138-5-20
Fab Operations	F15-VOC-138-1-10
Fab Operations	F15-VOC-138-4-10
Fab Operations	F15-VOC-138-2-10
Fab Operations	F15-VOC-138-3-10
Fab Operations	F15-VOC-138-5-10

5. Pollutants/Emissions:

Pollutant	PSEL Component from ED605
NOx	80.73 tpy
CO	106.28 tpy
PM	19.05 tpy
PM10	19.05 tpy
PM2.5	19.05 tpy
SO2	2.10 tpy
VOC	150.01 tpy
GHG (CO2e)	97,076 short tons/yr
Total HAPs	0.13 tpy
Fluorides	0.002 tpy
Single HAP (HF)	0.03 tpy

Table 6: Applicable Requirements

Applicable Requirement Citation	Parameter/ Pollutant	Limit/Standard/ Requirement	Currently in Compliance?	Current Monitoring Method	Proposed Monitoring Method
ACDP-31 (BACT for following RCTOs: D1B-VOC138-4-100 D1B-VOC138-5-100 VOC-138-5-120 VOC-138-6-120 D1XM1-VOC138-5-20 D1XM1-VOC138-6-20 D1XM1-VOC138-7-20 D1XM1-VOC138-8-20 D1XM2-VOC138-1-20 D1XM2-VOC138-2-20 D1XM2-VOC138-3-20 D1XM2-VOC138-4-20 D1XM2-VOC138-5-20 D1XM3-VOC138-1-20 D1XM3-VOC138-2-20 D1XM3-VOC138-3-20 D1XM3-VOC138-4-20 D1XM3-VOC138-5-20)	NOx	0.78 lb-NOx/hr	Yes	Source testing	Source testing
ACDP-31 (BACT for following RCTOs: F20-VOC138-1-100 F20-VOC138-2-100 F20-VOC138-3-100 F15-VOC-138-3-10 F15-VOC-138-4-10 F15-VOC-138-5-10 D1C-VOC-138-1-120 D1C-VOC-138-2-120 D1C-VOC-138-3-120 VOC-138-1-120 VOC-138-2-120 VOC-138-3-120 VOC-138-4-120 F15-VOC-138-1-10 F15-VOC-138-2-10)	NOx	0.2 lb-NOx/hr	Yes	Source testing	Source testing
ACDP-31 (BACT for following RCTOs: D1XM1-VOC138-1-20 D1XM1-VOC138-2-20 D1XM1-VOC138-3-20 D1XM1-VOC138-4-20)	NOx	0.34 lb-NOx/hr	Yes	Source testing	Source testing

ACDP-31 (BACT for following RCTOs: D1XM1-VOC138-1-20 D1XM1-VOC138-2-20 D1XM1-VOC138-3-20 D1XM1-VOC138-4-20)	CO	0.24lb-CO/hr	Yes	Source testing	Source testing
ACDP-31 (BACT for following RCTOs: D1B-VOC138-4-100 D1B-VOC138-5-100 VOC-138-5-120 VOC-138-6-120 D1XM1-VOC138-5-20 D1XM1-VOC138-6-20 D1XM1-VOC138-7-20 D1XM1-VOC138-8-20 D1XM2-VOC138-1-20 D1XM2-VOC138-2-20 D1XM2-VOC138-3-20 D1XM2-VOC138-4-20 D1XM2-VOC138-5-20 D1XM3-VOC138-1-20 D1XM3-VOC138-2-20 D1XM3-VOC138-3-20 D1XM3-VOC138-4-20 D1XM3-VOC138-5-20)	CO	0.54 lb-CO/hr	Yes	Source testing	Source testing
ACDP-31 (BACT for following RCTOs: F20-VOC138-1-100 F20-VOC138-2-100 F20-VOC138-3-100 F15-VOC-138-3-10 F15-VOC-138-4-10 F15-VOC-138-5-10)	CO	0.14 lb-CO/hr	Yes	Source testing	Source testing
ACDP-31 (BACT for following RCTOs: D1C-VOC-138-1-120 D1C-VOC-138-2-120 D1C-VOC-138-3-120)	CO	1.51 lb-CO/hr	Yes	Source testing	Source testing
ACDP-31 (BACT for following RCTOs: VOC-138-1-120 VOC-138-2-120 VOC-138-3-120 VOC-138-4-120)	CO	1.12 lb-CO/hr	Yes	Source testing	Source testing
ACDP-31 (BACT for following RCTOs: F15-VOC-138-1-10 F15-VOC-138-2-10)	CO	1.86 lb-CO/hr	Yes	Source testing	Source testing
ACDP-31 (BACT)	PM_{10}, $PM_{2.5}$	Good Combustion Practices	Yes	Recordkeeping	Recordkeeping
ACDP-31 (BACT)	CO2e (GHGs)	Design and operational energy efficiency	Yes	Recordkeeping	Recordkeeping
ACDP-31 (BACT)	Fluorides	Maintain good work practices in operation of the Fab Plants for BACT including maintaining the RCTO per best management practices	Yes	Recordkeeping	Recordkeeping

ACDP-32 Fuel Usage	Fuel Usage	The permittee must monitor and keep records of the amount of natural gas used each month in each RCTO or group of RCTOs.	Yes	Recordkeeping	Recordkeeping
ACDP-33 (BACT)	VOC	When VOC inlet concentration is at least 90 ppmvd, DRE of at least 95% by weight. When inlet VOC concentration falls below 90 ppmvd, the outlet concentration less than or equal to 10 ppmvd as a flow weighted average of the thermal oxidizer and concentrator exhaust VOC concentrations.	Yes	Source testing	Source testing
ACDP-34 340-226-0120	VOC	No bypass	Yes	Recordkeeping	Recordkeeping
ACDP-36 340-226-0120	VOC	Retention time > 0.5 sec. Oxidation temp.> 1375OF. Regenerator air temp. per manufaturer specifications	Yes	Recordkeeping	Recordkeeping
ACDP-40 340-226-0120	VOC	The permittee must monitor the seal gap tolerance of each zeolite rotor concentrator wheel for each "in service" RCTO annually, with no more than 13 months between tests.	Yes	Recordkeeping	Recordkeeping

Facility name: **Intel Corporation Aloha/Ronler Acres Campuses** Permit Number: **34-2681-ST-02**

1.	Emissions Unit name and ID number or label	EU-VOCunc
2.	Emissions Unit description	Uncontrolled VOC emissions of isopropyl alcohol (IPA) that is used to clean manufacturing process equipment and evaporates quickly. The process equipment is in clean rooms which are supplied with air through the general building air circulation system, so the IPA is exhausted with the general
3.	Operating Scenario ID number	OS-01

4. Emission devices, processes, and control devices:

Device/process ID(s) from DV2XX	Control Device ID(s) from CD3XX
Fab Operations	N/A

5. Pollutants/Emissions:

Pollutant	PSEL Component from ED605
VOC	65.82 tpy

Table 6: Applicable Requirements

Applicable Requirement Citation	Parameter/ Pollutant	Limit/Standard/ Requirement	Currently in Compliance?	Current Monitoring Method	Proposed Monitoring Method
ACDP-63 (BACT) OAR 340-224-0070	VOC	VOC emissions from the General Ventilation Systems stemming from IPA usage shall be controlled through good operating practices.	Yes	Recordkeeping	Recordkeeping
ACDP-64	Usage amount and VOC content of products that contain more than 1 percent VOC by weight and contribute to uncontrolled VOC emissions	N/A	Yes	Recordkeeping	Recordkeeping

Facility name: **Intel Corporation Aloha/Ronler Acres Campuses** Permit Number: **34-2681-ST-02**

1.	Emissions Unit name and ID number or label	EU-RICE
2.	Emissions Unit description	Emergency generators and fire water pumps powered by Reciprocating Internal Combustion Engines (RICE) better known as diesel engines.
3.	Operating Scenario ID number	OS-01

4. Emission devices, processes, and control devices:

Device/process ID(s) from DV2XX	Control Device ID(s) from CD3XX
RA1-ELEC-CPS-GEN01	N/A
RA1-ELEC-CPS-GEN02	N/A
RA1-ELEC-CPS-GEN03	N/A
RA1-ELEC-CPS-GEN04	N/A
D1C-CPS-GEN01	N/A
D1C-CPS-GEN02	N/A
D1C-CPS-GEN03	N/A
D1C-EPS-GEN01	N/A
D1C-EPS-GEN02	N/A
RB1-EPS-GEN01	N/A
RP1-EPS-GEN01	N/A
RP1-GEN-2	N/A
EPS-GEN01	N/A
EPS-GEN02	N/A
EPS-GEN03	N/A
EPS-GEN04	N/A
EPS-GEN05	N/A
EPS-GEN06	N/A
D1D-GEN-7	N/A
RS4-ELEC-EG-4-1	N/A
RS6-ELEC-EG-6-1	N/A
RS6-GEN-2	N/A
D1X-GEN-1A	N/A
D1X-GEN-1B	N/A
D1X-GEN-1C	N/A
D1X-GEN-2A	N/A
D1X-GEN-2B	N/A
D1X-GEN-2C	N/A
D1X-GEN-3A	N/A
D1X-GEN-3B	N/A
D1X-GEN-3C	N/A
D1X-GEN-4A	N/A
D1X-GEN-4B	N/A
D1X-GEN-5C	N/A
D1X-GEN-5A	D1X-GEN-5A-DPF
D1X-GEN-5B	D1X-GEN-5B-DPF
D1X-GEN-4C	D1X-GEN-4C-DPF
D1X-GEN-6A	D1X-GEN-6A-DPF
D1X-GEN-6B	D1X-GEN-6B-DPF
D1X-GEN-6C	D1X-GEN-6C-DPF

D1X-GEN-7A	D1X-GEN-7A-DPF
D1X-GEN-7B	D1X-GEN-7B-DPF
D1X-GEN-7C	D1X-GEN-7C-DPF
D1X2-GEN-6A	D1X2-GEN-6A-DPF
D1X2-GEN-6B	D1X2-GEN-6B-DPF
D1X2-GEN-6C	D1X2-GEN-6C-DPF
D1X2-GEN-7A	D1X2-GEN-7A-DPF
D1X2-GEN-7B	D1X2-GEN-7B-DPF
D1X2-GEN-7C	D1X2-GEN-7C-DPF
D1X2-GEN-1A	D1X2-GEN-1A-DPF
D1X2-GEN-1B	D1X2-GEN-1B-DPF
D1X2-GEN-1C	D1X2-GEN-1C-DPF
D1X2-GEN-2A	D1X2-GEN-2A-DPF
D1X2-GEN-2B	D1X2-GEN-2B-DPF
D1X2-GEN-2C	D1X2-GEN-2C-DPF
D1X2-GEN-3A	D1X2-GEN-3A-DPF
D1X2-GEN-3B	D1X2-GEN-3B-DPF
D1X2-GEN-3C	D1X2-GEN-3C-DPF
D1X2-GEN-4A	D1X2-GEN-4A-DPF
D1X2-GEN-4B	D1X2-GEN-4B-DPF
D1X2-GEN-4C	D1X2-GEN-4C-DPF
D1X2-GEN-5A	D1X2-GEN-5A-DPF
D1X2-GEN-5B	D1X2-GEN-5B-DPF
D1X2-GEN-5C	D1X2-GEN-5C-DPF
F20-EPS-1	F20-EPS-1-DPF
F20-EPS-2	F20-EPS-2-DPF
F20-CPS-1	N/A
F15-EG01	N/A
F15-EG02	N/A
F15-EG03	N/A
F15.5-EG01	N/A
F15.5-EG02	N/A
N2-GEN-1A	N2-GEN-1A-DPF
IWW-GEN-1	IWW-GEN-1-DPF
IWW-GEN-2	IWW-GEN-2-DPF
IWW-PS-1	IWW-PS-1-DPF
MAX-EGEN	N/A
H2-GEN-1	H2-GEN-1-DPF
D1A-GEN-1	D1A-GEN-1-DPF
D1A-GEN-2	D1A-GEN-2-DPF
D1A-GEN-3	D1A-GEN-3-DPF
D1A-GEN-4	D1A-GEN-4-DPF
D1A-GEN-5	D1A-GEN-5-DPF
D1A-GEN-6	D1A-GEN-6-DPF
D1A-GEN-7	D1A-GEN-7-DPF
D1A-GEN-8	D1A-GEN-8-DPF

PH #1	N/A
PH #2	N/A
PH #3	N/A
PH #4	N/A

5. Pollutants/Emissions:

Pollutant	PSEL Component from ED605
NOx	52.46 tpy
CO	4.28 tpy
PM	0.48 tpy
PM10	0.48 tpy
PM2.5	0.48 tpy
SO2	0.05 tpy
VOC	0.96 tpy
GHG (CO2e)	4,113 short tons/yr
Total HAPs	0.35 tpy

Table 6: Applicable Requirements

Applicable Requirement Citation	Parameter/ Pollutant	Limit/Standard/ Requirement	Currently in Compliance?	Current Monitoring Method	Proposed Monitoring Method
ACDP-56 (BACT for EU-RICE units installed before 2010)	NOx, CO, PM_{10}, $PM_{2.5}$, VOC	Operation Per Manufacturer Specifications	Yes	Recordkeeping	Recordkeeping
ACDP-56 (BACT for EU-RICE units installed before 2010)	CO_2e (GHGs)	Design and Operational Design Efficiency	Yes	Recordkeeping	Recordkeeping
ACDP-56 (BACT for EU-RICE units installed On or After 2010, Fire Pump Engines)	NOx	6.0 g/hp-hr	Yes	Recordkeeping	Recordkeeping
ACDP-56 (BACT for EU-RICE units installed On or After 2010, Fire Pump	CO	3.25 g/hp-hr	Yes	Recordkeeping	Recordkeeping
ACDP-56 (BACT for EU-RICE units installed On or After 2010, Fire Pump Engines)	PM_{10}, $PM_{2.5}$, VOC	Operation Per Manufacturer Specifications	Yes	Recordkeeping	Recordkeeping
ACDP-56 (BACT for EU-RICE units installed On or After 2010, Fire Pump Engines)	CO_2e (GHGs)	Design and Operational Energy Efficiency	Yes	Recordkeeping	Recordkeeping
ACDP-57	PM_{10}, $PM_{2.5}$	Limit M&R operation on AQ advisory days	Yes	Recordkeeping	Recordkeeping
ACDP-58	Maintenance checks and readiness testing (M&R testing) for Emergency Generators	For M&R testing, each emergency generator may be operated for no more than 25 hours per year	Yes	Recordkeeping	Recordkeeping
ACDP-58	M&R testing for Emergency Generators	For M&R testing, a maximum of 10 emergency generator RICE may be operated in a single day at the Ronler Acres Campus	Yes	Recordkeeping	Recordkeeping
ACDP-58	M&R testing for Firepump engines	For M&R testing, each fire pump engine operated for no more than 50 hours per year.	Yes	Recordkeeping	Recordkeeping

ACDP-58	M&R testing for Emergency Generators and Firepump engines	For M&R testing, emergency generator and fire pump engines may only be operated during daytime between the hours of 8am to 6pm.	Yes	Recordkeeping	Recordkeeping
ACDP-59 40 CFR Part 63, Subpart ZZZZ	Operation and Maintenance	N/A	Yes	Recordkeeping	Recordkeeping
ACDP-60 40 CFR Part 60, Subpart IIII	Operation and Maintenance	N/A	Yes	Recordkeeping	Recordkeeping

Facility name: **Intel Corporation Aloha/Ronler Acres Campuses** Permit Number: **34-2681-ST-02**

1.	Emissions Unit name and ID number or label	EU-Wet Scrubbers (PSSS)
2.	Emissions Unit description	Process Specific Support Systems
3.	Operating Scenario ID number	OS-01

4. Emission devices, processes, and control devices:

Device/process ID(s) from DV2XX	Control Device ID(s) from CD3XX
Fab Operations	F20-SC-134-1-100
Fab Operations	D1C-SC134-1-100
Fab Operations	D1C-SC134-2-100
Fab Operations	SC-134-1-100
Fab Operations	SC-134-2-100
Fab Operations	SC-134-3-100
Fab Operations	D1C-SC133-1-200
Fab Operations	RP1-SC134-1-100
Fab Operations	SC-133-1-200
Fab Operations	D1X-SC134-1-00
Fab Operations	D1X-SC134-2-00
Fab Operations	D1X-SC134-3-00
Fab Operations	D1X-SC134-4-00
Fab Operations	D1XM2-SC134-1-00
Fab Operations	D1XM2-SC134-2-00
Fab Operations	D1XM2-SC134-3-00
Fab Operations	D1XM2-SC134-4-00
Fab Operations	D1XM3-SC134-1-00
Fab Operations	D1XM3-SC134-2-00
Fab Operations	D1XM3-SC134-3-00
Fab Operations	D1XM3-SC134-4-00
Fab Operations	D1XM4-SC134-1-00
Fab Operations	D1XM4-SC134-2-00
Fab Operations	PUB1-SC133-1-00
Fab Operations	PUB1-SC133-2-00
Fab Operations	F15-SC7-2-12
Fab Operations	F15-SC7-1-7
Fab Operations	F15-SC7-2-7
Fab Operations	RAWTR1-TK909-1-1
Fab Operations	RAWTR1-TK909-2-1
Fab Operations	RAWTR1-TK909-3-1
Fab Operations	RAWTR1-TK909-4-1

5. Pollutants/Emissions:

Pollutant	PSEL Component from ED605
PM	0.71 tpy
PM10	0.44 tpy
PM2.5	1.45E-03 tpy

Table 6: Applicable Requirements

Applicable Requirement Citation	Parameter/ Pollutant	Limit/Standard/ Requirement	Currently in Compliance?	Current Monitoring Method	Proposed Monitoring Method
ACDP-45 (BACT for all PSSS Wet Scrubbers) OAR 340-224-0070	PM_{10}	Maintain good work practices in operation of the Fab Plants for BACT including maintaining the wet scrubbers per best management practices	Yes	Recordkeeping	Recordkeeping
ACDP-45 (BACT for all PSSS Wet Scrubbers in D1XM1, D1XM2, D1XM3, D1XM4, and PUB buildings) OAR 340-224-0070	$PM_{2.5}$	Maintain good work practices in operation of the Fab Plants for BACT including maintaining the wet scrubbers per best management practices	Yes	Recordkeeping	Recordkeeping
ACDP-55 OAR 340-226-0120	Operation & maintenance	N/A	Yes	Recordkeeping	Recordkeeping

Facility name: **Intel Corporation Aloha/Ronler Acres Campuses** Permit Number: **34-2681-ST-02**

1.	Emissions Unit name and ID number or label	EU-Wet Scrubbers (EXSC)
2.	Emissions Unit description	Manufacturing operations that emit acid gases.
3.	Operating Scenario ID number	OS-01

4. Emission devices, processes, and control devices:

Device/process ID(s) from DV2XX	Control Device ID(s) from CD3XX
Fab Operations	F20-SC133-1-111
Fab Operations	F20-SC133-2-111
Fab Operations	F20-SC133-3-111
Fab Operations	D1A-SC133-1-00
Fab Operations	D1A-SC133-2-00
Fab Operations	D1C-SC133-1-100
Fab Operations	D1C-SC133-2-100
Fab Operations	D1C-SC133-3-100
Fab Operations	D1C-SC133-4-100
Fab Operations	RB1-SC-133-1-100
Fab Operations	RB1-SC-133-2-100
Fab Operations	RB1-SC-133-8-100
Fab Operations	RB1-SC-133-4-100
Fab Operations	RB1-SC-133-6-100
Fab Operations	RB1-SC-133-7-100
Fab Operations	RA4-SC133-1 (WESP ID: RA4-WSP133-1-30)
Fab Operations	RA4-SC133-2 (WESP ID: RA4-WSP133-2-30)
Fab Operations	RP1-SC133-1-100
Fab Operations	RP1-SC133-2-100
Fab Operations	RP1-SC133-3-100
Fab Operations	SC-133-1-100
Fab Operations	SC-133-2-100
Fab Operations	SC-133-3-100
Fab Operations	SC-133-4-100
Fab Operations	SC-133-5-100
Fab Operations	SC-133-6-100
Fab Operations	D1X-SC133-1-00 (WESP ID: D1X-WSP133-1-30)
Fab Operations	D1X-SC133-2-00 (WESP ID: D1X-WSP133-2-30)
Fab Operations	D1X-SC133-3-00
Fab Operations	D1X-SC133-4-00
Fab Operations	D1X-SC133-5-00 (WESP ID: D1X-WSP133-5-30)

Fab Operations	D1XM2-SC133-2-00 (WESP ID: D1XM2-WSP133-2-30)
Fab Operations	D1XM2-SC133-3-00 (WESP ID: D1XM2-WSP133-3-30)
Fab Operations	D1XM2-SC133-4-00 (WESP ID: D1XM2-WSP133-4-30)
Fab Operations	D1XM2-SC133-5-00 (WESP ID: D1XM2-WSP133-5-30)
Fab Operations	D1XM3-SC133-1-00 (WESP ID: D1XM3-WSP133-1-30)
Fab Operations	D1XM3-SC133-2-00 (WESP ID: D1XM3-WSP133-2-30)
Fab Operations	D1XM3-SC133-3-00 (WESP ID: D1XM3-WSP133-3-30)
Fab Operations	D1XM3-SC133-4-00 (WESP ID: D1XM3-WSP133-4-30)
Fab Operations	D1XM3-SC133-5-00 (WESP ID: D1XM3-WSP133-5-30)
Fab Operations	D1XM4-SC133-1-00
Fab Operations	D1XM4-SC133-2-00
Fab Operations	D1XM4-SC133-3-00
Fab Operations	MSB-SC133-1
Fab Operations	MSB-SC133-2
Fab Operations	MSB-SC133-3
Fab Operations	F15-SC7-1-1
Fab Operations	F15-SC7-1-2
Fab Operations	F15-SC7-1-3
Fab Operations	F15-SC7-1-4
Fab Operations	F15-SC7-1-5
Fab Operations	F15-SC7-1-6

5. Pollutants/Emissions:

Pollutant	**PSEL Component from ED605**
NOx	192.68 tpy
CO	327.92 tpy
PM	28.11 tpy
PM10	27.17 tpy
PM2.5	25.65 tpy
SO2	26.77 tpy
VOC	36.92 tpy
GHG (CO2e)	1,307,668 short tons/yr
Flourides	12.13 tpy
Total HAPs	17.47 tpy
Single HAP (HF)	8.79 tpy

Table 6: Applicable Requirements

Applicable Requirement Citation	Parameter/ Pollutant	Limit/Standard/ Requirement	Currently in Compliance?	Current Monitoring Method	Proposed Monitoring Method
ACDP-45 (BACT) OAR 340-224-0070	NOx, CO, VOC, PM_{10}, $PM_{2.5}$, Fluorides	Maintain good work practices in operation of the Fab Plants for BACT including maintaining the wet scrubbers per best management practices.	Yes	Recordkeeping	Recordkeeping
ACDP-45 (BACT) OAR 340-224-0070	CO_2e (GHGs)	Use of NF_3 cleans and process chemical use optimization	Yes	Recordkeeping	Recordkeeping
ACDP-49 OAR 340-226-0120	Acid gases	No bypass	Yes	Recordkeeping	Recordkeeping
ACDP-51 OAR 340-226-0120	Acid gases	pH $\geq$ 7.0 Recirc. Flow	Yes	Recordkeeping	Recordkeeping

Facility name: **Intel Corporation Aloha/Ronler Acres Campuses** Permit Number: **34-2681-ST-02**

1.	Emissions Unit name and ID number or label	EU-Wet Scrubbers (EXAM)
2.	Emissions Unit description	Manufacturing operations that emit Ammonia gas.
3.	Operating Scenario ID number	OS-01

4. Emission devices, processes, and control devices:

Device/process ID(s) from DV2XX	Control Device ID(s) from CD3XX
Fab Operations	D1C-SC142-3-100
Fab Operations	D1C-SC142-4-100
Fab Operations	D1C-SC142-5-100
Fab Operations	RB1-SC-142-1-100
Fab Operations	RB1-SC-142-2-100
Fab Operations	RB1-SC-142-3-100
Fab Operations	RP1-SC142-1-100
Fab Operations	SC-142-1-100
Fab Operations	SC-142-2-100
Fab Operations	SC-142-3-100
Fab Operations	SC-142-4-100
Fab Operations	SC-142-5-100
Fab Operations	SC142-21-100
Fab Operations	SC142-22-100
Fab Operations	SC142-23-100
Fab Operations	SC142-24-100
Fab Operations	SC142-25-100
Fab Operations	D1X-SC142-1-11
Fab Operations	D1X-SC142-2-11
Fab Operations	D1X-SC142-3-11
Fab Operations	D1X-SC142-4-11
Fab Operations	D1X-SC142-5-00
Fab Operations	D1XM2-SC142-1-00
Fab Operations	D1XM2-SC142-2-00
Fab Operations	D1XM2-SC142-3-00
Fab Operations	D1XM2-SC142-4-00
Fab Operations	D1XM3-SC142-1-00
Fab Operations	D1XM3-SC142-2-00
Fab Operations	D1XM3-SC142-3-00
Fab Operations	D1XM3-SC142-4-00
Fab Operations	D1XM4-SC142-1-00
Fab Operations	D1XM4-SC142-2-00

5. Pollutants/Emissions:

Pollutant	PSEL Component from ED605
NOx	43.45 tpy
CO	81.51 tpy
PM	13.55 tpy
PM10	8.54 tpy
PM2.5	8.27 tpy
SO2	0.77 tpy
VOC	86.51 tpy
Fluorides	0.04 tpy
Total HAPs	0.04 tpy
Single HAP (HF)	0.04 tpy

Table 6: Applicable Requirements

Applicable Requirement Citation	Parameter/ Pollutant	Limit/Standard/ Requirement	Currently in Compliance?	Current Monitoring Method	Proposed Monitoring Method
ACDP-45 (BACT) OAR 340-224-0070	Nox, CO, VOC, PM_{10}, $PM_{2.5}$, Fluorides	Maintain good work practices in operation of the Fab Plants for BACT including maintaining the wet scrubbers per best management practices.	Yes	Recordkeeping	Recordkeeping
ACDP-45 (BACT) OAR 340-224-0070	CO_2e (GHGs)	Use of NF_3 cleans and process chemical use optimization	Yes	Recordkeeping	Recordkeeping
ACDP-54 OAR 340-226-0120	Operation & maintenance	N/A	Yes	Recordkeeping	Recordkeeping

Facility name: **Intel Corporation Aloha/Ronler Acres Campuses** Permit Number: **34-2681-ST-02**

1.	Emissions Unit name and ID number or label	EU-CoolingTowers
2.	Emissions Unit description	Cooling Towers
3.	Operating Scenario ID number	OS-01

4. Emission devices, processes, and control devices:

Device/process ID(s) from DV2XX	Control Device ID(s) from CD3XX
DV201_Cooling Towers	CD306 Mist Eliminators (Varies)

5. Pollutants/Emissions:

Pollutant	PSEL Component from ED605
PM	NA (CIA)
PM10	NA (CIA)
PM2.5	NA (CIA)

Table 6: Applicable Requirements

Applicable Requirement Citation	Parameter/ Pollutant	Limit/Standard/ Requirement	Currently in Compliance?	Current Monitoring Method	Proposed Monitoring Method
ACDP-66 (BACT)	PM_{10}, $PM_{2.5}$	Drift elimination with drift rate specification and TDS control per manufacturer specifications	Yes	N/A	N/A

Facility name: **Intel Corporation Aloha/Ronler Acres Campuses** Permit Number: **34-2681-ST-02**

1.	Emissions Unit name and ID number or label	EU-Other
2.	Emissions Unit description	Arsenic Specialty filter (EXSP) and Lime Silos
3.	Operating Scenario ID number	OS-01

4. Emission devices, processes, and control devices:

Device/process ID(s) from DV2XX	Control Device ID(s) from CD3XX
Fab Operations	D1C-EF-140-1-100
Fab Operations	EF-140-2-100
Fab Operations	EF-140-1-100
Fab Operations	MSB-EF140-1
Fab Operations	MSB-EF140-2
Fab Operations	EF-140-51-00
Fab Operations	EF-140-52-00
Fab Operations	D1XM4-EF-140-1-00
Fab Operations	D1XM4-EF-140-2-00
Fab Operations	RACB2-TK266-1-40
Fab Operations	RAC3-TK266-1-40
Fab Operations	RAPB1A-TK266-1-40
Fab Operations	RAPB1B-TK266-1-40
Fab Operations	RAPB1C-TK266-1-40

5. Pollutants/Emissions:

Pollutant	PSEL Component from ED605
PM	0.44 tpy
PM10	0.44 tpy
PM2.5	0.44 tpy

Table 6: Applicable Requirements

Applicable Requirement Citation	Parameter/ Pollutant	Limit/Standard/ Requirement	Currently in Compliance?	Current Monitoring Method	Proposed Monitoring Method
ACDP-69 (BACT)	PM_{10}, $PM_{2.5}$	Maintain filter systems per manufacturer's recommendations	Yes	Recordkeeping	Recordkeeping
ACDP-69.a. (BACT)	PM_{10}, $PM_{2.5}$	BACT for Specialty exhaust (EXSP) is the requirement to use HEPA filters for PM10 and PM2.5	Yes	Recordkeeping	Recordkeeping
ACDP-69.b. (BACT)	PM_{10}, $PM_{2.5}$	BACT for Lime Silos (LIME) is the requirement to use filters for PM10 and PM2.5	Yes	Recordkeeping	Recordkeeping
ACDP-70	PM_{10}, $PM_{2.5}$	The permittee must perform inspections of the EXSP filters and Lime Silo filter bags at least once per calendar quarter. Inspections of EXSP filters must include checking the pressure drop across the filters; and Inspections of the Lime Silo filter bags must include observation for any visible leaks.	Yes	Recordkeeping	Recordkeeping

State of Oregon Department of Environmental Quality

Paved Industrial Roads **FORM EU508**
Fugitive Emissions Unit Summary **Answer Sheet**

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1. Emissions Unit name and ID number or label EU-RoadsPvd

2. Fugitive emissions:

Road	See Emission Calculations			
Industrial augmentation factor				
Number of traffic lanes on road				
Silt content (%)				
Surface dust loading (lbs/mile traveled)				
Mean vehicle weight				
Vehicle miles traveled (miles/month)				
Vehicle miles traveled (miles/year)				
Fugitive emissions control				
PM emission factor (attach calculation)				
PM emissions (attach calculations)				
PM_{10} emission factor (attach calculation)				
PM_{10} emissions (attach calculations)				
$PM_{2.5}$ emission factor (attach calculation)				
$PM_{2.5}$ emissions (attach calculations)				

3. Applicable Requirements:

Applicable Requirement Citation	Parameter/ Pollutant	Limit/Standard/ Requirement	Currently in Compliance?	Current Monitoring Method	Proposed Monitoring Method
ACDP-68	PM10, PM2.5	Good Housekeeping, Sweeping	Yes	Recordkeeping	Recordkeeping

Attachment 6: Emissions Data (ED600 Series)

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

Indicate which of the following categorically insignificant activities are present at the facility by placing an "X" in the "Yes" or "No" column.

Yes	No	Type of activity **Categorically Insignificant Activities**
☒	☐	Constituents of a chemical mixture present at less than 1 percent by weight of any chemical or compound regulated under divisions 200 through 268 excluding divisions 248 and 262 of this chapter, or less than 0.1 percent by weight of any carcinogen listed in the U.S. Department of Health and Human Service's Annual Report on Carcinogens when usage of the chemical mixture is less than 100,000 pounds/year
☒	☐	Evaporative and tail pipe emissions from on-site motor vehicle operation
☒	☐	Distillate oil, kerosene, gasoline, natural gas or propane burning equipment, provided the aggregate expected actual emissions of the equipment identified as categorically insignificant do not exceed the de minimis level for any regulated pollutant, based on the expected maximum annual operation of the equipment. If a source's expected emissions from all such equipment exceed the de minimis levels, then the source may identify a subgroup of such equipment as categorically insignificant with the remainder not categorically insignificant. The following equipment may never be included as categorically insignificant: A. Any individual distillate oil, kerosene or gasoline burning equipment with a rating greater than 0.4 million Btu/hour; B. Any individual natural gas or propane burning equipment with a rating greater than 2.0 million Btu/hour
☒	☐	Distillate oil, kerosene, gasoline, natural gas or propane burning equipment brought on site for six months or less for maintenance, construction or similar purposes, such as but not limited to generators, pumps, hot water pressure washers and space heaters, provided that any such equipment that performs the same function as the permanent equipment, must be operated within the source's existing PSEL
☒	☐	Office activities
☒	☐	Food service activities
☒	☐	Janitorial activities
☒	☐	Personal care activities
☒	☐	Grounds keeping activities, including, but not limited to building painting and road and parking lot maintenance
☐	☒	On-site laundry activities
☒	☐	On-site recreation facilities
☒	☐	Instrument calibration
☒	☐	Maintenance and repair shop
☒	☐	Automotive repair shops or storage garages;
☒	☐	Air cooling or ventilating equipment not designed to remove air contaminants generated by or released from associated equipment
☒	☐	Refrigeration systems with less than 50 pounds of charge of ozone depleting substances regulated under Title VI, including pressure tanks used in refrigeration systems but excluding any combustion equipment associated with such systems
☒	☐	Bench scale laboratory equipment and laboratory equipment used exclusively for chemical and physical analysis, including associated vacuum producing devices but excluding research and development facilities

Yes	No	Type of activity
☒	☐	Temporary construction activities
☒	☐	Warehouse activities
☒	☐	Accidental fires
☒	☐	Air vents from air compressors
☒	☐	Air purification systems
☐	☒	Continuous emissions monitoring vent lines
☒	☐	Demineralized water tanks
☒	☐	Pre-treatment of municipal water, including use of deionized water purification systems
☒	☐	Electrical charging stations
☐	☒	Fire brigade training
☒	☐	Instrument air dryers and distribution
☒	☐	Process raw water filtration systems
☐	☒	Pharmaceutical packaging
☒	☐	Fire suppression
☐	☒	Blueprint making
☒	☐	Routine maintenance, repair, and replacement such as anticipated activities most often associated with and performed during regularly scheduled equipment outages to maintain a plant and its equipment in good operating condition, including but not limited to steam cleaning, abrasive use, and woodworking
☒	☐	Electric motors
☒	☐	Storage tanks, reservoirs, transfer and lubricating equipment used for ASTM grade distillate or residual fuels, lubricants, and hydraulic fluids
☐	☒	On-site storage tanks not subject to any New Source Performance Standard (NSPS), including underground storage tanks (UST), storing gasoline or diesel used exclusively for fueling of the facility's fleet of vehicles
☒	☐	Natural gas, propane, and liquefied petroleum gas (LPG) storage tanks and transfer equipment
☒	☐	Pressurized tanks containing gaseous compounds
☐	☒	Vacuum sheet stacker vents
☒	☐	Emissions from wastewater discharges to publicly owned treatment works (POTW) provided the source is authorized to discharge to the POTW, not including on-site wastewater treatment and/or holding facilities
☐	☒	Log ponds
☒	☐	Storm water settling basins
☒	☐	Fire suppression and training
☒	☐	Paved roads and paved parking lots within an urban growth boundary
☒	☐	Hazardous air pollutant emissions in fugitive dust from paved and unpaved roads except for those sources that have processes or activities that contribute to the deposition and entrainment of hazardous air pollutants from surface soils
☒	☐	Health, safety, and emergency response activities

Yes	No	Type of activity
☐	☒	Emergency generators and pumps used only during loss of primary equipment or utility service due to circumstances beyond the reasonable control of the owner or operator, or to address a power emergency, provided that the aggregate horsepower rating of all stationary emergency generator and pump engines is not more than 3,000 horsepower. If the aggregate horsepower rating of all stationary emergency generator and pump engines is more than 3,000 horsepower, then no emergency generators and pumps at the source may be considered categorically insignificant
☒	☐	Non-contact steam vents and leaks and safety and relief valves for boiler steam distribution systems
☒	☐	Non-contact steam condensate flash tanks
☒	☐	Non-contact steam vents on condensate receivers, deaerators and similar equipment
☒	☐	Boiler blow down tanks
☒	☐	Industrial cooling towers that do not use chromium-based water treatment chemicals
☐	☒	Ash piles maintained in a wetted condition and associated handling systems and activities
☒	☐	Uncontrolled oil/water separators in effluent treatment systems, excluding systems with a throughput of more than 400,000 gallons per year of effluent located at the following sources: A. Petroleum refineries; B. Sources that perform petroleum refining and re-refining of lubricating oils and greases including asphalt production by distillation and the reprocessing of oils and/or solvents for fuels; or C. Bulk gasoline plants, bulk gasoline terminals, and pipeline facilities
☐	☒	Combustion source flame safety purging on startup
☐	☒	Broke beaters, pulp and repulping tanks, stock chests and pulp handling equipment, excluding thickening equipment and repulpers
☐	☒	Stock cleaning and pressurized pulp washing, excluding open stock washing systems
☐	☒	White water storage tanks

State of Oregon
Department of
Environmental
Quality

Aggregate Insignificant Emissions

FORM ED602
Answer Sheet

Facility: Intel Corporation Aloha/Ronler Acres Campuses Operating Senario OS-01 Permit Number: 34-2681-ST-02

Activity Summary:

Activity	Annual Production/Process Rate		Pollutant	Emissions Factor			Emissions
	Rate	Units		Rate	Units	Reference	(tons/yr)
Aggregate Insignificant Activities	See Note	See Note	PM	See Note	See Note	RR 34-2681-ST-02 Conditi	<=1.0
	"	"	PM10	"	"	RR 34-2681-ST-02 Conditi	<=1.0
	"	"	PM2.5	"	"	RR 34-2681-ST-02 Conditi	<=1.0
	"	"	CO	"	"	RR 34-2681-ST-02 Conditi	<=1.0
	"	"	NOx	"	"	RR 34-2681-ST-02 Conditi	<=1.0
	"	"	SO2	"	"	RR 34-2681-ST-02 Conditi	<=1.0
	"	"	VOC	"	"	RR 34-2681-ST-02 Conditi	<=1.0
	"	"	GHG	"	"	RR 34-2681-ST-02 Conditi	<=2,756
	"	"	Total HAP	"	"	RR 34-2681-ST-02 Conditi	<=2.5
	"	"	Fluorides	"	"	R-34-2681-ST-02 Condition	<=0.3

Pollutant Summary:

Pollutant	Annual Emissions (tons/year)
PM/PM10/PM2.5	<=1.0
CO	<=1.0
NOx	<=1.0
SO2	<=1.0
VOC	<=1.0
GHG	<=2,756
Total HAP	<=2.5
Fluorides	<=0.3

Note: For process and emission factor information, see the review reports and permit (34-2681-ST-02)

State of Oregon
Department of
Environmental
Quality

Aggregate Insignificant Emissions

FORM ED602
Answer Sheet

Facility: Intel Corporation Aloha/Ronler Acres Campuses Operating Senario OS-01 Permit Number: 34-2681-ST-02

Activity Summary:

Activity	Annual Production/Process Rate		Pollutant	Emissions Factor			Emissions
	Rate	Units		Rate	Units	Reference	(tons/yr)
Aggregate Insignificant Activities	See Note	See Note	Lead	See Note	See Note	RR 34-2681-ST-02 Conditi	<=0.06

Pollutant Summary:

Pollutant	Annual Emissions (tons/year)
Lead	<=0.06

Note: For process and emission factor information, see the review reports and permit (34-2681-ST-02)

Title V Air Quality Permitting
Form ED603 - Baseline Emissions

Facility Intel Corporation Aloha/Ronler Acres Campuses
Permit Number 34-2681-ST-02
Baseline Year **2010 (GHG) 1978 (others)**

State of Oregon
DEQ Department of Environmental Quality

Device/Process Summary		Annual Production/Process Rate			Emission Factor			
Device/Process	Pollutant	Units (e.g. hours operation, tons material, gallons)	Description / Type	Activity Rate [units/year]	EF Value	Units	Reference	Annual Emissions [tons/year]
All emission units existing in baseline year	Particulate Matter (PM)	See Note 1	See Note 1	See Note 1	See Note 1	See Note 1	Review Report 34-2681-ST-02 Condition 47	0
All emission units existing in baseline year	PM10	See Note 1	See Note 1	See Note 1	See Note 1	See Note 1	Review Report 34-2681-ST-02 Condition 47	0
All emission units existing in baseline year	Carbon monoxide (CO)	See Note 1	See Note 1	See Note 1	See Note 1	See Note 1	Review Report 34-2681-ST-02 Condition 47	1
All emission units existing in baseline year	Nitrogen oxides (NOx)	See Note 1	See Note 1	See Note 1	See Note 1	See Note 1	Review Report 34-2681-ST-02 Condition 47	4
All emission units existing in baseline year	Sulfur dioxide (SO2)	See Note 1	See Note 1	See Note 1	See Note 1	See Note 1	Review Report 34-2681-ST-02 Condition 47	14
All emission units existing in baseline year	Volatile Organic Compounds (VOC)	See Note 1	See Note 1	See Note 1	See Note 1	See Note 1	Review Report 34-2681-ST-02 Condition 47	190
All emission units existing in baseline year	Fluorides	See Note 1	See Note 1	See Note 1	See Note 1	See Note 1	Review Report 34-2681-ST-02 Condition 47	0
All emission units existing in baseline year	Greenhouse gases (CO2e)	See Note 1	See Note 1	See Note 1	See Note 1	See Note 1	Review Report 34-2681-ST-02 Condition 47	227000

Pollutant Summary	
Pollutant	Annual Emissions [tons/year]
Greenhouse gases (CO2e)	227000
Carbon monoxide (CO)	1
Nitrogen oxides (NOx)	4
Particulate Matter (PM)	0
PM10	0
Sulfur dioxide (SO2)	14
Volatile Organic Compounds (VOC)	190
Lead	0
Fluorides	0
Sulfuric Acid Mist	0
Hydrogen Sulfide	0
Total Reduced Sulfur (including hydrogen sulfide)	0
Reduced Sulfur Compounds (including hydrogen sulfide)	0
Municipal solid waste landfill emissions (measured as nonmethane organic compounds)	0
Ozone depleting substances in aggregate	0

Note: PM2.5 is not included on form ED603 or ED604 because it does not have a baseline per OAR 340-222-0048(3), and its netting basis is calculated on form ED605.

Title V Air Quality Permitting
Form ED604 - Netting Basis

State of Oregon
DEQ Department of Environmental Quality

Facility Intel Corporation Aloha/Ronler Acres Campuses
Permit Number 24-3681-ST-02

Device/Process Summary		Annual Production/Process Rate			Emission Factor			
Device/Process	Pollutant	Units (e.g. hours operation, tons material, gallons)	Description / Type	Activity Rate [units/year]	EF Value	Units	Reference	Annual Emissions [tons/year]
All Emission Units	Particulate Matter (PM)	See Note 1	See Note 1	See Note 1	See Note 1	See Note 1	Review Report 34-2681-ST-02 Condition 59	0
All Emission Units	PM10	See Note 1	See Note 1	See Note 1	See Note 1	See Note 1	Review Report 34-2681-ST-02 Condition 59	61
All Emission Units	Carbon monoxide (CO)	See Note 1	See Note 1	See Note 1	See Note 1	See Note 1	Review Report 34-2681-ST-02 Condition 59	598
All Emission Units	Nitrogen oxides (NOx)	See Note 1	See Note 1	See Note 1	See Note 1	See Note 1	Review Report 34-2681-ST-02 Condition 59	413
All Emission Units	Sulfur dioxide (SO2)	See Note 1	See Note 1	See Note 1	See Note 1	See Note 1	Review Report 34-2681-ST-02 Condition 59	14
All Emission Units	Volatile Organic Compounds (VOC)	See Note 1	See Note 1	See Note 1	See Note 1	See Note 1	Review Report 34-2681-ST-02 Condition 59	351
All Emission Units	Fluorides	See Note 1	See Note 1	See Note 1	See Note 1	See Note 1	Review Report 34-2681-ST-02 Condition 59	12.5
All Emission Units	Greenhouse gases (CO2e)	See Note 1	See Note 1	See Note 1	See Note 1	See Note 1	Review Report 34-2681-ST-02 Condition 59	1,725,560

Pollutant Summary	
Pollutant	Annual Emissions [tons/year]
Greenhouse gases (CO2e)	1725560
Carbon monoxide (CO)	598
Nitrogen oxides (NOx)	413
Particulate Matter (PM)	0
PM10	61
Sulfur dioxide (SO2)	14
Volatile Organic Compounds (VOC)	351
Lead	0
Fluorides	12.5
Sulfuric Acid Mist	0
Hydrogen Sulfide	0
Total Reduced Sulfur (including hydrogen sulfide)	0
Reduced Sulfur Compounds (including hydrogen sulfide)	0
Municipal waste combustor organics (measured as total tetra- through octa- chlorinated	0
Municipal waste combustor metals (measured as particulate matter)	0
Municipal waste combustor acid gases (measured as sulfur dioxide and hydrogen chloride)	0
Municipal solid waste landfill emissions (measured as nonmethane organic compounds)	0
Ozone depleting substances in aggregate	0

Note: PM2.5 is not included on form ED603 or ED604 because it does not have a baseline per OAR 340-222-0048(3), and its netting basis is calculated on form ED605.

Title V Air Quality Permitting
Form ED605 - PM 2.5 Netting Basis

State of Oregon
DEQ Department of Environmental Quality

Facility Intel Corporation Aloha/Ronler Acres Campuses
Permit Number 34-2681-ST-02

Emissions Detail

Emissions Unit ID	Device/Process ID	PM 10 PSEL that was in effect on May 1, 2011 (tons/year)	PM 2.5 fraction	Reference	PM 2.5 portion of 2011 PM 10 PSEL (tons/year)
All Emission Units		61	0.967	Review Report 34-2681-ST-02 Condition 59	59
	TOTAL	61			59

[PM 2.5 PSEL] / [PM 10 PSEL] = R	0.96721
PM 10 Netting Basis that was in effect on May 1, 2011	
Initial (2011) PM 2.5 Netting Basis = R * [PM 10 Netting Basis]	

State of Oregon
DEQ Department of Environmental Quality

Form ED605- Version 1
9/1/22

Emissions Detail Sheet

Applicability

All new or modified sources applying for Simple and Standard ACDPs will need to complete and submit this form. All existing sources that are required to conduct a short-term NAAQS Analysis are also required to complete this form.

Form Worksheets

Worksheet Name	**Purpose**
1. Facility Information	Record facility contact information.
2. Emissions Detail Sheet	Record information needed to calculate emission rates for criteria pollutants for long and short term time periods.

State of Oregon
DEQ Department of Environmental Quality

Form ED605- Version 1
9/1/22

Facility Information	
Facility Name	Intel Corporation Aloha/Ronler Acres Campuses
Facility Address	3585 SW 198th Ave / 2501 NE Century Blvd
City	Aloha /Hillsboro
Zip Code	97007 / 97124
Source Number (for existing sources)	34-2681-ST-02
Facility Contact	Wes Lund
Phone Number	971-610-4009
Email Address	wes.lund@intel.com

FOR DEQ USE ONLY	
Date Received	
Notes	

Instructions: Facilities may make duplicate tabs for different EUs, if desired.
All calculations and reference materials should be submitted along with this form. This can be in separate Excel Workbooks or other form of documentation.

Emissions Unit ID/Device: All applicable emission units at the facility should be listed. If there are multiple devices with multiple throughputs, control devices, or emission factors list each device on a separate row. If the facility is new, or has never gone through a short-term NAAQS assessment, all emissions units should be included. If the facility has already conducted a short-term NAAQS analysis and this is a modification, only new or modified emission units should be included.
Description: Brief description of the emissions unit
Pollutant: Select a criteria pollutant from the drop down list.
If Other Poll: Specify Pollutant: If Other is selected under pollutant, list the pollutant, otherwise, leave blank
Requested Production Rate: Throughput at each time interval listed below. This should represent maximum capacity or the proposed operational limitation for the emissions unit.
Hourly: Maximum hourly production rate (units/hour)
Daily: Maximum daily production rate (units/day)
Annual: Maximum annual production rate (units/year)
Units: Specify the units represented by the throughout rates listed (i.e., tons, gallons, etc.)
Emission Factors: Emission factor for each time period. If emission factors include control devices, please leave control efficiency blank and include in the description column.
Hourly: maximum hourly emission factor for the emissions unit and pollutant specified
Daily: Maximum daily emission factor for the emissions unit and pollutant specified
Annual: Maximum annual emission factor for the emissions unit and pollutant specified
Units: Specify the units the emission factors are displayed in
References: List all references for the emission factors reported
Controls: List controls used for the emissions unit and pollutant specified.
Pollution Control Device: The name of the control device
Control Efficiency (%): Control efficiency guaranteed by the manufacturer or based on test data or regulatory requirement. Note: if control efficiency is incorporated into EF, leave blank.
Emissions: Calculate emissions for each pollutant and time period specified
Hourly: maximum hourly emissions for the emissions unit and pollutant specified
Daily: Maximum daily emissions for the emissions unit and pollutant specified

State of Oregon
DEQ Department of Environmental Quality

Form ED605- Version 1
9/1/22

Facility Name	Intel Corporation Aloha/Ronler Acres Campuses
Permit Number	34-2681-ST-02

				Requested Production Rate				Emission Factors					Controls		Emissions		
Emissions Unit ID/Device	**Description**	**Pollutant**	**If Other Poll: Specify**	**Hourly (NOx, SO2)**	**Daily (NOx, SO2, PM2.5, PM10)**	**Annual (all pollutants)**	**Units**	**Hourly (NOx, SO2)**	**Daily (NOx, SO2, PM2.5)**	**Annual (all pollutants)**	**Units**	**References**	**Pollution Control Device**	**Control Efficiency (%)**	**Hourly (lbs/hr)**	**Daily (lbs/day)**	**Annual (lbs/year)**
EU-Boilers	Boilers, natural gas fired	PM															7777.14
EU-Boilers	Boilers, natural gas fired	PM10															7777.14
EU-Boilers	Boilers, natural gas fired	PM2.5															7777.14
EU-Boilers	Boilers, natural gas fired	CO															117288.83
EU-Boilers	Boilers, natural gas fired	NOx															39384.44
EU-Boilers	Boilers, natural gas fired	SO2															8088.22
EU-Boilers	Boilers, natural gas fired	VOC															17109.70
EU-Boilers	Boilers, natural gas fired	Pb															1.56
EU-Boilers	Boilers, natural gas fired		GHGs (CO2e)														374074891.11
EU-RCTOs	VOC abatement, natural gas fired	PM															38102.15
EU-RCTOs	VOC abatement, natural gas fired	PM10															38102.15
EU-RCTOs	VOC abatement, natural gas fired	PM2.5															38102.15
EU-RCTOs	VOC abatement, natural gas fired	CO															212551.95
EU-RCTOs	VOC abatement, natural gas fired	NOx															161458.82
EU-RCTOs	VOC abatement, natural gas fired	SO2															4197.93
EU-RCTOs	VOC abatement, natural gas fired	VOC															300016.20

View Emission Calculations

				Requested Production Rate				Emission Factors					Controls		Emissions		
Emissions Unit ID/Device	Description	Pollutant	If Other Poll: Specify	Hourly (NOx, SO2)	Daily (NOx, SO2, PM2.5, PM10)	Annual (all pollutants)	Units	Hourly (NOx, SO2)	Daily (NOx, SO2, PM2.5)	Annual (all pollutants)	Units	References	Pollution Control Device	Control Efficiency (%)	Hourly (lbs/hr)	Daily (lbs/day)	Annual (lbs/year)
EU-RCTOs	VOC abatement, natural gas fired	Flourides															4.29
EU-RCTOs	VOC abatement, natural gas fired	Pb															0.81
EU-RCTOs	VOC abatement, natural gas fired		GHGs (CO2e)														194151416.81
EU-RICE	Emergency generators and fire pumps	PM															960.27
EU-RICE	Emergency generators and fire pumps	PM10															960.27
EU-RICE	Emergency generators and fire pumps	PM2.5															960.27
EU-RICE	Emergency generators and fire pumps	CO															8566.04
EU-RICE	Emergency generators and fire pumps	NOx															104914.97
EU-RICE	Emergency generators and fire pumps	SO2															94.17
EU-RICE	Emergency generators and fire pumps	VOC															1919.18
EU-RICE	Emergency generators and fire pumps	Pb															1.34
EU-RICE	Emergency generators and fire pumps		GHGs (CO2e)														8225036.12
EU-Heaters	Heaters, natural gas fired	PM															520.39
EU-Heaters	Heaters, natural gas fired	PM10															520.39
EU-Heaters	Heaters, natural gas fired	PM2.5															520.39
EU-Heaters	Heaters, natural gas fired	CO															34252.63
EU-Heaters	Heaters, natural gas fired	NOx															20815.74
EU-Heaters	Heaters, natural gas fired	SO2															541.21
EU-Heaters	Heaters, natural gas fired	VOC															1144.87
EU-Heaters	Heaters, natural gas fired	Pb															0.11
EU-Heaters	Heaters, natural gas fired		GHGs (CO2e)														50061116.65
EU-VOCunc	VOC, uncontrolled	VOC															131641.07
EU-RoadsPv	Paved Roads	PM															1505.02
EU-RoadsPv	Paved Roads	PM10															301.00
EU-RoadsPv	Paved Roads	PM2.5															73.88
EU-TMXW	Ammonia WW treatment	PM															180.35
EU-TMXW	Ammonia WW treatment	PM10															180.35
EU-TMXW	Ammonia WW treatment	PM2.5															180.35
EU-TMXW	Ammonia WW treatment	CO															2207.52
EU-TMXW	Ammonia WW treatment	NOx															24457.92
EU-TMXW	Ammonia WW treatment	SO2															180.35
EU-TMXW	Ammonia WW treatment	VOC															396.78

Emissions Unit ID/Device	Description	Pollutant	If Other Poll: Specify	Requested Production Rate				Emission Factors					Controls		Emissions		
				Hourly (NOx, SO2)	Daily (NOx, SO2, PM2.5, PM10)	Annual (all pollutants)	Units	Hourly (NOx, SO2)	Daily (NOx, SO2, PM2.5)	Annual (all pollutants)	Units	References	Pollution Control Device	Control Efficiency (%)	Hourly (lbs/hr)	Daily (lbs/day)	Annual (lbs/year)
EU-TMXW	Ammonia WW treatment	Pb															0.04
EU-TMXW	Ammonia WW treatment		GHGs (CO2e)														203759104.26
EU-EXAM Scrubbers	Manufacturing operations that emit Ammonia gas	PM															27098.48
EU-EXAM Scrubbers	Manufacturing operations that emit Ammonia gas	PM10															17079.04
EU-EXAM Scrubbers	Manufacturing operations that emit Ammonia gas	PM2.5															16549.23
EU-EXAM Scrubbers	Manufacturing operations that emit Ammonia gas	CO															163013.53
EU-EXAM Scrubbers	Manufacturing operations that emit Ammonia gas	NOx															86893.26
EU-EXAM Scrubbers	Manufacturing operations that emit Ammonia gas	SO2															1549.42
EU-EXAM Scrubbers	Manufacturing operations that emit Ammonia gas	VOC															173011.24
EU-EXAM Scrubbers	Manufacturing operations that emit Ammonia gas	Flourides															82.98
EU-EXSC Scrubbers	Manufacturing operations that emit acid gases	PM															56221.31
EU-EXSC Scrubbers	Manufacturing operations that emit acid gases	PM10															54335.20
EU-EXSC Scrubbers	Manufacturing operations that emit acid gases	PM2.5															51293.89
EU-EXSC Scrubbers	Manufacturing operations that emit acid gases	CO															655832.68
EU-EXSC Scrubbers	Manufacturing operations that emit acid gases	NOx															385358.78
EU-EXSC Scrubbers	Manufacturing operations that emit acid gases	SO2															53548.67
EU-EXSC Scrubbers	Manufacturing operations that emit acid gases	VOC															73836.04
EU-EXSC Scrubbers	Manufacturing operations that emit acid gases	Flourides															24257.56
EU-EXSC Scrubbers	Manufacturing operations that emit acid gases		GHGs (CO2e)														2615336052.08
EU-PSSS Scrubbers	Particulate matter emissions from wet scrubber(s)	PM															1427.34

				Requested Production Rate				Emission Factors					Controls		Emissions		
Emissions Unit ID/Device	Description	Pollutant	If Other Poll: Specify	Hourly (NOx, SO2)	Daily (NOx, SO2, PM2.5, PM10)	Annual (all pollutants)	Units	Hourly (NOx, SO2)	Daily (NOx, SO2, PM2.5)	Annual (all pollutants)	Units	References	Pollution Control Device	Control Efficiency (%)	Hourly (lbs/hr)	Daily (lbs/day)	Annual (lbs/year)
EU-PSSS Scrubbers	Particulate matter emissions from wet scrubber(s)	PM10															882.10
EU-PSSS Scrubbers	Particulate matter emissions from wet scrubber(s)	PM2.5															2.90
EU-CoolingTowers	Cooling Towers	PM															17629.81
EU-CoolingTowers	Cooling Towers	PM10															14385.93
EU-CoolingTowers	Cooling Towers	PM2.5															63.47
EU-LimeSilo	Lime Silos	PM															887.89
EU-LimeSilo	Lime Silos	PM10															887.89
EU-LimeSilo	Lime Silos	PM2.5															887.89

Hazardous Air Pollutants

FORM ED606
Answer Sheet

Facility: Intel Corporation Aloha/Ronler Acres Campuses

Permit Number: 34-2681-ST-02

Hazardous Air Pollutants:

Pollutant	Emissions Unit ID or Activity	Annual Production/Process Rates		Emissions Factor			Emissions (tons/yr)
		Rate	Units	Rate	Units	Reference	
Lead and Compounds	EU-Boilers	View	Emission	Calculations			7.78E-4
Benzene	EU-Boilers						9.12E-3
Formaldehyde	EU-Boilers						1.94E-2
Hexane	EU-Boilers						7.23E-3
Toulene	EU-Boilers						4.17E-2
PAHs	EU-Boilers						1.56E-4
Naphthalene	EU-Boilers						4.67E-4
Acetaldehyde	EU-Boilers						4.88E-3
Acrolein	EU-Boilers						4.2-E-3
Arsenic and Compounds	EU-Boilers						3.11E-4
Beryllium and Compounds	EU-Boilers						1.87E-5
Cadmium and Compounds	EU-Boilers						1.71E-3
Chromium VI, chromate, and dichromate pa	EU-Boilers						8.71E-5
Ethyl benzene	EU-Boilers						1.09E-2
Manganese and Compounds	EU-Boilers						5.91E-4
Mercury and Compounds	EU-Boilers						4.04E-4
Nickel compounds, insoluble	EU-Boilers						3.27E-3
Selenium and compounds	EU-Boilers						3.73E-5
Xylene and mixtures	EU-Boilers						3.10E-2
Cobalt Compounds	EU-Boilers						1.31E-4

Note: Emission factors for Hazardous air pollutants (HAPs) are based on Cleaner Air Oregon CAO NG Ext. Combustion Tool.

Hazardous Air Pollutants

FORM ED606
Answer Sheet

Facility: Intel Corporation Aloha/Ronler Acres Campuses

Permit Number: 34-2681-ST-02

Hazardous Air Pollutants:

Pollutant	Emissions Unit ID or Activity	Annual Production/Process Rates		Emissions Factor			Emissions (tons/yr)
		Rate	Units	Rate	Units	Reference	
Lead and Compounds	EU-Heaters	View	Emissions	Calculations			5.26E-5
Benzene	EU-Heaters						8.41E-4
Formaldehyde	EU-Heaters						1.79E-3
Hexane	EU-Heaters						6.62E-4
Toulene	EU-Heaters						3.85E-3
PAHs	EU-Heaters						1.05E-5
Naphthalene	EU-Heaters						3.15E-5
Acetaldehyde	EU-Heaters						4.52E-4
Acrolein	EU-Heaters						2.84E-4
Arsenic and Compounds	EU-Heaters						2.10E-5
Beryllium and Compounds	EU-Heaters						1.26E-6
Cadmium and Compounds	EU-Heaters						1.16E-4
Chromium VI, chromate, and dichromate pa	EU-Heaters						5.89E-6
Ethyl benzene	EU-Heaters						9.99E-4
Manganese and Compounds	EU-Heaters						4.00E-5
Mercury and Compounds	EU-Heaters						2.73E-5
Nickel compounds, insoluble	EU-Heaters						2.21E-4
Selenium and compounds	EU-Heaters						2.52E-6
Xylene and mixtures	EU-Heaters						2.86E-3
Cobalt Compounds	EU-Heaters						8.83E-6

Note: Emission factors for Hazardous air pollutants (HAPs) are based on Cleaner Air Oregon CAO NG Ext. Combustion Tool.

Hazardous Air Pollutants

FORM ED606
Answer Sheet

Facility: Intel Corporation Aloha/Ronler Acres Campuses

Permit Number: 34-2681-ST-02

Hazardous Air Pollutants:

Pollutant	Emissions Unit ID or Activity	Annual Production/Process Rates		Emissions Factor			Emissions (tons/yr)
		Rate	Units	Rate	Units	Reference	
Benzene	EU-RICE	View	Emission	Calculations			1.83E-2
1,3-Butadiene	EU-RICE						2.14E-2
Cadium and Compounds	EU-RICE						1.21E-4
Formaldehyde	EU-RICE						1.70E-1
Chromium VI, chromate, and dichromate pa	EU-RICE						8.04E-6
Arsenic and Compounds	EU-RICE						1.29E-4
Lead and Compounds	EU-RICE						6.68E-4
Nickel Compounds, Insoluble	EU-RICE						3.12E-4
Naphthalene	EU-RICE						1.94E-3
PAHs	EU-RICE						3.56E-3
Acetaldehyde	EU-RICE						7.71E-2
Acrolein	EU-RICE						3.34E-3
Ethyl Benzene	EU-RICE						1.07E-3
Hexane	EU-RICE						2.63E-3
Hydrochloric Acid	EU-RICE						3.39E-2
Manganese and Compounds	EU-RICE						2.49E-4
Mercury and Compounds	EU-RICE						1.61E-4
Selenium and Compounds	EU-RICE						1.77E-4
Toulene	EU-RICE						1.04E-2
Xylene and compounds	EU-RICE						4.17E-3

Note: Emission factors for Hazardous air pollutants (HAPs) are based on South Coast Air Quaility Management District.

Hazardous Air Pollutants

FORM ED606
Answer Sheet

Facility: Intel Corporation Aloha/Ronler Acres Campuses

Permit Number: 34-2681-ST-02

Hazardous Air Pollutants:

Pollutant	Emissions Unit ID or Activity	Annual Production/Process Rates		Emissions Factor			Emissions (tons/yr)
		Rate	Units	Rate	Units	Reference	
Lead and Compounds	EU-RCTOs	View	Emission	Calculations			4.04E-4
Benzene	EU-RCTOs						6.46E-3
Formaldehyde	EU-RCTOs						1.37E-2
Hexane	EU-RCTOs						5.09E-3
Toulene	EU-RCTOs						2.95E-2
PAHs	EU-RCTOs						8.07E-5
Napthalene	EU-RCTOs						2.42E-4
Acetaldehyde	EU-RCTOs						3.47E-3
Acrolein	EU-RCTOs						2.18E-3
Arsenic and Compounds	EU-RCTOs						1.61E-4
Beryllium and Compounds	EU-RCTOs						9.69E-6
Cadmium and Compounds	EU-RCTOs						8.88E-4
Chromium VI, chromate, and dichromate pa	EU-RCTOs						4.52E-5
Ethyl benzene	EU-RCTOs						7.67E-3
Manganese and Compounds	EU-RCTOs						3.07E-4
Mercury and Compounds	EU-RCTOs						2.10E-4
Nickel Compounds, insoluble	EU-RCTOs						1.70E-3
Selenium and Compounds	EU-RCTOs						1.94E-5
Xylene and compounds	EU-RCTOs						2.20E-2
Cobalt and compounds	EU-RCTOs						6.78E-5
Hydrogen fluoride	EU-RCTOs						3.45E-2
Ethylene glycol	EU-RCTOs						1.06E-4

Note: Emission factors for Hazardous air pollutants (HAPs) are based on Cleaner Air Oregon CAO NG Ext. Combustion Tool.

Hazardous Air Pollutants

FORM ED606
Answer Sheet

Facility: Intel Corporation Aloha/Ronler Acres Campuses

Permit Number: 34-2681-ST-02

Hazardous Air Pollutants:

Pollutant	Emissions Unit ID or Activity	Annual Production/Process Rates		Emissions Factor			Emissions (tons/yr)
		Rate	Units	Rate	Units	Reference	
Hydrogen Cyanide	EU-Wet Scrubbers (EXAM)	View	Emission	Calculations			6.87E-4
Hydrogen Fluoride	EU-Wet Scrubbers (EXAM)						3.90E-2
Carbonyl sulfide	EU-Wet Scrubbers (EXSC)						3.62E-2
Chllorine	EU-Wet Scrubbers (EXSC)						2.67E-2
Ethylene glycol	EU-Wet Scrubbers (EXSC)						3.59E-5
Hydrochloric acid	EU-Wet Scrubbers (EXSC)						7.67
Hydrogen fluoride	EU-Wet Scrubbers (EXSC)						8.79
Methanol	EU-Wet Scrubbers (EXSC)						5.18E-1
Phosphine	EU-Wet Scrubbers (EXSC)						4.13E-2
Formaldehyde	EU-Wet Scrubbers (EXSC)						4.23E-6
Acetonitrile	EU-Wet Scrubbers (EXSC)						3.51E-1
Chromyl chloride	EU-Wet Scrubbers (EXSC)						1.29E-4
Chromium	EU-Wet Scrubbers (EXSC)						2.54E-5
Chromium hexacarbonyl	EU-Wet Scrubbers (EXSC)						8.64E-7
Methanol	EU-Cooling Towers						2.49E-4

Note: Emission factors for hazardous air pollutants (HAPs) are based on site specific source testing / material usage data.

Hazardous Air Pollutants

FORM ED606
Answer Sheet

Facility: Intel Corporation Aloha/Ronler Acres Campuses

Permit Number: 34-2681-ST-02

Hazardous Air Pollutants:

Pollutant	Emissions Unit ID or Activity	Annual Production/Process Rates		Emissions Factor			Emissions (tons/yr)
		Rate	Units	Rate	Units	Reference	
Lead and Compounds	EU-TMXW						1.80E-05
Benzene	EU-TMXW						2.89E-04
Formaldehyde	EU-TMXW						6.13E-04
Hexane	EU-TMXW						2.27E-04
Toulene	EU-TMXW						1.32E-03
PAHs	EU-TMXW						3.61E-06
Naphthalene	EU-TMXW						1.08E-05
Acetaldehyde	EU-TMXW						1.55E-04
Acrolein	EU-TMXW						9.74E-05
Arsenic and Compounds	EU-TMXW						7.21E-06
Beryllium and Compounds	EU-TMXW						4.33E-07
Cadmium and Compounds	EU-TMXW						3.97E-05
Chromium VI, chromate, and dichromate pa	EU-TMXW						2.02E-06
Ethyl Benzene	EU-TMXW						3.43E-04
Manganese and compounds	EU-TMXW						1.37E-05
Mercury and Compounds	EU-TMXW						9.38E-06
Nickel compounds, insoluble	EU-TMXW						7.57E-05
Selenium and Compounds	EU-TMXW						8.66E-07
Xylene and mixtures	EU-TMXW						9.81E-04
Cobalt Compounds	EU-TMXW						3.03E-06

Note: Emission factors for Hazardous air pollutants (HAPs) are based on Cleaner Air Oregon CAO NG Ext. Combustion Tool.

***** Do not send to EPA: This is the final copy of your form.*****

Form Approved OMB Number:**2070-0212**
Approval Expires: **2025-06-30**

Complete form online via TRI-MEweb. For a trade secret submission, send completed forms to TRI Reporting Center, P. O. Box 10163, Fairfax, VA 22038. The annual public burden related to the Form R is estimated to average 35.71 hours per response for a facility filing a report on one chemical. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act.

EPA United States Environmental Protection Agency	**FORM R** Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act.	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Ammonia**

This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:	Revision (Enter up to two code(s)) [ ] [ ]	Withdrawal (Enter up to two code(s)) [ ] [ ]

Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.

Part I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR : **2023**

SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; attach substantiation forms) [**X**] NO (Do not answer 2.2; go to Section 3)
2.2	Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "Yes" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Michael Anders Oregon TD EHS Manager	**Reference Copy: Copy of Record Resides in CDX**	**2024-06-28**

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name **INTEL CORP-RONLER ACRES CAMPUS**		TRI Facility ID Number **97124NTLCR2501N**	BIA Code
	Street **2501 NE CENTURY BLVD**		Facility or Establishment Mailing Address (if different from physical street address) **5200 NE ELAM YOUNG PARKWAY M/S RS5-115**	
	City/County/State/ZIP Code **HILLSBORO / Washington / OR / 97124**		City/State/ZIP Code **HILLSBORO / OR / 97124**	Country (Non-US)

4.2	This report contains information for: (Important: check a or b; check c or d if applicable)	a. [**X**] An Entire facility	b. [ ] Part of a facility	c. [ ] A Federal facility	d. [ ] GOCO

4.3	Technical Contact name	**WENDY ZHANG**	Email Address **wendy1.zhang@intel.com**	Telephone Number (include area code and ext.) **971-713-4968**
4.4	Public Contact name	**MIKE ANDERS**	Email Address **MICHAEL.J.ANDERS@INTEL.COM**	Telephone Number (include area code and ext.) **971-563-4869**

4.5	NAICS Code(s) (6 digits)	a. **334413 (Primary)**	b.	c.	d.	e.	f.

4.6	Dun and Bradstreet Number(s) (9 digits)
	a. **170824804**
	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	**INTEL CORP**		No U.S. Parent Company (for TRI Reporting purposes) [ ]
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	**047897855**	
5.3	Name of Foreign Parent Company (for TRI Reporting purposes)			No Foreign Parent Company (for TRI Reporting purposes) [**X**]
5.4	Foreign Parent Company's Dun & Bradstreet Number	NA [ ]		

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Ammonia**

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) **7664417**
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) **Ammonia**
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive). **NA**

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.) **NA**

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. [**X**] Produce b. [ ] Import		
If produce or import: c. [ ] For on-site use/processing d. [ ] For sale/distribution e. [**X**] As a byproduct f. [ ] As an impurity	a. [ ] As a reactant Sub-Uses: b. [ ] As a formulation component Sub-Uses: c. [ ] As an article component d. [ ] Repackaging e. [ ] As an impurity f. [ ] Recycling	a. [ ] As a chemical processing aid Sub-Uses: b. [**X**] As a manufacturing aid Sub-Uses: **Z299** c. [**X**] Ancillary or other use Sub-Uses: **Z399**

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	[**04**] (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA [ ]	**A**	**O**	
5.2	Stack or point air emissions	NA [ ]	**3500**	**M2**	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA [**X**]			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Ammonia**

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

Optional Waste Rock Piles Information
You may check this box if your Section 5.5 quantities include "waste rock piles." [ ] Enter quantity of "waste rock piles" (pounds/year*)

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA [ ]

6.1.1 POTW Name	**ROCK CREEK STP**
POTW Address	**3235 SW RIVER RD**

City		County		State		ZIP		Country (Non-US)	
	HILLSBORO		**Washington**		**OR**		**97123**		

A. Quantity Transferred to this POTW (pounds/year*) (Enter range code**or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal (Enter code)
1 . **1560**	1 . **E1**	1 . **P39**
2 . **1040**	2 . **E1**	2 . **P36**

*For Dioxin and Dioxin-like Compounds, report in grams/year

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**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Ammonia**

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS — NA [ ]

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)	**COD980591184**
Off-Site Location Name:	**VEOLIA ES TECHNICAL SOLUTIONS LLC**
Off-Site Address:	**9131 E 96TH AVE**

City	**HENDERSON**	County	**Adams**	State	**CO**	ZIP	**80640**	Country (Non-US)	

Is location under control of reporting facility or parent company? [ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **230**	1 . **O**	1 . **M54**
2 . **0.2**	2 . **O**	2 . **M26**
3 . **35**	3 . **O**	3 . **M56**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)	**ORD981766124**
Off-Site Location Name:	**SAFETY KLEEN SYSTEMS INC**
Off-Site Address:	**16540 SE 130TH AVE**

City	**CLACKAMAS**	County	**Clackamas**	State	**OR**	ZIP	**97015**	Country (Non-US)	

Is location under control of reporting facility or parent company? [ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **85000**	1 . **O**	1 . **M26**

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Waste Treatment Efficiency Estimate
7A. 1 a	**7A. 1 b**	**7A. 1 c**
W	2 : **H121** 3 : **H071** 4 : **H081** 5 : **H124** 6 : **H082** 7 : **H121**	**E3**
7A. 2 a	**7A. 2 b**	**7A. 2 c**
W	2 : **H121** 3 : **H071** 4 : **H121** 5 : **H075** 6 : **H121** 7 : **H081**	**E6**
7A. 3 a	**7A. 3 b**	**7A. 3 c**
W	2 : **H121** 3 : **H083**	**E4**
7A. 4 a	**7A. 4 b**	**7A. 4 c**
W	2 : **H121** 3 : **H083**	**E3**
7A. 5 a	**7A. 5 b**	**7A. 5 c**
W	2 : **H121**	**E6**
7A. 6 a	**7A. 6 b**	**7A. 6 c**
A	2 : **H040**	**E4**
7A. 7 a	**7A. 7 b**	**7A. 7 c**

A	2 : **A03**	**E4**

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Ammonia**

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] NA - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [Enter 3-character code(s)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] NA - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [Enter 3-character code(s)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1b	Total other on-site disposal or other releases	**5705**	**3505**	**3800**	**2800**
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1d	Total other off-site disposal or other releases	**1320**	**1040**	**1200**	**900**
8.2	Quantity used for energy recovery on-site	**NA**	**NA**	**NA**	**NA**
8.3	Quantity used for energy recovery off-site	**NA**	**35**	**41**	**30**
8.4	Quantity recycled on-site	**NA**	**NA**	**NA**	**NA**
8.5	Quantity recycled off-site	**78000.7**	**85000.2**	**99000**	**74000**
8.6	Quantity treated on-site	**190000**	**370000**	**430000**	**320000**
8.7	Quantity treated off-site	**2410**	**1790**	**2100**	**1500**
8.8	Non-production-related waste managed**		**NA**		
8.9	[**X**] Production ratio or [ ] Activity ratio (select one and enter value to right)		**0.64**		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [**X**]		

	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
97124NTLCR2501N
Toxic Chemical, Category, or Generic Name
Ammonia

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	**Comment**

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	**Comment**
Chemical specific warning	**Error Reviewed / No Comment.**
POTW Transfer Details	**Error Reviewed / No Comment.**

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Form Approved OMB Number:**2070-0212**
Approval Expires: **2025-06-30**

Complete form online via TRI-MEweb. For a trade secret submission, send completed forms to TRI Reporting Center, P. O. Box 10163, Fairfax, VA 22038. The annual public burden related to the Form R is estimated to average 35.71 hours per response for a facility filing a report on one chemical. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act.

EPA United States Environmental Protection Agency	**FORM R** Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act.	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Certain glycol ethers**

This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:	Revision (Enter up to two code(s)) [ ][ ]	Withdrawal (Enter up to two code(s)) [ ][ ]

Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.

Part I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR : **2023**

SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; attach substantiation forms) [**X**] NO (Do not answer 2.2; go to Section 3)
2.2	Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "Yes" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Michael Anders Oregon TD EHS Manager	**Reference Copy: Copy of Record Resides in CDX**	**2024-06-28**

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name **INTEL CORP-RONLER ACRES CAMPUS**	TRI Facility ID Number **97124NTLCR2501N**	BIA Code
	Street **2501 NE CENTURY BLVD**	Facility or Establishment Mailing Address (if different from physical street address) **5200 NE ELAM YOUNG PARKWAY M/S RS5-115**	
	City/County/State/ZIP Code **HILLSBORO / Washington / OR / 97124**	City/State/ZIP Code **HILLSBORO / OR / 97124**	Country (Non-US)

4.2	This report contains information for: (Important: check a or b; check c or d if applicable)	a. [**X**] An Entire facility	b. [ ] Part of a facility	c. [ ] A Federal facility	d. [ ] GOCO

4.3	Technical Contact name	**WENDY ZHANG**	Email Address **wendy1.zhang@intel.com**	Telephone Number (include area code and ext.) **971-713-4968**
4.4	Public Contact name	**MIKE ANDERS**	Email Address **MICHAEL.J.ANDERS@INTEL.COM**	Telephone Number (include area code and ext.) **971-563-4869**

4.5	NAICS Code(s) (6 digits)	a. **334413 (Primary)**	b.	c.	d.	e.	f.

4.6	Dun and Bradstreet Number(s) (9 digits)
	a. **170824804**
	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	**INTEL CORP**		No U.S. Parent Company (for TRI Reporting purposes) [ ]
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	**047897855**	
5.3	Name of Foreign Parent Company (for TRI Reporting purposes)			No Foreign Parent Company (for TRI Reporting purposes) [**X**]
5.4	Foreign Parent Company's Dun & Bradstreet Number	NA [ ]		

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Certain glycol ethers**

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) **N230**
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) **Certain glycol ethers**
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive). **NA**

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.) **NA**

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. [ ] Produce b. [ ] Import		
If produce or import: c. [ ] For on-site use/processing d. [ ] For sale/distribution e. [ ] As a byproduct f. [ ] As an impurity	a. [ ] As a reactant Sub-Uses: b. [ ] As a formulation component Sub-Uses: c. [ ] As an article component d. [ ] Repackaging e. [ ] As an impurity f. [ ] Recycling	a. [ ] As a chemical processing aid Sub-Uses: b. [ ] As a manufacturing aid Sub-Uses: c. [**X**] Ancillary or other use Sub-Uses: **Z399**

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	[**04**] (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA [ ]	**A**	**O**	
5.2	Stack or point air emissions	NA [ ]	**29**	**E2**	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA [**X**]			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Certain glycol ethers**

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

Optional Waste Rock Piles Information
You may check this box if your Section 5.5 quantities include "waste rock piles." [ ] Enter quantity of "waste rock piles" (pounds/year*)

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA [ ]

6.1.1 POTW Name	**ROCK CREEK STP**
POTW Address	**3235 SW RIVER RD**

City	HILLSBORO	County	Washington	State	OR	ZIP	97123	Country (Non-US)	

A. Quantity Transferred to this POTW (pounds/year*) (Enter range code**or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal (Enter code)
1 . **8004**	1 . **E1**	1 . **P39**
2 . **696**	2 . **E1**	2 . **P36**

*For Dioxin and Dioxin-like Compounds, report in grams/year

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Certain glycol ethers**

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS — NA [ ]

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)	**COD980591184**
Off-Site Location Name:	**VEOLIA ES TECHNICAL SOLUTIONS LLC**
Off-Site Address:	**9131 E 96TH AVE**

City	**HENDERSON**	County	**Adams**	State	**CO**	ZIP	**80640**	Country (Non-US)	

Is location under control of reporting facility or parent company? [ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **110000**	1 . **O**	1 . **M56**
2 . **370**	2 . **O**	2 . **M20**
3 . **6000**	3 . **O**	3 . **M61**
4 . **210**	4 . **O**	4 . **M94**
5 . **1700**	5 . **O**	5 . **M54**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)	**MOD054018288**
Off-Site Location Name:	**GREEN AMERICA RECYCLING LLC**
Off-Site Address:	**10107 HWY 79**

City	**HANNIBAL**	County	**Ralls**	State	**MO**	ZIP	**63401**	Country (Non-US)	

Is location under control of reporting facility or parent company? [ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **160000**	1 . **O**	1 . **M54**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)	**ARD006354161**
Off-Site Location Name:	**ELEMENTAL ENVIRONMENTAL SOLUTIONS LLC**
Off-Site Address:	**500 EAST REYNOLDS ROAD**

City	**ARKADELPHIA**	County	**Clark**	State	**AR**	ZIP	**71923**	Country (Non-US)	

Is location under control of reporting facility or parent company? [ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **4400**	1 . **O**	1 . **M56**
2 . **150000**	2 . **O**	2 . **M54**

6.2.4 Off-Site EPA Identification Number (RCRA ID No.)	**KSD031203318**
Off-Site Location Name:	**ASH GROVE CEMENT CO**
Off-Site Address:	**1801 N SANTA FE AVE**

City	CHANUTE	County	Neosho	State	KS	ZIP	66720	Country (Non-US)	
Is location under control of reporting facility or parent company?						[ ] Yes [X] No			

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . 8.1	1 . O	1 . M56

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Waste Treatment Efficiency Estimate
7A. 1 a	**7A. 1 b**	**7A. 1 c**
A	2 : H082 3 : H040	E3
7A. 2 a	**7A. 2 b**	**7A. 2 c**
W	2 : H121	E6
7A. 3 a	**7A. 3 b**	**7A. 3 c**
W	2 : H121 3 : H071 4 : H081 5 : H124 6 : H082 7 : H121	E5

*For Dioxin and Dioxin-like Compounds, report in grams/year

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Certain glycol ethers**

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] NA - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [Enter 3-character code(s)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] NA - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [Enter 3-character code(s)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1b	Total other on-site disposal or other releases	**155**	**34**	**39**	**29**
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1d	Total other off-site disposal or other releases	**3200**	**906**	**1100**	**800**
8.2	Quantity used for energy recovery on-site	**NA**	**NA**	**NA**	**NA**
8.3	Quantity used for energy recovery off-site	**1728000**	**114408.1**	**140000**	**100000**
8.4	Quantity recycled on-site	**NA**	**NA**	**NA**	**NA**
8.5	Quantity recycled off-site	**14000**	**370**	**440**	**320**
8.6	Quantity treated on-site	**500000**	**110000**	**120000**	**92000**
8.7	Quantity treated off-site	**583170**	**325704**	**390000**	**290000**
8.8	Non-production-related waste managed**		**NA**		
8.9	[**X**] Production ratio or [ ] Activity ratio (select one and enter value to right)		**0.64**		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [**X**]		

	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
97124NTLCR2501N
Toxic Chemical, Category, or Generic Name
Certain glycol ethers

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	**Comment**

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	**Comment**
Change in the total quantity of production-related waste	**This change in release totals was expected.**
POTW Transfer Details	**Error Reviewed / No Comment.**

***** Do not send to EPA: This is the final copy of your form.*****

Form Approved OMB Number:**2070-0212**
Approval Expires: **2025-06-30**

Complete form online via TRI-MEweb. For a trade secret submission, send completed forms to TRI Reporting Center, P. O. Box 10163, Fairfax, VA 22038. The annual public burden related to the Form R is estimated to average 35.71 hours per response for a facility filing a report on one chemical. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act.

EPA United States Environmental Protection Agency	**FORM R** Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act.	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Chlorine**

This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:	Revision (Enter up to two code(s)) [ ][ ]	Withdrawal (Enter up to two code(s)) [ ][ ]

Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.

Part I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR : **2023**

SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; attach substantiation forms) [**X**] NO (Do not answer 2.2; go to Section 3)
2.2	Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "Yes" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Michael Anders Oregon TD EHS Manager	**Reference Copy: Copy of Record Resides in CDX**	**2024-06-28**

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name **INTEL CORP-RONLER ACRES CAMPUS**		TRI Facility ID Number **97124NTLCR2501N**	BIA Code
	Street **2501 NE CENTURY BLVD**		Facility or Establishment Mailing Address (if different from physical street address) **5200 NE ELAM YOUNG PARKWAY M/S RS5-115**	
	City/County/State/ZIP Code **HILLSBORO / Washington / OR / 97124**		City/State/ZIP Code **HILLSBORO / OR / 97124**	Country (Non-US)

4.2	This report contains information for: (Important: check a or b; check c or d if applicable)	a. [**X**] An Entire facility	b. [ ] Part of a facility	c. [ ] A Federal facility	d. [ ] GOCO

4.3	Technical Contact name	**WENDY ZHANG**	Email Address **wendy1.zhang@intel.com**	Telephone Number (include area code and ext.) **971-713-4968**
4.4	Public Contact name	**MIKE ANDERS**	Email Address **MICHAEL.J.ANDERS@INTEL.COM**	Telephone Number (include area code and ext.) **971-563-4869**

4.5	NAICS Code(s) (6 digits)	a. **334413 (Primary)**	b.	c.	d.	e.	f.

4.6	Dun and Bradstreet Number(s) (9 digits)
	a. **170824804**
	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	**INTEL CORP**		No U.S. Parent Company (for TRI Reporting purposes) [ ]
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	**047897855**	
5.3	Name of Foreign Parent Company (for TRI Reporting purposes)			No Foreign Parent Company (for TRI Reporting purposes) [**X**]
5.4	Foreign Parent Company's Dun & Bradstreet Number	NA [ ]		

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Chlorine**

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) **7782505**
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) **Chlorine**
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive). **NA**

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.) **NA**

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. [**X**] Produce b. [ ] Import		
If produce or import: c. [**X**] For on-site use/processing d. [ ] For sale/distribution e. [**X**] As a byproduct f. [ ] As an impurity	a. [ ] As a reactant Sub-Uses: b. [ ] As a formulation component Sub-Uses: c. [ ] As an article component d. [ ] Repackaging e. [ ] As an impurity f. [ ] Recycling	a. [ ] As a chemical processing aid Sub-Uses: b. [**X**] As a manufacturing aid Sub-Uses: **Z299** c. [**X**] Ancillary or other use Sub-Uses: **Z399** **Z307**

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	[**02**] (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA [ ]	**0**	**O**	
5.2	Stack or point air emissions	NA [ ]	**58**	**E2**	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA [**X**]			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Chlorine**

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

Optional Waste Rock Piles Information
You may check this box if your Section 5.5 quantities include "waste rock piles." [ ] Enter quantity of "waste rock piles" (pounds/year*)

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)	NA [X]

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Chlorine**

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS	NA [**X**]
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)	
Off-Site Location Name:	**NA**
Off-Site Address:	

City		County		State		ZIP		Country (Non-US)	
Is location under control of reporting facility or parent company?						[ ] Yes [ ] No			

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Waste Treatment Efficiency Estimate
7A. 1 a	**7A. 1 b**	**7A. 1 c**
A	2 : **H040**	**E3**
7A. 2 a	**7A. 2 b**	**7A. 2 c**
A	2 : **A03**	**E5**

*For Dioxin and Dioxin-like Compounds, report in grams/year

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Chlorine**

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] NA - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [Enter 3-character code(s)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] NA - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [Enter 3-character code(s)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1b	Total other on-site disposal or other releases	**35**	**58**	**68**	**50**
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1d	Total other off-site disposal or other releases	**NA**	**NA**	**NA**	**NA**
8.2	Quantity used for energy recovery on-site	**NA**	**NA**	**NA**	**NA**
8.3	Quantity used for energy recovery off-site	**NA**	**NA**	**NA**	**NA**
8.4	Quantity recycled on-site	**NA**	**NA**	**NA**	**NA**
8.5	Quantity recycled off-site	**NA**	**NA**	**NA**	**NA**
8.6	Quantity treated on-site	**49000**	**41000**	**48000**	**35000**
8.7	Quantity treated off-site	**NA**	**NA**	**NA**	**NA**
8.8	Non-production-related waste managed**		**NA**		
8.9	[**X**] Production ratio or [ ] Activity ratio (select one and enter value to right)		**0.64**		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [**X**]		

	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
97124NTLCR2501N
Toxic Chemical, Category, or Generic Name
Chlorine

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	**Comment**

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	**Comment**
You entered a quantity of chlorine as transferred to POTWs in Section 6.1	**Error Reviewed / No Comment.**

***** Do not send to EPA: This is the final copy of your form.*****

Form Approved OMB Number:**2070-0212**
Approval Expires: **2025-06-30**

Complete form online via TRI-MEweb. For a trade secret submission, send completed forms to TRI Reporting Center, P. O. Box 10163, Fairfax, VA 22038. The annual public burden related to the Form R is estimated to average 35.71 hours per response for a facility filing a report on one chemical. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act.

EPA United States Environmental Protection Agency	**FORM R** Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act.	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Copper compounds(includes Copper)**

This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:	Revision (Enter up to two code(s)) [ ][ ]	Withdrawal (Enter up to two code(s)) [ ][ ]

Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.

Part I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR : **2023**

SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; attach substantiation forms) [**X**] NO (Do not answer 2.2; go to Section 3)
2.2	Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "Yes" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Michael Anders Oregon TD EHS Manager	**Reference Copy: Copy of Record Resides in CDX**	**2024-06-28**

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name **INTEL CORP-RONLER ACRES CAMPUS**	TRI Facility ID Number **97124NTLCR2501N**	BIA Code
	Street **2501 NE CENTURY BLVD**	Facility or Establishment Mailing Address (if different from physical street address) **5200 NE ELAM YOUNG PARKWAY M/S RS5-115**	
	City/County/State/ZIP Code **HILLSBORO / Washington / OR / 97124**	City/State/ZIP Code **HILLSBORO / OR / 97124**	Country (Non-US)

4.2	This report contains information for: (Important: check a or b; check c or d if applicable)	a. [**X**] An Entire facility	b. [ ] Part of a facility	c. [ ] A Federal facility	d. [ ] GOCO

4.3	Technical Contact name	**WENDY ZHANG**	Email Address **wendy1.zhang@intel.com**	Telephone Number (include area code and ext.) **971-713-4968**
4.4	Public Contact name	**MIKE ANDERS**	Email Address **MICHAEL.J.ANDERS@INTEL.COM**	Telephone Number (include area code and ext.) **971-563-4869**

4.5	NAICS Code(s) (6 digits)	a. **334413 (Primary)**	b.	c.	d.	e.	f.

4.6	Dun and Bradstreet Number(s) (9 digits)
	a. **170824804**
	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	**INTEL CORP**		No U.S. Parent Company (for TRI Reporting purposes) [ ]
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	**047897855**	
5.3	Name of Foreign Parent Company (for TRI Reporting purposes)			No Foreign Parent Company (for TRI Reporting purposes) [**X**]
5.4	Foreign Parent Company's Dun & Bradstreet Number	NA [ ]		

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Copper compounds**

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) **N100**
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) **Copper compounds**
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive). **NA**

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.) **NA**

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. [**X**] Produce b. [ ] Import		
If produce or import: c. [**X**] For on-site use/processing d. [ ] For sale/distribution e. [ ] As a byproduct f. [ ] As an impurity	a. [ ] As a reactant Sub-Uses: b. [ ] As a formulation component Sub-Uses: c. [**X**] As an article component d. [ ] Repackaging e. [ ] As an impurity f. [ ] Recycling	a. [ ] As a chemical processing aid Sub-Uses: b. [ ] As a manufacturing aid Sub-Uses: c. [**X**] Ancillary or other use Sub-Uses: **Z399** **Z307**

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	[**04**] (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA [**X**]			
5.2	Stack or point air emissions	NA [ ]	**1.4**	**E1**	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA [ ]			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	**ROCK CREEK**	**17090010000065**	**2.6**	**M2**	**100.00%**

*For Dioxin and Dioxin-like Compounds, report in grams/year

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Copper compounds**

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

Optional Waste Rock Piles Information
You may check this box if your Section 5.5 quantities include "waste rock piles." [ ] Enter quantity of "waste rock piles" (pounds/year*)

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA [ ]

6.1.1 POTW Name	**ROCK CREEK STP**								
POTW Address	**3235 SW RIVER RD**								
City	**HILLSBORO**	County	**Washington**	State	**OR**	ZIP	**97123**	Country (Non-US)	

A. Quantity Transferred to this POTW (pounds/year*) (Enter range code**or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal (Enter code)
1 . **204.4**	1 . **E1**	1 . **P36**
2 . **525.6**	2 . **E1**	2 . **P33**

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Copper compounds**

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS — NA [ ]

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)	**COD980591184**
Off-Site Location Name:	**VEOLIA ES TECHNICAL SOLUTIONS LLC**
Off-Site Address:	**9131 E 96TH AVE**

City	County	State	ZIP	Country (Non-US)
HENDERSON	**Adams**	**CO**	**80640**	

Is location under control of reporting facility or parent company? [ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **41**	1 . **O**	1 . **M90**
2 . **16000**	2 . **O**	2 . **M24**
3 . **420**	3 . **O**	3 . **M26**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)	**CAD008488025**
Off-Site Location Name:	**PHIBRO-TECH INC**
Off-Site Address:	**8851 DICE ROAD**

City	County	State	ZIP	Country (Non-US)
SANTA FE SPRINGS	**Los Angeles**	**CA**	**90670**	

Is location under control of reporting facility or parent company? [ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **530**	1 . **O**	1 . **M90**
2 . **20000**	2 . **M2**	2 . **M24**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)	**MND981098478**
Off-Site Location Name:	**EVOQUA WATER TECHNOLOGIES LLC 2430 ROSE PLA**
Off-Site Address:	**2430 ROSE PLACE**

City	County	State	ZIP	Country (Non-US)
ROSEVILLE	**Ramsey**	**MN**	**55113**	

Is location under control of reporting facility or parent company? [ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **5200**	1 . **M2**	1 . **M62**

6.2.4 Off-Site EPA Identification Number (RCRA ID No.)	**AZD983473828**
Off-Site Location Name:	**JX NIPPON MINING & METALS**
Off-Site Address:	**125 N PRICE RD**

City	County	State	ZIP	Country (Non-US)
CHANDLER	**Maricopa**	**AZ**	**85224**	

Is location under control of reporting facility or parent company? [ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **42000**	1 . **O**	1 . **M24**

6.2.5 Off-Site EPA Identification Number (RCRA ID No.)	**NA**
Off-Site Location Name:	**Hillsboro Landfill**
Off-Site Address:	**3205 SE Minter Bridge Rd**

City	**Hillsboro**	County	**Washington**	State	**OR**	ZIP	**97123**	Country (Non-US)	

Is location under control of reporting facility or parent company?	[ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **190**	1 . **C**	1 . **M64**

6.2.6 Off-Site EPA Identification Number (RCRA ID No.)	**OHD987055753**
Off-Site Location Name:	**TOSOH SMD INC**
Off-Site Address:	**3600 GANTZ ROAD**

City	**GROVE CITY**	County	**Franklin**	State	**OH**	ZIP	**43123**	Country (Non-US)	

Is location under control of reporting facility or parent company?	[ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **8200**	1 . **O**	1 . **M24**

6.2.7 Off-Site EPA Identification Number (RCRA ID No.)	**ORD987189008**
Off-Site Location Name:	**METRO METALS NORTHWEST INC**
Off-Site Address:	**5611 NE COLUMBIA BLVD**

City	**PORTLAND**	County	**Multnomah**	State	**OR**	ZIP	**97218**	Country (Non-US)	

Is location under control of reporting facility or parent company?	[ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **98000**	1 . **O**	1 . **M24**

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Waste Treatment Efficiency Estimate
7A. 1 a	**7A. 1 b**	**7A. 1 c**
W	2 : **H121**	**E6**
7A. 2 a	**7A. 2 b**	**7A. 2 c**
W	2 : **H071** 3 : **H082**	**E3**
7A. 3 a	**7A. 3 b**	**7A. 3 c**
W	2 : **H121** 3 : **H071** 4 : **H121** 5 : **H075** 6 : **H121** 7 : **H081**	**E6**
7A. 4 a	**7A. 4 b**	**7A. 4 c**
W	2 : **H129** 3 : **H124** 4 : **H082**	**E5**
7A. 5 a	**7A. 5 b**	**7A. 5 c**
W	2 : **H121** 3 : **H071** 4 : **H081** 5 : **H124** 6 : **H082** 7 : **H121**	**E5**
7A. 6 a	**7A. 6 b**	**7A. 6 c**
W	2 : **H121** 3 : **H129** 4 : **H124** 5 : **H082**	**E3**

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Copper compounds**

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] NA - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [Enter 3-character code(s)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] NA - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [Enter 3-character code(s)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1b	Total other on-site disposal or other releases	**3.81**	**4**	**4.7**	**3.5**
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**661.6**	**715.6**	**830**	**620**
8.1d	Total other off-site disposal or other releases	**8518.4**	**5975.4**	**7000**	**5200**
8.2	Quantity used for energy recovery on-site	**NA**	**NA**	**NA**	**NA**
8.3	Quantity used for energy recovery off-site	**NA**	**NA**	**NA**	**NA**
8.4	Quantity recycled on-site	**NA**	**NA**	**NA**	**NA**
8.5	Quantity recycled off-site	**222530**	**184620**	**220000**	**160000**
8.6	Quantity treated on-site	**NA**	**NA**	**NA**	**NA**
8.7	Quantity treated off-site	**NA**	**NA**	**NA**	**NA**
8.8	Non-production-related waste managed**		**NA**		
8.9	[**X**] Production ratio or [ ] Activity ratio (select one and enter value to right)		**0.64**		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [**X**]		

	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
97124NTLCR2501N
Toxic Chemical, Category, or Generic Name
Copper compounds

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	**Comment**

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	**Comment**
You have entered a value for a metal and/or a metal compound for Transfers to Publicly Owned Treatment Works (POTWs)	**Error Reviewed / No Comment.**
You checked the "Not Applicable" box for the off-site location EPA Identification Number	**Hillsboro Landfill does not have an EPA ID.**
POTW Transfer Details	**Error Reviewed / No Comment.**

***** Do not send to EPA: This is the final copy of your form.*****

Form Approved OMB Number:**2070-0212**
Approval Expires: **2025-06-30**

Complete form online via TRI-MEweb. For a trade secret submission, send completed forms to TRI Reporting Center, P. O. Box 10163, Fairfax, VA 22038. The annual public burden related to the Form R is estimated to average 35.71 hours per response for a facility filing a report on one chemical. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act.

EPA United States Environmental Protection Agency	**FORM R** Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act.	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Ethylene glycol**

This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:	Revision (Enter up to two code(s)) [ ][ ]	Withdrawal (Enter up to two code(s)) [ ][ ]

Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.

Part I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR : **2023**

SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; attach substantiation forms) [**X**] NO (Do not answer 2.2; go to Section 3)
2.2	Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "Yes" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Michael Anders Oregon TD EHS Manager	**Reference Copy: Copy of Record Resides in CDX**	**2024-06-28**

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name **INTEL CORP-RONLER ACRES CAMPUS**		TRI Facility ID Number **97124NTLCR2501N**	BIA Code
	Street **2501 NE CENTURY BLVD**		Facility or Establishment Mailing Address (if different from physical street address) **5200 NE ELAM YOUNG PARKWAY M/S RS5-115**	
	City/County/State/ZIP Code **HILLSBORO / Washington / OR / 97124**		City/State/ZIP Code **HILLSBORO / OR / 97124**	Country (Non-US)

4.2	This report contains information for: (Important: check a or b; check c or d if applicable)	a. [**X**] An Entire facility	b. [ ] Part of a facility	c. [ ] A Federal facility	d. [ ] GOCO

4.3	Technical Contact name	**WENDY ZHANG**	Email Address **wendy1.zhang@intel.com**	Telephone Number (include area code and ext.) **971-713-4968**
4.4	Public Contact name	**MIKE ANDERS**	Email Address **MICHAEL.J.ANDERS@INTEL.COM**	Telephone Number (include area code and ext.) **971-563-4869**

4.5	NAICS Code(s) (6 digits)	a. **334413 (Primary)**	b.	c.	d.	e.	f.

4.6	Dun and Bradstreet Number(s) (9 digits)
	a. **170824804**
	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	**INTEL CORP**		No U.S. Parent Company (for TRI Reporting purposes) [ ]
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	**047897855**	
5.3	Name of Foreign Parent Company (for TRI Reporting purposes)			No Foreign Parent Company (for TRI Reporting purposes) [**X**]
5.4	Foreign Parent Company's Dun & Bradstreet Number	NA [ ]		

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Ethylene glycol**

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) **107211**
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) **Ethylene glycol**
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive). **NA**

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.) **NA**

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. [ ] Produce b. [ ] Import		
If produce or import: c. [ ] For on-site use/processing d. [ ] For sale/distribution e. [ ] As a byproduct f. [ ] As an impurity	a. [ ] As a reactant Sub-Uses: b. [ ] As a formulation component Sub-Uses: c. [ ] As an article component d. [ ] Repackaging e. [ ] As an impurity f. [ ] Recycling	a. [ ] As a chemical processing aid Sub-Uses: b. [ ] As a manufacturing aid Sub-Uses: c. [**X**] Ancillary or other use Sub-Uses: **Z399**

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	[**03**] (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA [ ]	**A**	**O**	
5.2	Stack or point air emissions	NA [ ]	**0.21**	**E2**	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA [**X**]			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Ethylene glycol**

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

Optional Waste Rock Piles Information
You may check this box if your Section 5.5 quantities include "waste rock piles." [ ] Enter quantity of "waste rock piles" (pounds/year*)

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA [ ]

6.1.1 POTW Name	**ROCK CREEK STP**
POTW Address	**3235 SW RIVER RD**

City	HILLSBORO	County	Washington	State	OR	ZIP	97123	Country (Non-US)	

A. Quantity Transferred to this POTW (pounds/year*) (Enter range code**or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal (Enter code)
1 . **634.8**	1 . **E1**	1 . **P39**
2 . **55.2**	2 . **E1**	2 . **P36**

*For Dioxin and Dioxin-like Compounds, report in grams/year

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Ethylene glycol**

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS — NA [ ]

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)	**COD980591184**
Off-Site Location Name:	**VEOLIA ES TECHNICAL SOLUTIONS LLC**
Off-Site Address:	**9131 E 96TH AVE**

City	**HENDERSON**	County	**Adams**	State	**CO**	ZIP	**80640**	Country (Non-US)	

Is location under control of reporting facility or parent company? [ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **600**	1 . **O**	1 . **M20**
2 . **840**	2 . **O**	2 . **M61**
3 . **25000**	3 . **O**	3 . **M56**
4 . **620**	4 . **O**	4 . **M54**
5 . **30**	5 . **O**	5 . **M94**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)	**MOD054018288**
Off-Site Location Name:	**GREEN AMERICA RECYCLING LLC**
Off-Site Address:	**10107 HWY 79**

City	**HANNIBAL**	County	**Ralls**	State	**MO**	ZIP	**63401**	Country (Non-US)	

Is location under control of reporting facility or parent company? [ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **18000**	1 . **O**	1 . **M54**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)	**ARD006354161**
Off-Site Location Name:	**ELEMENTAL ENVIRONMENTAL SOLUTIONS LLC**
Off-Site Address:	**500 EAST REYNOLDS ROAD**

City	**ARKADELPHIA**	County	**Clark**	State	**AR**	ZIP	**71923**	Country (Non-US)	

Is location under control of reporting facility or parent company? [ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **18000**	1 . **O**	1 . **M54**
2 . **4900**	2 . **O**	2 . **M56**

6.2.4 Off-Site EPA Identification Number (RCRA ID No.)	**KSD031203318**
Off-Site Location Name:	**ASH GROVE CEMENT CO**
Off-Site Address:	**1801 N SANTA FE AVE**

City	CHANUTE	County	Neosho	State	KS	ZIP	66720	Country (Non-US)	
Is location under control of reporting facility or parent company?						[ ] Yes [X] No			

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . 4	1 . O	1 . M56

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Waste Treatment Efficiency Estimate
7A. 1 a	**7A. 1 b**	**7A. 1 c**
A	2 : A03	E6
7A. 2 a	**7A. 2 b**	**7A. 2 c**
W	2 : H121	E6
7A. 3 a	**7A. 3 b**	**7A. 3 c**
W	2 : H121 3 : H071 4 : H081 5 : H124 6 : H082 7 : H121	E5

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Ethylene glycol**

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] NA - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [Enter 3-character code(s)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] NA - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [Enter 3-character code(s)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1b	Total other on-site disposal or other releases	**5.36**	**5.21**	**6.1**	**5.3**
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1d	Total other off-site disposal or other releases	**168**	**85.2**	**100**	**74**
8.2	Quantity used for energy recovery on-site	**NA**	**NA**	**NA**	**NA**
8.3	Quantity used for energy recovery off-site	**230300**	**29904**	**35000**	**26000**
8.4	Quantity recycled on-site	**NA**	**NA**	**NA**	**NA**
8.5	Quantity recycled off-site	**3400**	**600**	**700**	**520**
8.6	Quantity treated on-site	**24000**	**7900**	**9300**	**6900**
8.7	Quantity treated off-site	**44957**	**38094.8**	**44000**	**33000**
8.8	Non-production-related waste managed**		**NA**		
8.9	[**X**] Production ratio or [ ] Activity ratio (select one and enter value to right)		**0.64**		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [**X**]		

	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
97124NTLCR2501N
Toxic Chemical, Category, or Generic Name
Ethylene glycol

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	**Comment**

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	**Comment**
Change in the total quantity of production-related waste	**This change in release totals was expected.**
POTW Transfer Details	**Error Reviewed / No Comment.**

***** Do not send to EPA: This is the final copy of your form.*****

Form Approved OMB Number:**2070-0212**
Approval Expires: **2025-06-30**

Complete form online via TRI-MEweb. For a trade secret submission, send completed forms to TRI Reporting Center, P. O. Box 10163, Fairfax, VA 22038. The annual public burden related to the Form R is estimated to average 35.71 hours per response for a facility filing a report on one chemical. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act.

EPA United States Environmental Protection Agency	**FORM R** Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act.	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Fluorine**

This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:	Revision (Enter up to two code(s)) [ ][ ]	Withdrawal (Enter up to two code(s)) [ ][ ]

Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.

Part I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR : **2023**

SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; attach substantiation forms) [**X**] NO (Do not answer 2.2; go to Section 3)
2.2	Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "Yes" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Michael Anders Oregon TD EHS Manager	**Reference Copy: Copy of Record Resides in CDX**	**2024-06-28**

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name **INTEL CORP-RONLER ACRES CAMPUS**	TRI Facility ID Number **97124NTLCR2501N**	BIA Code
	Street **2501 NE CENTURY BLVD**	Facility or Establishment Mailing Address (if different from physical street address) **5200 NE ELAM YOUNG PARKWAY M/S RS5-115**	
	City/County/State/ZIP Code **HILLSBORO / Washington / OR / 97124**	City/State/ZIP Code **HILLSBORO / OR / 97124**	Country (Non-US)

4.2	This report contains information for: (Important: check a or b; check c or d if applicable)	a. [**X**] An Entire facility	b. [ ] Part of a facility	c. [ ] A Federal facility	d. [ ] GOCO

4.3	Technical Contact name	**WENDY ZHANG**	Email Address **wendy1.zhang@intel.com**	Telephone Number (include area code and ext.) **971-713-4968**
4.4	Public Contact name	**MIKE ANDERS**	Email Address **MICHAEL.J.ANDERS@INTEL.COM**	Telephone Number (include area code and ext.) **971-563-4869**

4.5	NAICS Code(s) (6 digits)	a. **334413 (Primary)**	b.	c.	d.	e.	f.

4.6	Dun and Bradstreet Number(s) (9 digits)
	a. **170824804**
	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	**INTEL CORP**		No U.S. Parent Company (for TRI Reporting purposes) [ ]
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	**047897855**	
5.3	Name of Foreign Parent Company (for TRI Reporting purposes)			No Foreign Parent Company (for TRI Reporting purposes) [**X**]
5.4	Foreign Parent Company's Dun & Bradstreet Number	NA [ ]		

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Fluorine**

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) **7782414**
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) **Fluorine**
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive). **NA**

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.) **NA**

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. [**X**] Produce b. [ ] Import		
If produce or import: c. [ ] For on-site use/processing d. [ ] For sale/distribution e. [**X**] As a byproduct f. [ ] As an impurity	a. [ ] As a reactant Sub-Uses: b. [ ] As a formulation component Sub-Uses: c. [ ] As an article component d. [ ] Repackaging e. [ ] As an impurity f. [ ] Recycling	a. [ ] As a chemical processing aid Sub-Uses: b. [**X**] As a manufacturing aid Sub-Uses: **Z299** c. [ ] Ancillary or other use Sub-Uses:

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	[**02**] (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA [ ]	**0**	**O**	
5.2	Stack or point air emissions	NA [ ]	**2600**	**E2**	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA [**X**]			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Fluorine**

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

Optional Waste Rock Piles Information
You may check this box if your Section 5.5 quantities include "waste rock piles." [ ] Enter quantity of "waste rock piles" (pounds/year*)

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)	NA [X]

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Fluorine**

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS	NA [**X**]
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)	
Off-Site Location Name:	**NA**
Off-Site Address:	

City		County		State		ZIP		Country (Non-US)	
Is location under control of reporting facility or parent company?						[ ] Yes [ ] No			

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Waste Treatment Efficiency Estimate
7A. 1 a	**7A. 1 b**	**7A. 1 c**
A	2 : **H040**	**E5**
7A. 2 a	**7A. 2 b**	**7A. 2 c**
A	2 : **A03**	**E5**

*For Dioxin and Dioxin-like Compounds, report in grams/year

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Fluorine**

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] NA - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [Enter 3-character code(s)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] NA - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [Enter 3-character code(s)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1b	Total other on-site disposal or other releases	**4200**	**2600**	**3000**	**2300**
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1d	Total other off-site disposal or other releases	**NA**	**NA**	**NA**	**NA**
8.2	Quantity used for energy recovery on-site	**NA**	**NA**	**NA**	**NA**
8.3	Quantity used for energy recovery off-site	**NA**	**NA**	**NA**	**NA**
8.4	Quantity recycled on-site	**NA**	**NA**	**NA**	**NA**
8.5	Quantity recycled off-site	**NA**	**NA**	**NA**	**NA**
8.6	Quantity treated on-site	**410000**	**240000**	**280000**	**210000**
8.7	Quantity treated off-site	**NA**	**NA**	**NA**	**NA**
8.8	Non-production-related waste managed**		**NA**		
8.9	[**X**] Production ratio or [ ] Activity ratio (select one and enter value to right)		**0.64**		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [**X**]		

	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
97124NTLCR2501N
Toxic Chemical, Category, or Generic Name
Fluorine

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	**Comment**

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	**Comment**

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Form Approved OMB Number:**2070-0212**
Approval Expires: **2025-06-30**

Complete form online via TRI-MEweb. For a trade secret submission, send completed forms to TRI Reporting Center, P. O. Box 10163, Fairfax, VA 22038. The annual public burden related to the Form R is estimated to average 35.71 hours per response for a facility filing a report on one chemical. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act.

EPA United States Environmental Protection Agency	**FORM R** Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act.	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Formic acid**

This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:	Revision (Enter up to two code(s)) [ ][ ]	Withdrawal (Enter up to two code(s)) [ ][ ]

Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.

Part I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR : **2023**

SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; attach substantiation forms) [**X**] NO (Do not answer 2.2; go to Section 3)
2.2	Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "Yes" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Michael Anders Oregon TD EHS Manager	**Reference Copy: Copy of Record Resides in CDX**	**2024-06-28**

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name **INTEL CORP-RONLER ACRES CAMPUS**		TRI Facility ID Number **97124NTLCR2501N**	BIA Code
	Street **2501 NE CENTURY BLVD**		Facility or Establishment Mailing Address (if different from physical street address) **5200 NE ELAM YOUNG PARKWAY M/S RS5-115**	
	City/County/State/ZIP Code **HILLSBORO / Washington / OR / 97124**		City/State/ZIP Code **HILLSBORO / OR / 97124**	Country (Non-US)

4.2	This report contains information for: (Important: check a or b; check c or d if applicable)	a. [**X**] An Entire facility	b. [ ] Part of a facility	c. [ ] A Federal facility	d. [ ] GOCO

4.3	Technical Contact name	**WENDY ZHANG**	Email Address **wendy1.zhang@intel.com**	Telephone Number (include area code and ext.) **971-713-4968**
4.4	Public Contact name	**MIKE ANDERS**	Email Address **MICHAEL.J.ANDERS@INTEL.COM**	Telephone Number (include area code and ext.) **971-563-4869**

4.5	NAICS Code(s) (6 digits)	a. **334413 (Primary)**	b.	c.	d.	e.	f.

4.6	Dun and Bradstreet Number(s) (9 digits)
	a. **170824804**
	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	**INTEL CORP**		No U.S. Parent Company (for TRI Reporting purposes) [ ]
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	**047897855**	
5.3	Name of Foreign Parent Company (for TRI Reporting purposes)			No Foreign Parent Company (for TRI Reporting purposes) [**X**]
5.4	Foreign Parent Company's Dun & Bradstreet Number	NA [ ]		

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Formic acid**

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) **64186**
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) **Formic acid**
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive). **NA**

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.) **NA**

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. [ ] Produce b. [ ] Import		
If produce or import: c. [ ] For on-site use/processing d. [ ] For sale/distribution e. [ ] As a byproduct f. [ ] As an impurity	a. [ ] As a reactant Sub-Uses: b. [ ] As a formulation component Sub-Uses: c. [ ] As an article component d. [ ] Repackaging e. [ ] As an impurity f. [ ] Recycling	a. [**X**] As a chemical processing aid Sub-Uses: **Z199** b. [ ] As a manufacturing aid Sub-Uses: c. [**X**] Ancillary or other use Sub-Uses: **Z399**

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	[**04**] (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA [ ]	**A**	**O**	
5.2	Stack or point air emissions	NA [ ]	**33**	**E2**	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA [**X**]			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Formic acid**

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

Optional Waste Rock Piles Information
You may check this box if your Section 5.5 quantities include "waste rock piles." [ ] Enter quantity of "waste rock piles" (pounds/year*)

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)	NA [X]

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Formic acid**

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS — NA [ ]

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)	**COD980591184**
Off-Site Location Name:	**VEOLIA ES TECHNICAL SOLUTIONS LLC**
Off-Site Address:	**9131 E 96TH AVE**

City	**HENDERSON**	County	**Adams**	State	**CO**	ZIP	**80640**	Country (Non-US)	

Is location under control of reporting facility or parent company? — [ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **420**	1 . **O**	1 . **M56**

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Waste Treatment Efficiency Estimate
7A. 1 a	**7A. 1 b**	**7A. 1 c**
A	2 : **H040**	**E4**

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Formic acid**

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] NA - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [Enter 3-character code(s)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] NA - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [Enter 3-character code(s)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1b	Total other on-site disposal or other releases	**75**	**38**	**45**	**33**
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1d	Total other off-site disposal or other releases	**NA**	**NA**	**NA**	**NA**
8.2	Quantity used for energy recovery on-site	**NA**	**NA**	**NA**	**NA**
8.3	Quantity used for energy recovery off-site	**380**	**420**	**490**	**360**
8.4	Quantity recycled on-site	**NA**	**NA**	**NA**	**NA**
8.5	Quantity recycled off-site	**NA**	**NA**	**NA**	**NA**
8.6	Quantity treated on-site	**350000**	**170000**	**200000**	**140000**
8.7	Quantity treated off-site	**NA**	**NA**	**NA**	**NA**
8.8	Non-production-related waste managed**		**NA**		
8.9	[**X**] Production ratio or [ ] Activity ratio (select one and enter value to right)		**0.64**		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [**X**]		

	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
97124NTLCR2501N
Toxic Chemical, Category, or Generic Name
Formic acid

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	**Comment**

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	**Comment**

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Form Approved OMB Number:**2070-0212**
Approval Expires: **2025-06-30**

Complete form online via TRI-MEweb. For a trade secret submission, send completed forms to TRI Reporting Center, P. O. Box 10163, Fairfax, VA 22038. The annual public burden related to the Form R is estimated to average 35.71 hours per response for a facility filing a report on one chemical. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act.

EPA United States Environmental Protection Agency	**FORM R** Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act.	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Hydrochloric acid (acid aerosols including mists, vapors, gas, fog, and other airborne forms of any particle size)**

This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:	Revision (Enter up to two code(s)) [ ][ ]	Withdrawal (Enter up to two code(s)) [ ][ ]

Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.

Part I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR : **2023**

SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; attach substantiation forms) [**X**] NO (Do not answer 2.2; go to Section 3)
2.2	Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "Yes" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Michael Anders Oregon TD EHS Manager	**Reference Copy: Copy of Record Resides in CDX**	**2024-06-28**

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name **INTEL CORP-RONLER ACRES CAMPUS**		TRI Facility ID Number **97124NTLCR2501N**	BIA Code
	Street **2501 NE CENTURY BLVD**		Facility or Establishment Mailing Address (if different from physical street address) **5200 NE ELAM YOUNG PARKWAY M/S RS5-115**	
	City/County/State/ZIP Code **HILLSBORO / Washington / OR / 97124**		City/State/ZIP Code **HILLSBORO / OR / 97124**	Country (Non-US)

4.2	This report contains information for: (Important: check a or b; check c or d if applicable)	a. [**X**] An Entire facility	b. [ ] Part of a facility	c. [ ] A Federal facility	d. [ ] GOCO

4.3	Technical Contact name	**WENDY ZHANG**	Email Address **wendy1.zhang@intel.com**	Telephone Number (include area code and ext.) **971-713-4968**
4.4	Public Contact name	**MIKE ANDERS**	Email Address **MICHAEL.J.ANDERS@INTEL.COM**	Telephone Number (include area code and ext.) **971-563-4869**

4.5	NAICS Code(s) (6 digits)	a. **334413 (Primary)**	b.	c.	d.	e.	f.

4.6	Dun and Bradstreet Number(s) (9 digits)
	a. **170824804**
	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	**INTEL CORP**		No U.S. Parent Company (for TRI Reporting purposes) [ ]
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	**047897855**	
5.3	Name of Foreign Parent Company (for TRI Reporting purposes)			No Foreign Parent Company (for TRI Reporting purposes) [**X**]
5.4	Foreign Parent Company's Dun & Bradstreet Number	NA [ ]		

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Hydrochloric acid (acid aerosols including mists, vapors, gas, fog, and other airborne forms of any particle size)**

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) **7647010**
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) **Hydrochloric acid (acid aerosols including mists, vapors, gas, fog, and other airborne forms of any particle size)**
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive). **NA**

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.) **NA**

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. [**X**] Produce b. [ ] Import		
If produce or import: c. [ ] For on-site use/processing d. [ ] For sale/distribution e. [**X**] As a byproduct f. [ ] As an impurity	a. [ ] As a reactant Sub-Uses: b. [ ] As a formulation component Sub-Uses: c. [ ] As an article component d. [ ] Repackaging e. [ ] As an impurity f. [ ] Recycling	a. [ ] As a chemical processing aid Sub-Uses: b. [**X**] As a manufacturing aid Sub-Uses: **Z299** c. [**X**] Ancillary or other use Sub-Uses: **Z399** **Z301**

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	[**04**] (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA [ ]	**A**	**O**	
5.2	Stack or point air emissions	NA [ ]	**3100**	**E2**	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA [**X**]			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Hydrochloric acid (acid aerosols including mists, vapors, gas, fog, and other airborne forms of any particle size)**

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

Optional Waste Rock Piles Information
You may check this box if your Section 5.5 quantities include "waste rock piles." [ ] Enter quantity of "waste rock piles" (pounds/year*)

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)	NA [X]

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Hydrochloric acid (acid aerosols including mists, vapors, gas, fog, and other airborne forms of any particle size)**

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS	NA [**X**]
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)	
Off-Site Location Name:	**NA**
Off-Site Address:	

City		County		State		ZIP		Country (Non-US)	
Is location under control of reporting facility or parent company?						[ ] Yes [ ] No			

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Waste Treatment Efficiency Estimate
7A. 1 a	**7A. 1 b**	**7A. 1 c**
A	2 : **A03**	**E5**

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Hydrochloric acid (acid aerosols including mists, vapors, gas, fog, and other airborne forms of any particle size)**

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] NA - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [Enter 3-character code(s)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] NA - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [Enter 3-character code(s)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1b	Total other on-site disposal or other releases	**2205**	**3105**	**3600**	**2700**
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1d	Total other off-site disposal or other releases	**NA**	**NA**	**NA**	**NA**
8.2	Quantity used for energy recovery on-site	**NA**	**NA**	**NA**	**NA**
8.3	Quantity used for energy recovery off-site	**NA**	**NA**	**NA**	**NA**
8.4	Quantity recycled on-site	**NA**	**NA**	**NA**	**NA**
8.5	Quantity recycled off-site	**NA**	**NA**	**NA**	**NA**
8.6	Quantity treated on-site	**230000**	**180000**	**210000**	**160000**
8.7	Quantity treated off-site	**NA**	**NA**	**NA**	**NA**
8.8	Non-production-related waste managed**		**NA**		
8.9	[**X**] Production ratio or [ ] Activity ratio (select one and enter value to right)		**0.64**		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [**X**]		

	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
97124NTLCR2501N
Toxic Chemical, Category, or Generic Name
Hydrochloric acid (acid aerosols including mists, vapors, gas, fog, and other airborne forms of any particle size)

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	**Comment**

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	**Comment**
Chemical specific warning	**Error Reviewed / No Comment.**

***** Do not send to EPA: This is the final copy of your form.*****

Form Approved OMB Number:**2070-0212**
Approval Expires: **2025-06-30**

Complete form online via TRI-MEweb. For a trade secret submission, send completed forms to TRI Reporting Center, P. O. Box 10163, Fairfax, VA 22038. The annual public burden related to the Form R is estimated to average 35.71 hours per response for a facility filing a report on one chemical. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act.

EPA United States Environmental Protection Agency	**FORM R** Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act.	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Hydrogen fluoride**

This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:	Revision (Enter up to two code(s)) [ ][ ]	Withdrawal (Enter up to two code(s)) [ ][ ]

Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.

Part I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR : **2023**

SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; attach substantiation forms) [**X**] NO (Do not answer 2.2; go to Section 3)
2.2	Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "Yes" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Michael Anders Oregon TD EHS Manager	**Reference Copy: Copy of Record Resides in CDX**	**2024-06-28**

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name **INTEL CORP-RONLER ACRES CAMPUS**		TRI Facility ID Number **97124NTLCR2501N**	BIA Code
	Street **2501 NE CENTURY BLVD**		Facility or Establishment Mailing Address (if different from physical street address) **5200 NE ELAM YOUNG PARKWAY M/S RS5-115**	
	City/County/State/ZIP Code **HILLSBORO / Washington / OR / 97124**		City/State/ZIP Code **HILLSBORO / OR / 97124**	Country (Non-US)

4.2	This report contains information for: (Important: check a or b; check c or d if applicable)	a. [**X**] An Entire facility	b. [ ] Part of a facility	c. [ ] A Federal facility	d. [ ] GOCO

4.3	Technical Contact name	**WENDY ZHANG**	Email Address **wendy1.zhang@intel.com**	Telephone Number (include area code and ext.) **971-713-4968**
4.4	Public Contact name	**MIKE ANDERS**	Email Address **MICHAEL.J.ANDERS@INTEL.COM**	Telephone Number (include area code and ext.) **971-563-4869**

4.5	NAICS Code(s) (6 digits)	a. **334413 (Primary)**	b.	c.	d.	e.	f.
4.6	Dun and Bradstreet Number(s) (9 digits)						
	a. **170824804**						
	b.						

SECTION 5. PARENT COMPANY INFORMATION				
5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	**INTEL CORP**		No U.S. Parent Company (for TRI Reporting purposes) [ ]
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	**047897855**	
5.3	Name of Foreign Parent Company (for TRI Reporting purposes)			No Foreign Parent Company (for TRI Reporting purposes) [**X**]
5.4	Foreign Parent Company's Dun & Bradstreet Number	NA [ ]		

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Hydrogen fluoride**

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) **7664393**
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) **Hydrogen fluoride**
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive). **NA**

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.) **NA**

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. [**X**] Produce b. [ ] Import		
If produce or import: c. [ ] For on-site use/processing d. [ ] For sale/distribution e. [**X**] As a byproduct f. [ ] As an impurity	a. [ ] As a reactant Sub-Uses: b. [ ] As a formulation component Sub-Uses: c. [ ] As an article component d. [ ] Repackaging e. [ ] As an impurity f. [ ] Recycling	a. [ ] As a chemical processing aid Sub-Uses: b. [ ] As a manufacturing aid Sub-Uses: c. [**X**] Ancillary or other use Sub-Uses: **Z399** **Z301**

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	[**04**] (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA [ ]	**A**	**O**	
5.2	Stack or point air emissions	NA [ ]	**5800**	**M2**	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA [**X**]			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Hydrogen fluoride**

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

Optional Waste Rock Piles Information
You may check this box if your Section 5.5 quantities include "waste rock piles." [ ] Enter quantity of "waste rock piles" (pounds/year*)

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA [ ]

6.1.1 POTW Name	**ROCK CREEK STP**
POTW Address	**3235 SW RIVER RD**

City		County		State		ZIP		Country (Non-US)	
	HILLSBORO		**Washington**		**OR**		**97123**		

A. Quantity Transferred to this POTW (pounds/year*) (Enter range code**or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal (Enter code)
1 . **0.0784**	1 . **M1**	1 . **P36**
2 . **0.0016**	2 . **M1**	2 . **P33**

*For Dioxin and Dioxin-like Compounds, report in grams/year

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Hydrogen fluoride**

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS — NA [ ]

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)	**COD980591184**
Off-Site Location Name:	**VEOLIA ES TECHNICAL SOLUTIONS LLC**
Off-Site Address:	**9131 E 96TH AVE**

City	County	State	ZIP	Country (Non-US)
HENDERSON	**Adams**	**CO**	**80640**	

Is location under control of reporting facility or parent company? — [ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **7.7**	1 . **O**	1 . **M20**
2 . **160**	2 . **O**	2 . **M54**
3 . **240**	3 . **O**	3 . **M61**
4 . **0.6**	4 . **O**	4 . **M26**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)	**MOD054018288**
Off-Site Location Name:	**GREEN AMERICA RECYCLING LLC**
Off-Site Address:	**10107 HWY 79**

City	County	State	ZIP	Country (Non-US)
HANNIBAL	**Ralls**	**MO**	**63401**	

Is location under control of reporting facility or parent company? — [ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **13**	1 . **O**	1 . **M54**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)	**ARD006354161**
Off-Site Location Name:	**ELEMENTAL ENVIRONMENTAL SOLUTIONS LLC**
Off-Site Address:	**500 EAST REYNOLDS ROAD**

City	County	State	ZIP	Country (Non-US)
ARKADELPHIA	**Clark**	**AR**	**71923**	

Is location under control of reporting facility or parent company? — [ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **4.2**	1 . **O**	1 . **M54**

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Waste Treatment Efficiency Estimate
7A. 1 a	**7A. 1 b**	**7A. 1 c**

A	2 : **A03**	**E5**
7A. 2 a	**7A. 2 b**	**7A. 2 c**
W	2 : **H121** 3 : **H083**	**E6**
7A. 3 a	**7A. 3 b**	**7A. 3 c**
W	2 : **H121** 3 : **H071**	**E4**
7A. 4 a	**7A. 4 b**	**7A. 4 c**
W	2 : **H121**	**E5**
7A. 5 a	**7A. 5 b**	**7A. 5 c**
W	2 : **H121** 3 : **H071** 4 : **H081** 5 : **H124** 6 : **H082** 7 : **H121**	**E6**

*For Dioxin and Dioxin-like Compounds, report in grams/year

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Hydrogen fluoride**

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] NA - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [Enter 3-character code(s)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] NA - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [Enter 3-character code(s)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1b	Total other on-site disposal or other releases	**11005**	**5805**	**6700**	**5000**
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**0.022**	**0.0016**	**0.0019**	**0.0014**
8.1d	Total other off-site disposal or other releases	**1.078**	**0.0784**	**0.092**	**0.068**
8.2	Quantity used for energy recovery on-site	**NA**	**NA**	**NA**	**NA**
8.3	Quantity used for energy recovery off-site	**NA**	**NA**	**NA**	**NA**
8.4	Quantity recycled on-site	**NA**	**NA**	**NA**	**NA**
8.5	Quantity recycled off-site	**NA**	**8.3**	**9.7**	**7.2**
8.6	Quantity treated on-site	**940000**	**580000**	**680000**	**500000**
8.7	Quantity treated off-site	**1780**	**417.2**	**490**	**430**
8.8	Non-production-related waste managed**		**NA**		
8.9	[**X**] Production ratio or [ ] Activity ratio (select one and enter value to right)		**0.64**		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [**X**]		

	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
97124NTLCR2501N
Toxic Chemical, Category, or Generic Name
Hydrogen fluoride

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	**Comment**

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	**Comment**
POTW Transfer Details	**Error Reviewed / No Comment.**

***** Do not send to EPA: This is the final copy of your form.*****

Form Approved OMB Number:**2070-0212**
Approval Expires: **2025-06-30**

Complete form online via TRI-MEweb. For a trade secret submission, send completed forms to TRI Reporting Center, P. O. Box 10163, Fairfax, VA 22038. The annual public burden related to the Form R is estimated to average 35.71 hours per response for a facility filing a report on one chemical. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act.

EPA United States Environmental Protection Agency	**FORM R** Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act.	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Methanol**

This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:	Revision (Enter up to two code(s)) [ ][ ]	Withdrawal (Enter up to two code(s)) [ ][ ]

Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.

Part I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR : **2023**

SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; attach substantiation forms) [**X**] NO (Do not answer 2.2; go to Section 3)
2.2	Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "Yes" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Michael Anders Oregon TD EHS Manager	**Reference Copy: Copy of Record Resides in CDX**	**2024-06-28**

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name **INTEL CORP-RONLER ACRES CAMPUS**	TRI Facility ID Number **97124NTLCR2501N**	BIA Code
	Street **2501 NE CENTURY BLVD**	Facility or Establishment Mailing Address (if different from physical street address) **5200 NE ELAM YOUNG PARKWAY M/S RS5-115**	
	City/County/State/ZIP Code **HILLSBORO / Washington / OR / 97124**	City/State/ZIP Code **HILLSBORO / OR / 97124**	Country (Non-US)

4.2	This report contains information for: (Important: check a or b; check c or d if applicable)	a. [**X**] An Entire facility	b. [ ] Part of a facility	c. [ ] A Federal facility	d. [ ] GOCO

4.3	Technical Contact name	**WENDY ZHANG**	Email Address **wendy1.zhang@intel.com**	Telephone Number (include area code and ext.) **971-713-4968**
4.4	Public Contact name	**MIKE ANDERS**	Email Address **MICHAEL.J.ANDERS@INTEL.COM**	Telephone Number (include area code and ext.) **971-563-4869**

4.5	NAICS Code(s) (6 digits)	a. **334413 (Primary)**	b.	c.	d.	e.	f.

4.6	Dun and Bradstreet Number(s) (9 digits)
	a. **170824804**
	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	**INTEL CORP**		No U.S. Parent Company (for TRI Reporting purposes) [ ]
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	**047897855**	
5.3	Name of Foreign Parent Company (for TRI Reporting purposes)			No Foreign Parent Company (for TRI Reporting purposes) [**X**]
5.4	Foreign Parent Company's Dun & Bradstreet Number	NA [ ]		

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Methanol**

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) **67561**
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) **Methanol**
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive). **NA**

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.) **NA**

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. [**X**] Produce b. [ ] Import		
If produce or import: c. [ ] For on-site use/processing d. [ ] For sale/distribution e. [**X**] As a byproduct f. [ ] As an impurity	a. [ ] As a reactant Sub-Uses: b. [ ] As a formulation component Sub-Uses: c. [ ] As an article component d. [ ] Repackaging e. [ ] As an impurity f. [ ] Recycling	a. [ ] As a chemical processing aid Sub-Uses: b. [ ] As a manufacturing aid Sub-Uses: c. [**X**] Ancillary or other use Sub-Uses: **Z399** **Z307**

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	[**04**] (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA [ ]	**86**	**O**	
5.2	Stack or point air emissions	NA [ ]	**75**	**E2**	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA [**X**]			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Methanol**

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

Optional Waste Rock Piles Information
You may check this box if your Section 5.5 quantities include "waste rock piles." [ ] Enter quantity of "waste rock piles" (pounds/year*)

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA [ ]

6.1.1 POTW Name	**ROCK CREEK STP**
POTW Address	**3235 SW RIVER RD**

City		County		State		ZIP		Country (Non-US)	
	HILLSBORO		**Washington**		**OR**		**97123**		

A. Quantity Transferred to this POTW (pounds/year*) (Enter range code**or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal (Enter code)
1 . **0**	1 . **E1**	1 . **P39**
2 . **0**	2 . **E1**	2 . **P36**

*For Dioxin and Dioxin-like Compounds, report in grams/year

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Methanol**

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS	NA [ ]
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)	**COD980591184**
Off-Site Location Name:	**VEOLIA ES TECHNICAL SOLUTIONS LLC**
Off-Site Address:	**9131 E 96TH AVE**

City	**HENDERSON**	County	**Adams**	State	**CO**	ZIP	**80640**	Country (Non-US)	

Is location under control of reporting facility or parent company?	[ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **370**	1 . **O**	1 . **M56**
2 . **50**	2 . **O**	2 . **M54**

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Waste Treatment Efficiency Estimate
7A. 1 a	**7A. 1 b**	**7A. 1 c**
A	2 : **H040**	**E4**

*For Dioxin and Dioxin-like Compounds, report in grams/year

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Methanol**

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] NA - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [Enter 3-character code(s)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] NA - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [Enter 3-character code(s)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1b	Total other on-site disposal or other releases	**186**	**161**	**240**	**180**
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1d	Total other off-site disposal or other releases	**0**	**0**	**0**	**0**
8.2	Quantity used for energy recovery on-site	**NA**	**NA**	**NA**	**NA**
8.3	Quantity used for energy recovery off-site	**380**	**370**	**430**	**320**
8.4	Quantity recycled on-site	**NA**	**NA**	**NA**	**NA**
8.5	Quantity recycled off-site	**NA**	**NA**	**NA**	**NA**
8.6	Quantity treated on-site	**1900**	**830**	**970**	**720**
8.7	Quantity treated off-site	**2**	**50**	**59**	**44**
8.8	Non-production-related waste managed**		**NA**		
8.9	[**X**] Production ratio or [ ] Activity ratio (select one and enter value to right)		**0.64**		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [**X**]		

	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
97124NTLCR2501N
Toxic Chemical, Category, or Generic Name
Methanol

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	**Comment**

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	**Comment**

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Form Approved OMB Number:**2070-0212**
Approval Expires: **2025-06-30**

Complete form online via TRI-MEweb. For a trade secret submission, send completed forms to TRI Reporting Center, P. O. Box 10163, Fairfax, VA 22038. The annual public burden related to the Form R is estimated to average 35.71 hours per response for a facility filing a report on one chemical. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act.

EPA United States Environmental Protection Agency	**FORM R** Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act.	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **N-Methyl-2-pyrrolidone**

This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:	Revision (Enter up to two code(s)) [ ][ ]	Withdrawal (Enter up to two code(s)) [ ][ ]

Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.

Part I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR : **2023**

SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; attach substantiation forms) [**X**] NO (Do not answer 2.2; go to Section 3)
2.2	Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "Yes" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Michael Anders Oregon TD EHS Manager	**Reference Copy: Copy of Record Resides in CDX**	**2024-06-28**

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name **INTEL CORP-RONLER ACRES CAMPUS**	TRI Facility ID Number **97124NTLCR2501N**	BIA Code
	Street **2501 NE CENTURY BLVD**	Facility or Establishment Mailing Address (if different from physical street address) **5200 NE ELAM YOUNG PARKWAY M/S RS5-115**	
	City/County/State/ZIP Code **HILLSBORO / Washington / OR / 97124**	City/State/ZIP Code **HILLSBORO / OR / 97124**	Country (Non-US)

4.2	This report contains information for: (Important: check a or b; check c or d if applicable)	a. [**X**] An Entire facility	b. [ ] Part of a facility	c. [ ] A Federal facility	d. [ ] GOCO

4.3	Technical Contact name	**WENDY ZHANG**	Email Address **wendy1.zhang@intel.com**	Telephone Number (include area code and ext.) **971-713-4968**
4.4	Public Contact name	**MIKE ANDERS**	Email Address **MICHAEL.J.ANDERS@INTEL.COM**	Telephone Number (include area code and ext.) **971-563-4869**

4.5	NAICS Code(s) (6 digits)	a. **334413 (Primary)**	b.	c.	d.	e.	f.

4.6	Dun and Bradstreet Number(s) (9 digits)
	a. **170824804**
	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	**INTEL CORP**		No U.S. Parent Company (for TRI Reporting purposes) [ ]
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	**047897855**	
5.3	Name of Foreign Parent Company (for TRI Reporting purposes)			No Foreign Parent Company (for TRI Reporting purposes) [**X**]
5.4	Foreign Parent Company's Dun & Bradstreet Number	NA [ ]		

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **N-Methyl-2-pyrrolidone**

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) **872504**
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) **N-Methyl-2-pyrrolidone**
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive). **NA**

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.) **NA**

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. [ ] Produce b. [ ] Import		
If produce or import: c. [ ] For on-site use/processing d. [ ] For sale/distribution e. [ ] As a byproduct f. [ ] As an impurity	a. [ ] As a reactant Sub-Uses: b. [ ] As a formulation component Sub-Uses: c. [ ] As an article component d. [ ] Repackaging e. [ ] As an impurity f. [ ] Recycling	a. [ ] As a chemical processing aid Sub-Uses: b. [ ] As a manufacturing aid Sub-Uses: c. [**X**] Ancillary or other use Sub-Uses: **Z399**

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	[**04**] (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA [ ]	**A**	**O**	
5.2	Stack or point air emissions	NA [ ]	**1.2**	**E2**	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA [**X**]			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **N-Methyl-2-pyrrolidone**

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

Optional Waste Rock Piles Information
You may check this box if your Section 5.5 quantities include "waste rock piles." [ ] Enter quantity of "waste rock piles" (pounds/year*)

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA [ ]

6.1.1 POTW Name	**ROCK CREEK STP**								
POTW Address	**3235 SW RIVER RD**								
City	**HILLSBORO**	County	**Washington**	State	**OR**	ZIP	**97123**	Country (Non-US)	

A. Quantity Transferred to this POTW (pounds/year*) (Enter range code**or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal (Enter code)
1 . **303.6**	1 . **E1**	1 . **P39**
2 . **26.4**	2 . **E1**	2 . **P36**

*For Dioxin and Dioxin-like Compounds, report in grams/year

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **N-Methyl-2-pyrrolidone**

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS — NA [ ]

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)	**MOD054018288**
Off-Site Location Name:	**GREEN AMERICA RECYCLING LLC**
Off-Site Address:	**10107 HWY 79**

City	HANNIBAL	County	Ralls	State	MO	ZIP	63401	Country (Non-US)	

Is location under control of reporting facility or parent company? — [ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **70000**	1 . **O**	1 . **M54**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)	**KSD031203318**
Off-Site Location Name:	**ASH GROVE CEMENT CO**
Off-Site Address:	**1801 N SANTA FE AVE**

City	CHANUTE	County	Neosho	State	KS	ZIP	66720	Country (Non-US)	

Is location under control of reporting facility or parent company? — [ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **48**	1 . **O**	1 . **M56**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)	**COD980591184**
Off-Site Location Name:	**VEOLIA ES TECHNICAL SOLUTIONS LLC**
Off-Site Address:	**9131 E 96TH AVE**

City	HENDERSON	County	Adams	State	CO	ZIP	80640	Country (Non-US)	

Is location under control of reporting facility or parent company? — [ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **1000**	1 . **O**	1 . **M54**
2 . **65000**	2 . **O**	2 . **M56**
3 . **700**	3 . **O**	3 . **M20**
4 . **35000**	4 . **O**	4 . **M61**
5 . **1200**	5 . **O**	5 . **M94**

6.2.4 Off-Site EPA Identification Number (RCRA ID No.)	**ARD006354161**
Off-Site Location Name:	**ELEMENTAL ENVIRONMENTAL SOLUTIONS LLC**
Off-Site Address:	**500 EAST REYNOLDS ROAD**

City	ARKADELPHIA	County	Clark	State	AR	ZIP	71923	Country (Non-US)	

Is location under control of reporting facility or parent company?	[ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **3900**	1 . **O**	1 . **M56**
2 . **67000**	2 . **O**	2 . **M54**

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Waste Treatment Efficiency Estimate
7A. 1 a	**7A. 1 b**	**7A. 1 c**
A	2 : **H082** 3 : **H040**	**E4**
7A. 2 a	**7A. 2 b**	**7A. 2 c**
W	2 : **H121**	**E6**
7A. 3 a	**7A. 3 b**	**7A. 3 c**
W	2 : **H121** 3 : **H071** 4 : **H081** 5 : **H124** 6 : **H082** 7 : **H121**	**E5**

*For Dioxin and Dioxin-like Compounds, report in grams/year

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **N-Methyl-2-pyrrolidone**

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] NA - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [Enter 3-character code(s)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] NA - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [Enter 3-character code(s)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1b	Total other on-site disposal or other releases	**10.8**	**6.2**	**7.3**	**5.4**
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1d	Total other off-site disposal or other releases	**752**	**1226.4**	**1500**	**1100**
8.2	Quantity used for energy recovery on-site	**NA**	**NA**	**NA**	**NA**
8.3	Quantity used for energy recovery off-site	**712400**	**68948**	**81000**	**60000**
8.4	Quantity recycled on-site	**NA**	**NA**	**NA**	**NA**
8.5	Quantity recycled off-site	**520**	**700**	**810**	**600**
8.6	Quantity treated on-site	**110000**	**4000**	**4700**	**3500**
8.7	Quantity treated off-site	**331398**	**173303.6**	**200000**	**150000**
8.8	Non-production-related waste managed**		**NA**		
8.9	[**X**] Production ratio or [ ] Activity ratio (select one and enter value to right)		**0.64**		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [**X**]		

	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
97124NTLCR2501N
Toxic Chemical, Category, or Generic Name
N-Methyl-2-pyrrolidone

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	**Comment**

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	**Comment**
POTW Transfer Details	**Error Reviewed / No Comment.**

***** Do not send to EPA: This is the final copy of your form.*****

Form Approved OMB Number:**2070-0212**
Approval Expires: **2025-06-30**

Complete form online via TRI-MEweb. For a trade secret submission, send completed forms to TRI Reporting Center, P. O. Box 10163, Fairfax, VA 22038. The annual public burden related to the Form R is estimated to average 35.71 hours per response for a facility filing a report on one chemical. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act.

EPA United States Environmental Protection Agency	**FORM R** Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act.	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Nitrate compounds (water dissociable; reportable only when in aqueous solution)**

This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:	Revision (Enter up to two code(s)) [ ][ ]	Withdrawal (Enter up to two code(s)) [ ][ ]

Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.

Part I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR : **2023**

SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; attach substantiation forms) [**X**] NO (Do not answer 2.2; go to Section 3)
2.2	Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "Yes" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Michael Anders Oregon TD EHS Manager	**Reference Copy: Copy of Record Resides in CDX**	**2024-06-28**

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name **INTEL CORP-RONLER ACRES CAMPUS**		TRI Facility ID Number **97124NTLCR2501N**	BIA Code
	Street **2501 NE CENTURY BLVD**		Facility or Establishment Mailing Address (if different from physical street address) **5200 NE ELAM YOUNG PARKWAY M/S RS5-115**	
	City/County/State/ZIP Code **HILLSBORO / Washington / OR / 97124**		City/State/ZIP Code **HILLSBORO / OR / 97124**	Country (Non-US)

4.2	This report contains information for: (Important: check a or b; check c or d if applicable)	a. [**X**] An Entire facility	b. [ ] Part of a facility	c. [ ] A Federal facility	d. [ ] GOCO

4.3	Technical Contact name	**WENDY ZHANG**	Email Address **wendy1.zhang@intel.com**	Telephone Number (include area code and ext.) **971-713-4968**
4.4	Public Contact name	**MIKE ANDERS**	Email Address **MICHAEL.J.ANDERS@INTEL.COM**	Telephone Number (include area code and ext.) **971-563-4869**

4.5	NAICS Code(s) (6 digits)	a. **334413 (Primary)**	b.	c.	d.	e.	f.

4.6	Dun and Bradstreet Number(s) (9 digits)
	a. **170824804**
	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	**INTEL CORP**		No U.S. Parent Company (for TRI Reporting purposes) [ ]
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	**047897855**	
5.3	Name of Foreign Parent Company (for TRI Reporting purposes)			No Foreign Parent Company (for TRI Reporting purposes) [**X**]
5.4	Foreign Parent Company's Dun & Bradstreet Number	NA [ ]		

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Nitrate compounds (water dissociable; reportable only when in aqueous solution)**

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) **N511**
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) **Nitrate compounds (water dissociable; reportable only when in aqueous solution)**
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive). **NA**

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.) **NA**

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. [**X**] Produce b. [ ] Import		
If produce or import: c. [ ] For on-site use/processing d. [ ] For sale/distribution e. [**X**] As a byproduct f. [ ] As an impurity	a. [ ] As a reactant Sub-Uses: b. [ ] As a formulation component Sub-Uses: c. [ ] As an article component d. [ ] Repackaging e. [ ] As an impurity f. [ ] Recycling	a. [ ] As a chemical processing aid Sub-Uses: b. [ ] As a manufacturing aid Sub-Uses: c. [**X**] Ancillary or other use Sub-Uses: **Z399** **Z307**

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	[**03**] (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA [**X**]			
5.2	Stack or point air emissions	NA [**X**]			
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA [**X**]			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Nitrate compounds (water dissociable; reportable only when in aqueous solution)**

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[**X**]		
5.4.2	Class II-V Underground Injection wells	[**X**]		
5.5.1.A	RCRA subtitle C landfills	[**X**]		
5.5.1.B	Other landfills	[**X**]		
5.5.2	Land treatment/application farming	[**X**]		
5.5.3A	RCRA Subtitle C surface impoundments	[**X**]		
5.5.3B	Other surface impoundments	[**X**]		
5.5.4	Other disposal	[**X**]		

Optional Waste Rock Piles Information
You may check this box if your Section 5.5 quantities include "waste rock piles." [ ] Enter quantity of "waste rock piles" (pounds/year*)

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA [ ]

6.1.1 POTW Name	**ROCK CREEK STP**								
POTW Address	**3235 SW RIVER RD**								
City	**HILLSBORO**	County	**Washington**	State	**OR**	ZIP	**97123**	Country (Non-US)	

A. Quantity Transferred to this POTW (pounds/year*) (Enter range code**or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal (Enter code)
1 . **12600**	1 . **E1**	1 . **P39**
2 . **1400**	2 . **E1**	2 . **P36**

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Nitrate compounds (water dissociable; reportable only when in aqueous solution)**

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS	NA [ ]
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)	**COD980591184**
Off-Site Location Name:	**VEOLIA ES TECHNICAL SOLUTIONS LLC**
Off-Site Address:	**9131 E 96TH AVE**

City	**HENDERSON**	County	**Adams**	State	**CO**	ZIP	**80640**	Country (Non-US)	

Is location under control of reporting facility or parent company?	[ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **86**	1 . **O**	1 . **M54**

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Waste Treatment Efficiency Estimate
7A. 1 a	**7A. 1 b**	**7A. 1 c**
W	2 : **H121** 3 : **H071** 4 : **H121** 5 : **H075** 6 : **H121** 7 : **H081**	**E5**
7A. 2 a	**7A. 2 b**	**7A. 2 c**
W	2 : **H121** 3 : **H083**	**E4**
7A. 3 a	**7A. 3 b**	**7A. 3 c**
W	2 : **H121** 3 : **H071**	**E6**
7A. 4 a	**7A. 4 b**	**7A. 4 c**
W	2 : **H121**	**E6**
7A. 5 a	**7A. 5 b**	**7A. 5 c**
W	2 : **H121** 3 : **H071** 4 : **H081** 5 : **H124** 6 : **H082** 7 : **H121**	**E3**
7A. 6 a	**7A. 6 b**	**7A. 6 c**
W	2 : **H121** 3 : **H083**	**E5**

*For Dioxin and Dioxin-like Compounds, report in grams/year

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Nitrate compounds (water dissociable; reportable only when in aqueous solution)**

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] NA - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [Enter 3-character code(s)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] NA - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [Enter 3-character code(s)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1b	Total other on-site disposal or other releases	**NA**	**NA**	**NA**	**NA**
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1d	Total other off-site disposal or other releases	**1400**	**1400**	**1600**	**1200**
8.2	Quantity used for energy recovery on-site	**NA**	**NA**	**NA**	**NA**
8.3	Quantity used for energy recovery off-site	**NA**	**NA**	**NA**	**NA**
8.4	Quantity recycled on-site	**NA**	**NA**	**NA**	**NA**
8.5	Quantity recycled off-site	**NA**	**NA**	**NA**	**NA**
8.6	Quantity treated on-site	**2700000**	**2400000**	**2800000**	**2100000**
8.7	Quantity treated off-site	**12605**	**12686**	**15000**	**11000**
8.8	Non-production-related waste managed**		**NA**		
8.9	[**X**] Production ratio or [ ] Activity ratio (select one and enter value to right)		**0.64**		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [**X**]		

	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
97124NTLCR2501N
Toxic Chemical, Category, or Generic Name
Nitrate compounds (water dissociable; reportable only when in aqueous solution)

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	**Comment**

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	**Comment**
Chemical specific warning	**Error Reviewed / No Comment.**
POTW Transfer Details	**Error Reviewed / No Comment.**

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Form Approved OMB Number:**2070-0212**
Approval Expires: **2025-06-30**

Complete form online via TRI-MEweb. For a trade secret submission, send completed forms to TRI Reporting Center, P. O. Box 10163, Fairfax, VA 22038. The annual public burden related to the Form R is estimated to average 35.71 hours per response for a facility filing a report on one chemical. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act.

EPA United States Environmental Protection Agency	**FORM R** Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act.	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Nitric acid**

This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:	Revision (Enter up to two code(s)) [ ][ ]	Withdrawal (Enter up to two code(s)) [ ][ ]

Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.

Part I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR : **2023**

SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; attach substantiation forms) [**X**] NO (Do not answer 2.2; go to Section 3)
2.2	Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "Yes" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Michael Anders Oregon TD EHS Manager	**Reference Copy: Copy of Record Resides in CDX**	**2024-06-28**

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name **INTEL CORP-RONLER ACRES CAMPUS**		TRI Facility ID Number **97124NTLCR2501N**	BIA Code
	Street **2501 NE CENTURY BLVD**		Facility or Establishment Mailing Address (if different from physical street address) **5200 NE ELAM YOUNG PARKWAY M/S RS5-115**	
	City/County/State/ZIP Code **HILLSBORO / Washington / OR / 97124**		City/State/ZIP Code **HILLSBORO / OR / 97124**	Country (Non-US)

4.2	This report contains information for: (Important: check a or b; check c or d if applicable)	a. [**X**] An Entire facility	b. [ ] Part of a facility	c. [ ] A Federal facility	d. [ ] GOCO

4.3	Technical Contact name	**Wendy Zhang**	Email Address **wendy1.zhang@INTEL.COM**	Telephone Number (include area code and ext.) **971-713-4968**
4.4	Public Contact name	**MIKE ANDERS**	Email Address **MICHAEL.J.ANDERS@INTEL.COM**	Telephone Number (include area code and ext.) **971-563-4869**

4.5	NAICS Code(s) (6 digits)	a. **334413 (Primary)**	b.	c.	d.	e.	f.

4.6	Dun and Bradstreet Number(s) (9 digits)
	a. **170824804**
	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	**INTEL CORP**		No U.S. Parent Company (for TRI Reporting purposes) [ ]
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	**047897855**	
5.3	Name of Foreign Parent Company (for TRI Reporting purposes)			No Foreign Parent Company (for TRI Reporting purposes) [**X**]
5.4	Foreign Parent Company's Dun & Bradstreet Number	NA [ ]		

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Nitric acid**

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) **7697372**
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) **Nitric acid**
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive). **NA**

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.) **NA**

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. [ ] Produce b. [ ] Import		
If produce or import: c. [ ] For on-site use/processing d. [ ] For sale/distribution e. [ ] As a byproduct f. [ ] As an impurity	a. [ ] As a reactant Sub-Uses: b. [ ] As a formulation component Sub-Uses: c. [ ] As an article component d. [ ] Repackaging e. [ ] As an impurity f. [ ] Recycling	a. [ ] As a chemical processing aid Sub-Uses: b. [**X**] As a manufacturing aid Sub-Uses: **Z299** c. [**X**] Ancillary or other use Sub-Uses: **Z399** **Z301** **Z307**

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	[**03**] (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA [ ]	**0**	**O**	
5.2	Stack or point air emissions	NA [ ]	**17**	**O**	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA [**X**]			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Nitric acid**

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

Optional Waste Rock Piles Information
You may check this box if your Section 5.5 quantities include "waste rock piles." [ ] Enter quantity of "waste rock piles" (pounds/year*)

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA [ ]

6.1.1 POTW Name	**ROCK CREEK STP**								
POTW Address	**3235 SW RIVER RD**								
City	**HILLSBORO**	County	**Washington**	State	**OR**	ZIP	**97123**	Country (Non-US)	

A. Quantity Transferred to this POTW (pounds/year*) (Enter range code**or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal (Enter code)
1 . **0**	1 . **E1**	1 . **P39**

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Nitric acid**

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS	NA [ ]
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)	**COD980591184**
Off-Site Location Name:	**VEOLIA ES TECHNICAL SOLUTIONS LLC**
Off-Site Address:	**9131 E 96TH AVE**

City	**HENDERSON**	County	**Adams**	State	**CO**	ZIP	**80640**	Country (Non-US)	

Is location under control of reporting facility or parent company?	[ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **1500**	1 . **O**	1 . **M56**
2 . **0.65**	2 . **O**	2 . **M54**

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Waste Treatment Efficiency Estimate
7A. 1 a	**7A. 1 b**	**7A. 1 c**
W	2 : **H121**	**E3**
7A. 2 a	**7A. 2 b**	**7A. 2 c**
A	2 : **A03**	**E3**
7A. 3 a	**7A. 3 b**	**7A. 3 c**
W	2 : **H121** 3 : **H071** 4 : **H121** 5 : **H075** 6 : **H121** 7 : **H081**	**E3**
7A. 4 a	**7A. 4 b**	**7A. 4 c**
W	2 : **H121** 3 : **H071** 4 : **H081** 5 : **H124** 6 : **H082** 7 : **H121**	**E3**

*For Dioxin and Dioxin-like Compounds, report in grams/year

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Nitric acid**

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] NA - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [Enter 3-character code(s)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] NA - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [Enter 3-character code(s)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1b	Total other on-site disposal or other releases	**5**	**17**	**20**	**15**
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1d	Total other off-site disposal or other releases	**NA**	**NA**	**NA**	**NA**
8.2	Quantity used for energy recovery on-site	**NA**	**NA**	**NA**	**NA**
8.3	Quantity used for energy recovery off-site	**NA**	**1500**	**1800**	**1300**
8.4	Quantity recycled on-site	**NA**	**NA**	**NA**	**NA**
8.5	Quantity recycled off-site	**NA**	**NA**	**NA**	**NA**
8.6	Quantity treated on-site	**160000**	**110000**	**130000**	**93000**
8.7	Quantity treated off-site	**30.45**	**0.65**	**0.87**	**0.65**
8.8	Non-production-related waste managed**		**NA**		
8.9	[**X**] Production ratio or [ ] Activity ratio (select one and enter value to right)		**0.64**		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [**X**]		

	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
97124NTLCR2501N
Toxic Chemical, Category, or Generic Name
Nitric acid

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	**Comment**

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	**Comment**
POTW Transfer Details	**Error Reviewed / No Comment.**

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Form Approved OMB Number:**2070-0212**
Approval Expires: **2025-06-30**

Complete form online via TRI-MEweb. For a trade secret submission, send completed forms to TRI Reporting Center, P. O. Box 10163, Fairfax, VA 22038. The annual public burden related to the Form R is estimated to average 35.71 hours per response for a facility filing a report on one chemical. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act.

EPA United States Environmental Protection Agency	**FORM R** Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act.	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Ozone**

This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:	Revision (Enter up to two code(s)) [ ][ ]	Withdrawal (Enter up to two code(s)) [ ][ ]

Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.

Part I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR : **2023**

SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; attach substantiation forms) [**X**] NO (Do not answer 2.2; go to Section 3)
2.2	Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "Yes" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Michael Anders Oregon TD EHS Manager	**Reference Copy: Copy of Record Resides in CDX**	**2024-06-28**

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name **INTEL CORP-RONLER ACRES CAMPUS**		TRI Facility ID Number **97124NTLCR2501N**	BIA Code
	Street **2501 NE CENTURY BLVD**		Facility or Establishment Mailing Address (if different from physical street address) **5200 NE ELAM YOUNG PARKWAY M/S RS5-115**	
	City/County/State/ZIP Code **HILLSBORO / Washington / OR / 97124**		City/State/ZIP Code **HILLSBORO / OR / 97124**	Country (Non-US)

4.2	This report contains information for: (Important: check a or b; check c or d if applicable)	a. [**X**] An Entire facility	b. [ ] Part of a facility	c. [ ] A Federal facility	d. [ ] GOCO

4.3	Technical Contact name	**WENDY ZHANG**	Email Address **wendy1.zhang@intel.com**	Telephone Number (include area code and ext.) **971-713-4968**
4.4	Public Contact name	**MIKE ANDERS**	Email Address **MICHAEL.J.ANDERS@INTEL.COM**	Telephone Number (include area code and ext.) **971-563-4869**

4.5	NAICS Code(s) (6 digits)	a. **334413 (Primary)**	b.	c.	d.	e.	f.

4.6	Dun and Bradstreet Number(s) (9 digits)
	a. **170824804**
	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	**INTEL CORP**		No U.S. Parent Company (for TRI Reporting purposes) [ ]
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	**047897855**	
5.3	Name of Foreign Parent Company (for TRI Reporting purposes)			No Foreign Parent Company (for TRI Reporting purposes) [**X**]
5.4	Foreign Parent Company's Dun & Bradstreet Number	NA [ ]		

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Ozone**

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) **10028156**
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) **Ozone**
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive). **NA**

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.) **NA**

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. [**X**] Produce b. [ ] Import		
If produce or import: c. [**X**] For on-site use/processing d. [ ] For sale/distribution e. [**X**] As a byproduct f. [ ] As an impurity	a. [ ] As a reactant Sub-Uses: b. [ ] As a formulation component Sub-Uses: c. [ ] As an article component d. [ ] Repackaging e. [ ] As an impurity f. [ ] Recycling	a. [ ] As a chemical processing aid Sub-Uses: b. [ ] As a manufacturing aid Sub-Uses: c. [**X**] Ancillary or other use Sub-Uses: **Z399** **Z307**

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	[**03**] (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA [ ]	**A**	**O**	
5.2	Stack or point air emissions	NA [ ]	**10000**	**E2**	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA [**X**]			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Ozone**

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

Optional Waste Rock Piles Information
You may check this box if your Section 5.5 quantities include "waste rock piles." [ ] Enter quantity of "waste rock piles" (pounds/year*)

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA [ ]

6.1.1 POTW Name	**ROCK CREEK STP**								
POTW Address	**3235 SW RIVER RD**								
City	**HILLSBORO**	County	**Washington**	State	**OR**	ZIP	**97123**	Country (Non-US)	

A. Quantity Transferred to this POTW (pounds/year*) (Enter range code**or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal (Enter code)
1 . **0**	1 . **E1**	1 . **P33**
2 . **0**	2 . **E1**	2 . **P36**

*For Dioxin and Dioxin-like Compounds, report in grams/year

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Ozone**

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS	NA [**X**]
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)	
Off-Site Location Name:	**NA**
Off-Site Address:	

City		County		State		ZIP		Country (Non-US)	

Is location under control of reporting facility or parent company?	[ ] Yes [ ] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Waste Treatment Efficiency Estimate
7A. 1 a	**7A. 1 b**	**7A. 1 c**
A	2 : **H071**	**E1**
7A. 2 a	**7A. 2 b**	**7A. 2 c**
A	2 : **A03**	**E6**

*For Dioxin and Dioxin-like Compounds, report in grams/year

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Ozone**

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] NA - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [Enter 3-character code(s)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] NA - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [Enter 3-character code(s)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1b	Total other on-site disposal or other releases	**19005**	**10005**	**12000**	**8900**
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**0**	**0**	**0**	**0**
8.1d	Total other off-site disposal or other releases	**0**	**0**	**0**	**0**
8.2	Quantity used for energy recovery on-site	**NA**	**NA**	**NA**	**NA**
8.3	Quantity used for energy recovery off-site	**NA**	**NA**	**NA**	**NA**
8.4	Quantity recycled on-site	**NA**	**NA**	**NA**	**NA**
8.5	Quantity recycled off-site	**NA**	**NA**	**NA**	**NA**
8.6	Quantity treated on-site	**360000**	**400000**	**470000**	**350000**
8.7	Quantity treated off-site	**NA**	**NA**	**NA**	**NA**
8.8	Non-production-related waste managed**		**NA**		
8.9	[**X**] Production ratio or [ ] Activity ratio (select one and enter value to right)		**0.64**		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [**X**]		

	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
97124NTLCR2501N
Toxic Chemical, Category, or Generic Name
Ozone

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	**Comment**

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	**Comment**

***** Do not send to EPA: This is the final copy of your form.*****

Form Approved OMB Number:**2070-0212**
Approval Expires: **2025-06-30**

Complete form online via TRI-MEweb. For a trade secret submission, send completed forms to TRI Reporting Center, P. O. Box 10163, Fairfax, VA 22038. The annual public burden related to the Form R is estimated to average 35.71 hours per response for a facility filing a report on one chemical. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act.

EPA United States Environmental Protection Agency	**FORM R** Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act.	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Sulfuric acid (acid aerosols including mists, vapors, gas, fog, and other airborne forms of any particle size)**

This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:	Revision (Enter up to two code(s)) [ ] [ ]	Withdrawal (Enter up to two code(s)) [ ] [ ]

Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.

Part I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR : **2023**

SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; attach substantiation forms) [**X**] NO (Do not answer 2.2; go to Section 3)
2.2	Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "Yes" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Michael Anders Oregon TD EHS Manager	**Reference Copy: Copy of Record Resides in CDX**	**2024-06-28**

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name **INTEL CORP-RONLER ACRES CAMPUS**		TRI Facility ID Number **97124NTLCR2501N**	BIA Code
	Street **2501 NE CENTURY BLVD**		Facility or Establishment Mailing Address (if different from physical street address) **5200 NE ELAM YOUNG PARKWAY M/S RS5-115**	
	City/County/State/ZIP Code **HILLSBORO / Washington / OR / 97124**		City/State/ZIP Code **HILLSBORO / OR / 97124**	Country (Non-US)

4.2	This report contains information for: (Important: check a or b; check c or d if applicable)	a. [**X**] An Entire facility	b. [ ] Part of a facility	c. [ ] A Federal facility	d. [ ] GOCO

4.3	Technical Contact name	**Wendy Zhang**	Email Address **wendy1.zhang@INTEL.COM**	Telephone Number (include area code and ext.) **971-713-4968**
4.4	Public Contact name	**MIKE ANDERS**	Email Address **MICHAEL.J.ANDERS@INTEL.COM**	Telephone Number (include area code and ext.) **971-563-4869**

4.5	NAICS Code(s) (6 digits)	a. **334413 (Primary)**	b.	c.	d.	e.	f.

4.6	Dun and Bradstreet Number(s) (9 digits)
	a. **170824804**
	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	**INTEL CORP**		No U.S. Parent Company (for TRI Reporting purposes) [ ]
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	**047897855**	
5.3	Name of Foreign Parent Company (for TRI Reporting purposes)			No Foreign Parent Company (for TRI Reporting purposes) [**X**]
5.4	Foreign Parent Company's Dun & Bradstreet Number	NA [ ]		

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Sulfuric acid (acid aerosols including mists, vapors, gas, fog, and other airborne forms of any particle size)**

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) **7664939**
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) **Sulfuric acid (acid aerosols including mists, vapors, gas, fog, and other airborne forms of any particle size)**
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive). **NA**

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.) **NA**

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. [**X**] Produce b. [ ] Import		
If produce or import: c. [**X**] For on-site use/processing d. [ ] For sale/distribution e. [**X**] As a byproduct f. [ ] As an impurity	a. [ ] As a reactant Sub-Uses: b. [ ] As a formulation component Sub-Uses: c. [ ] As an article component d. [ ] Repackaging e. [ ] As an impurity f. [ ] Recycling	a. [ ] As a chemical processing aid Sub-Uses: b. [ ] As a manufacturing aid Sub-Uses: c. [**X**] Ancillary or other use Sub-Uses: **Z399**

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	[**04**] (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA [ ]	**0**	**O**	
5.2	Stack or point air emissions	NA [ ]	**1.5**	**O**	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA [**X**]			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Sulfuric acid (acid aerosols including mists, vapors, gas, fog, and other airborne forms of any particle size)**

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

Optional Waste Rock Piles Information
You may check this box if your Section 5.5 quantities include "waste rock piles." [ ] Enter quantity of "waste rock piles" (pounds/year*)

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)	NA [X]

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Sulfuric acid (acid aerosols including mists, vapors, gas, fog, and other airborne forms of any particle size)**

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS	NA [**X**]
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)	
Off-Site Location Name:	**NA**
Off-Site Address:	

City		County		State		ZIP		Country (Non-US)	
Is location under control of reporting facility or parent company?						[ ] Yes [ ] No			

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Waste Treatment Efficiency Estimate
7A. 1 a	**7A. 1 b**	**7A. 1 c**
A	2 : **A03**	**E3**

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97124NTLCR2501N** Toxic Chemical, Category, or Generic Name **Sulfuric acid (acid aerosols including mists, vapors, gas, fog, and other airborne forms of any particle size)**

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] NA - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [Enter 3-character code(s)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] NA - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [Enter 3-character code(s)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1b	Total other on-site disposal or other releases	**39**	**1.5**	**1.7**	**1.3**
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1d	Total other off-site disposal or other releases	**NA**	**NA**	**NA**	**NA**
8.2	Quantity used for energy recovery on-site	**NA**	**NA**	**NA**	**NA**
8.3	Quantity used for energy recovery off-site	**NA**	**NA**	**NA**	**NA**
8.4	Quantity recycled on-site	**NA**	**NA**	**NA**	**NA**
8.5	Quantity recycled off-site	**NA**	**NA**	**NA**	**NA**
8.6	Quantity treated on-site	**740**	**300**	**350**	**260**
8.7	Quantity treated off-site	**NA**	**NA**	**NA**	**NA**
8.8	Non-production-related waste managed**		**NA**		
8.9	[**X**] Production ratio or [ ] Activity ratio (select one and enter value to right)		**0.64**		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [**X**]		

	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
97124NTLCR2501N
Toxic Chemical, Category, or Generic Name
Sulfuric acid (acid aerosols including mists, vapors, gas, fog, and other airborne forms of any particle size)

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	**Comment**

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	**Comment**
Chemical specific warning	**Error Reviewed / No Comment.**

***** Do not send to EPA: This is the final copy of your form.*****

Form Approved OMB Number:**2070-0212**
Approval Expires: **2025-06-30**

Complete form online via TRI-MEweb. For a trade secret submission, send completed forms to TRI Reporting Center, P. O. Box 10163, Fairfax, VA 22038. The annual public burden related to the Form R is estimated to average 35.71 hours per response for a facility filing a report on one chemical. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act.

EPA United States Environmental Protection Agency	**FORM R** Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act.	TRI Facility ID Number **97007NTLCR3585S** Toxic Chemical, Category, or Generic Name **Ammonia**

This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:	Revision (Enter up to two code(s)) [ ] [ ]	Withdrawal (Enter up to two code(s)) [ ] [ ]

Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.

Part I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR : **2023**

SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; attach substantiation forms) [**X**] NO (Do not answer 2.2; go to Section 3)
2.2	Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "Yes" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Michael Anders Oregon TD EHS Manager	**Reference Copy: Copy of Record Resides in CDX**	**2024-06-28**

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name **INTEL CORP-ALOHA CAMPUS**		TRI Facility ID Number **97007NTLCR3585S**	BIA Code
	Street **3585 SW 198TH AVE**		Facility or Establishment Mailing Address (if different from physical street address) **5200 NE ELAM YOUNG PKWY**	
	City/County/State/ZIP Code **ALOHA / Washington / OR / 97007**		City/State/ZIP Code **HILLSBORO / OR / 97124**	Country (Non-US)

4.2	This report contains information for: (Important: check a or b; check c or d if applicable)	a. [**X**] An Entire facility	b. [ ] Part of a facility	c. [ ] A Federal facility	d. [ ] GOCO

4.3	Technical Contact name	**Wendy Zhang**	Email Address **wendy1.zhang@intel.com**	Telephone Number (include area code and ext.) **971-713-4968**
4.4	Public Contact name	**MIKE ANDERS**	Email Address **MICHAEL.J.ANDERS@INTEL.COM**	Telephone Number (include area code and ext.) **971-563-4869**

4.5	NAICS Code(s) (6 digits)	a. **334413 (Primary)**	b.	c.	d.	e.	f.
4.6	Dun and Bradstreet Number(s) (9 digits)						
	a. **078355664**						
	b.						

SECTION 5. PARENT COMPANY INFORMATION				
5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	**INTEL CORP**		No U.S. Parent Company (for TRI Reporting purposes) [ ]
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	**047897855**	
5.3	Name of Foreign Parent Company (for TRI Reporting purposes)			No Foreign Parent Company (for TRI Reporting purposes) [**X**]
5.4	Foreign Parent Company's Dun & Bradstreet Number	NA [ ]		

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION	TRI Facility ID Number **97007NTLCR3585S** Toxic Chemical, Category, or Generic Name **Ammonia**

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) **7664417**
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) **Ammonia**
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive). **NA**

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.) **NA**

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. [**X**] Produce b. [ ] Import		
If produce or import: c. [ ] For on-site use/processing d. [ ] For sale/distribution e. [**X**] As a byproduct f. [ ] As an impurity	a. [ ] As a reactant Sub-Uses: b. [ ] As a formulation component Sub-Uses: c. [ ] As an article component d. [ ] Repackaging e. [ ] As an impurity f. [ ] Recycling	a. [ ] As a chemical processing aid Sub-Uses: b. [**X**] As a manufacturing aid Sub-Uses: **Z299** c. [**X**] Ancillary or other use Sub-Uses: **Z399**

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	[**03**] (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA [ ]	**A**	**O**	
5.2	Stack or point air emissions	NA [ ]	**21**	**M2**	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA [**X**]			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97007NTLCR3585S** Toxic Chemical, Category, or Generic Name **Ammonia**

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

Optional Waste Rock Piles Information
You may check this box if your Section 5.5 quantities include "waste rock piles." [ ] Enter quantity of "waste rock piles" (pounds/year*)

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA [ ]

6.1.1 POTW Name	**ROCK CREEK STP**
POTW Address	**3235 SW RIVER RD**

City	HILLSBORO	County	Washington	State	OR	ZIP	97123	Country (Non-US)	

A. Quantity Transferred to this POTW (pounds/year*) (Enter range code**or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal (Enter code)
1 . **504**	1 . **E1**	1 . **P39**
2 . **336**	2 . **E1**	2 . **P36**

*For Dioxin and Dioxin-like Compounds, report in grams/year

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97007NTLCR3585S** Toxic Chemical, Category, or Generic Name **Ammonia**

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS — NA [ ]

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)	**COD980591184**
Off-Site Location Name:	**VEOLIA ES TECHNICAL SOLUTIONS LLC**
Off-Site Address:	**9131 E 96TH AVE**

City	**HENDERSON**	County	**Adams**	State	**CO**	ZIP	**80640**	Country (Non-US)	

Is location under control of reporting facility or parent company? — [ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **69**	1 . **O**	1 . **M54**

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Waste Treatment Efficiency Estimate
7A. 1 a	**7A. 1 b**	**7A. 1 c**
A	2 : **A03**	**E5**
7A. 2 a	**7A. 2 b**	**7A. 2 c**
W	2 : **H121**	**E6**

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97007NTLCR3585S** Toxic Chemical, Category, or Generic Name **Ammonia**

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] NA - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [Enter 3-character code(s)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] NA - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [Enter 3-character code(s)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1b	Total other on-site disposal or other releases	**49**	**26**	**40**	**37**
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1d	Total other off-site disposal or other releases	**600**	**336**	**510**	**470**
8.2	Quantity used for energy recovery on-site	**NA**	**NA**	**NA**	**NA**
8.3	Quantity used for energy recovery off-site	**NA**	**NA**	**NA**	**NA**
8.4	Quantity recycled on-site	**NA**	**NA**	**NA**	**NA**
8.5	Quantity recycled off-site	**NA**	**NA**	**NA**	**NA**
8.6	Quantity treated on-site	**0**	**0**	**0**	**0**
8.7	Quantity treated off-site	**911**	**573**	**870**	**800**
8.8	Non-production-related waste managed**		**NA**		
8.9	[**X**] Production ratio or [ ] Activity ratio (select one and enter value to right)		**0.66**		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [**X**]		

	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
97007NTLCR3585S
Toxic Chemical, Category, or Generic Name
Ammonia

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	**Comment**

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	**Comment**
Chemical specific warning	**Error Reviewed / No Comment.**

***** Do not send to EPA: This is the final copy of your form.*****

Form Approved OMB Number:**2070-0212**
Approval Expires: **2025-06-30**

Complete form online via TRI-MEweb. For a trade secret submission, send completed forms to TRI Reporting Center, P. O. Box 10163, Fairfax, VA 22038. The annual public burden related to the Form R is estimated to average 35.71 hours per response for a facility filing a report on one chemical. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act.

EPA United States Environmental Protection Agency	**FORM R** Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act.	TRI Facility ID Number **97007NTLCR3585S** Toxic Chemical, Category, or Generic Name **Copper compounds**

This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:	Revision (Enter up to two code(s)) [ ][ ]	Withdrawal (Enter up to two code(s)) [ ][ ]

Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.

Part I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR : **2023**

SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; attach substantiation forms) [**X**] NO (Do not answer 2.2; go to Section 3)
2.2	Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "Yes" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Michael Anders Oregon TD EHS Manager	**Reference Copy: Copy of Record Resides in CDX**	**2024-06-28**

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name **INTEL CORP-ALOHA CAMPUS**		TRI Facility ID Number **97007NTLCR3585S**	BIA Code
	Street **3585 SW 198TH AVE**		Facility or Establishment Mailing Address (if different from physical street address) **5200 NE ELAM YOUNG PKWY**	
	City/County/State/ZIP Code **ALOHA / Washington / OR / 97007**		City/State/ZIP Code **HILLSBORO / OR / 97124**	Country (Non-US)

4.2	This report contains information for: (Important: check a or b; check c or d if applicable)	a. [**X**] An Entire facility	b. [ ] Part of a facility	c. [ ] A Federal facility	d. [ ] GOCO

4.3	Technical Contact name	**Wendy Zhang**	Email Address **wendy1.zhang@intel.com**	Telephone Number (include area code and ext.) **971-713-4968**
4.4	Public Contact name	**MIKE ANDERS**	Email Address **MICHAEL.J.ANDERS@INTEL.COM**	Telephone Number (include area code and ext.) **971-563-4869**

4.5	NAICS Code(s) (6 digits)	a. **334413 (Primary)**	b.	c.	d.	e.	f.

4.6	Dun and Bradstreet Number(s) (9 digits)
	a. **078355664**
	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	**INTEL CORP**		No U.S. Parent Company (for TRI Reporting purposes) [ ]
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	**047897855**	
5.3	Name of Foreign Parent Company (for TRI Reporting purposes)			No Foreign Parent Company (for TRI Reporting purposes) [**X**]
5.4	Foreign Parent Company's Dun & Bradstreet Number	NA [ ]		

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION	TRI Facility ID Number **97007NTLCR3585S** Toxic Chemical, Category, or Generic Name **Copper compounds**

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) **N100**
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) **Copper compounds**
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive). **NA**

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.) **NA**

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. [**X**] Produce b. [ ] Import		
If produce or import: c. [**X**] For on-site use/processing d. [ ] For sale/distribution e. [ ] As a byproduct f. [ ] As an impurity	a. [ ] As a reactant Sub-Uses: b. [ ] As a formulation component Sub-Uses: c. [**X**] As an article component d. [ ] Repackaging e. [ ] As an impurity f. [ ] Recycling	a. [ ] As a chemical processing aid Sub-Uses: b. [ ] As a manufacturing aid Sub-Uses: c. [ ] Ancillary or other use Sub-Uses:

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	[**03**] (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA [**X**]			
5.2	Stack or point air emissions	NA [ ]	**0.14**	**E1**	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA [ ]			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	**TUALATIN RIVER**	**17090010000040**	**4**	**M2**	**100.00%**

*For Dioxin and Dioxin-like Compounds, report in grams/year

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97007NTLCR3585S** Toxic Chemical, Category, or Generic Name **Copper compounds**

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

Optional Waste Rock Piles Information
You may check this box if your Section 5.5 quantities include "waste rock piles." [ ] Enter quantity of "waste rock piles" (pounds/year*)

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA [ ]

6.1.1 POTW Name	**ROCK CREEK STP**								
POTW Address	**3235 SW RIVER RD**								
City	**HILLSBORO**	County	**Washington**	State	**OR**	ZIP	**97123**	Country (Non-US)	

A. Quantity Transferred to this POTW (pounds/year*) (Enter range code**or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal (Enter code)
1 . **8.4**	1 . **E1**	1 . **P36**
2 . **21.6**	2 . **E1**	2 . **P33**

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97007NTLCR3585S** Toxic Chemical, Category, or Generic Name **Copper compounds**

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS — NA [ ]

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)	**COD980591184**
Off-Site Location Name:	**VEOLIA ES TECHNICAL SOLUTIONS LLC**
Off-Site Address:	**9131 E 96TH AVE**

City	County	State	ZIP	Country (Non-US)
HENDERSON	**Adams**	**CO**	**80640**	

Is location under control of reporting facility or parent company? [ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **92**	1 . **O**	1 . **M90**
2 . **0.6**	2 . **M2**	2 . **M24**
3 . **1**	3 . **O**	3 . **M26**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)	**OHD987055753**
Off-Site Location Name:	**TOSOH SMD INC**
Off-Site Address:	**3600 GANTZ RD**

City	County	State	ZIP	Country (Non-US)
GROVE CITY	**Franklin**	**OH**	**431231895**	

Is location under control of reporting facility or parent company? [ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **1200**	1 . **C**	1 . **M24**

6.2.3 Off-Site EPA Identification Number (RCRA ID No.)	**CAD008488025**
Off-Site Location Name:	**PHIBRO-TECH INC**
Off-Site Address:	**8851 DICE ROAD**

City	County	State	ZIP	Country (Non-US)
SANTA FE SPRINGS	**Los Angeles**	**CA**	**90670**	

Is location under control of reporting facility or parent company? [ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **10000**	1 . **M2**	1 . **M24**

6.2.4 Off-Site EPA Identification Number (RCRA ID No.)	**AZD983473828**
Off-Site Location Name:	**NIKKO MATERIALS USA INC**
Off-Site Address:	**125 N PRICE RD**

City	County	State	ZIP	Country (Non-US)
CHANDLER	**Maricopa**	**AZ**	**85224**	

Is location under control of reporting facility or parent company? [ ] Yes [**X**] No

A. Total Transfer (pounds/year*)	B. Basis of Estimate	C. Type of Waste Treatment/Disposal/

(Enter range code** or estimate)	(Enter code)	Recycling/Energy Recovery (Enter code)
1 . **6500**	1 . **C**	1 . **M24**

6.2.5 Off-Site EPA Identification Number (RCRA ID No.)	**MND981098478**
Off-Site Location Name:	**EVOQUA WATER TECHNOLOGIES LLC 2430 ROSE PLA**
Off-Site Address:	**2430 ROSE PLACE**

City	**ROSEVILLE**	County	**Ramsey**	State	**MN**	ZIP	**55113**	Country (Non-US)	
Is location under control of reporting facility or parent company?						[ ] Yes [**X**] No			

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **1800**	1 . **M2**	1 . **M62**

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Waste Treatment Efficiency Estimate
7A. 1 a	**7A. 1 b**	**7A. 1 c**
W	2 : **H121**	**E6**
7A. 2 a	**7A. 2 b**	**7A. 2 c**
W	2 : **H121** 3 : **H082**	**E5**
7A. 3 a	**7A. 3 b**	**7A. 3 c**
W	2 : **H129** 3 : **H124** 4 : **H082**	**E5**

*For Dioxin and Dioxin-like Compounds, report in grams/year

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97007NTLCR3585S** Toxic Chemical, Category, or Generic Name **Copper compounds**

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] NA - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [Enter 3-character code(s)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] NA - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [Enter 3-character code(s)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1b	Total other on-site disposal or other releases	**4.45**	**4.14**	**6.7**	**6.2**
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**15.84**	**21.6**	**33**	**30**
8.1d	Total other off-site disposal or other releases	**3806.16**	**1900.4**	**2700**	**2500**
8.2	Quantity used for energy recovery on-site	**NA**	**NA**	**NA**	**NA**
8.3	Quantity used for energy recovery off-site	**NA**	**NA**	**NA**	**NA**
8.4	Quantity recycled on-site	**NA**	**NA**	**NA**	**NA**
8.5	Quantity recycled off-site	**37430.6**	**17701.6**	**27000**	**25000**
8.6	Quantity treated on-site	**NA**	**NA**	**NA**	**NA**
8.7	Quantity treated off-site	**NA**	**NA**	**NA**	**NA**
8.8	Non-production-related waste managed**		**NA**		
8.9	[**X**] Production ratio or [ ] Activity ratio (select one and enter value to right)		**0.66**		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [**X**]		

	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
97007NTLCR3585S
Toxic Chemical, Category, or Generic Name
Copper compounds

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	**Comment**

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	**Comment**
You have entered a value for a metal and/or a metal compound for Transfers to Publicly Owned Treatment Works (POTWs)	**Error Reviewed / No Comment.**
Change in the total quantity of production-related waste	**This change in release totals was expected.**
You have entered a RCRA ID for an off-site transfer location that does not appear to be valid	**Error Reviewed / No Comment.**
POTW Transfer Details	**Error Reviewed / No Comment.**

***** Do not send to EPA: This is the final copy of your form.*****

Form Approved OMB Number:**2070-0212**
Approval Expires: **2025-06-30**

Complete form online via TRI-MEweb. For a trade secret submission, send completed forms to TRI Reporting Center, P. O. Box 10163, Fairfax, VA 22038. The annual public burden related to the Form R is estimated to average 35.71 hours per response for a facility filing a report on one chemical. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act.

EPA United States Environmental Protection Agency	**FORM R** Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act.	TRI Facility ID Number **97007NTLCR3585S** Toxic Chemical, Category, or Generic Name **Hydrogen fluoride**

This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:	Revision (Enter up to two code(s)) [ ][ ]	Withdrawal (Enter up to two code(s)) [ ][ ]

Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.

Part I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR : **2023**

SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; attach substantiation forms) [**X**] NO (Do not answer 2.2; go to Section 3)
2.2	Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "Yes" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Michael Anders Oregon TD EHS Manager	**Reference Copy: Copy of Record Resides in CDX**	**2024-06-28**

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name **INTEL CORP-ALOHA CAMPUS**		TRI Facility ID Number **97007NTLCR3585S**	BIA Code
	Street **3585 SW 198TH AVE**		Facility or Establishment Mailing Address (if different from physical street address) **5200 NE ELAM YOUNG PKWY**	
	City/County/State/ZIP Code **ALOHA / Washington / OR / 97007**		City/State/ZIP Code **HILLSBORO / OR / 97124**	Country (Non-US)

4.2	This report contains information for: (Important: check a or b; check c or d if applicable)	a. [**X**] An Entire facility	b. [ ] Part of a facility	c. [ ] A Federal facility	d. [ ] GOCO

4.3	Technical Contact name	**Wendy Zhang**	Email Address **wendy1.zhang@intel.com**	Telephone Number (include area code and ext.) **971-713-4968**
4.4	Public Contact name	**MIKE ANDERS**	Email Address **MICHAEL.J.ANDERS@INTEL.COM**	Telephone Number (include area code and ext.) **971-563-4869**

4.5	NAICS Code(s) (6 digits)	a. **334413 (Primary)**	b.	c.	d.	e.	f.

4.6	Dun and Bradstreet Number(s) (9 digits)
	a. **078355664**
	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	**INTEL CORP**		No U.S. Parent Company (for TRI Reporting purposes) [ ]
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	**047897855**	
5.3	Name of Foreign Parent Company (for TRI Reporting purposes)			No Foreign Parent Company (for TRI Reporting purposes) [**X**]
5.4	Foreign Parent Company's Dun & Bradstreet Number	NA [ ]		

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION	TRI Facility ID Number **97007NTLCR3585S** Toxic Chemical, Category, or Generic Name **Hydrogen fluoride**

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) **7664393**
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) **Hydrogen fluoride**
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive). **NA**

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.) **NA**

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. [**X**] Produce b. [ ] Import		
If produce or import: c. [ ] For on-site use/processing d. [ ] For sale/distribution e. [**X**] As a byproduct f. [ ] As an impurity	a. [ ] As a reactant Sub-Uses: b. [ ] As a formulation component Sub-Uses: c. [ ] As an article component d. [ ] Repackaging e. [ ] As an impurity f. [ ] Recycling	a. [ ] As a chemical processing aid Sub-Uses: b. [ ] As a manufacturing aid Sub-Uses: c. [**X**] Ancillary or other use Sub-Uses: **Z399**

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	[**03**] (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA [ ]	**A**	**O**	
5.2	Stack or point air emissions	NA [ ]	**120**	**M2**	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA [**X**]			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97007NTLCR3585S** Toxic Chemical, Category, or Generic Name **Hydrogen fluoride**

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

Optional Waste Rock Piles Information
You may check this box if your Section 5.5 quantities include "waste rock piles." [ ] Enter quantity of "waste rock piles" (pounds/year*)

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA [ ]

6.1.1 POTW Name	**ROCK CREEK STP**								
POTW Address	**3235 SW RIVER RD**								
City	**HILLSBORO**	County	**Washington**	State	**OR**	ZIP	**97123**	Country (Non-US)	

A. Quantity Transferred to this POTW (pounds/year*) (Enter range code**or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal (Enter code)
1 . **0**	1 . **E1**	1 . **P36**
2 . **0**	2 . **E1**	2 . **P33**

*For Dioxin and Dioxin-like Compounds, report in grams/year

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97007NTLCR3585S** Toxic Chemical, Category, or Generic Name **Hydrogen fluoride**

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS	NA [**X**]
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)	
Off-Site Location Name:	**NA**
Off-Site Address:	

City		County		State		ZIP		Country (Non-US)	
Is location under control of reporting facility or parent company?						[ ] Yes [ ] No			

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Waste Treatment Efficiency Estimate
7A. 1 a	**7A. 1 b**	**7A. 1 c**
A	2 : **A03**	**E5**
7A. 2 a	**7A. 2 b**	**7A. 2 c**
W	2 : **H121**	**E4**

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97007NTLCR3585S** Toxic Chemical, Category, or Generic Name **Hydrogen fluoride**

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] NA - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [Enter 3-character code(s)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] NA - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [Enter 3-character code(s)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1b	Total other on-site disposal or other releases	**245**	**125**	**190**	**180**
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**0**	**0**	**0**	**0**
8.1d	Total other off-site disposal or other releases	**0**	**0**	**0**	**0**
8.2	Quantity used for energy recovery on-site	**NA**	**NA**	**NA**	**NA**
8.3	Quantity used for energy recovery off-site	**NA**	**NA**	**NA**	**NA**
8.4	Quantity recycled on-site	**NA**	**NA**	**NA**	**NA**
8.5	Quantity recycled off-site	**NA**	**NA**	**NA**	**NA**
8.6	Quantity treated on-site	**15000**	**13000**	**20000**	**19000**
8.7	Quantity treated off-site	**730**	**NA**	**NA**	**NA**
8.8	Non-production-related waste managed**		**NA**		
8.9	[**X**] Production ratio or [ ] Activity ratio (select one and enter value to right)		**0.66**		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [**X**]		

	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
97007NTLCR3585S
Toxic Chemical, Category, or Generic Name
Hydrogen fluoride

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	**Comment**

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	**Comment**

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Form Approved OMB Number:**2070-0212**
Approval Expires: **2025-06-30**

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EPA United States Environmental Protection Agency	**FORM R** Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act.	TRI Facility ID Number **97007NTLCR3585S** Toxic Chemical, Category, or Generic Name **N-Methyl-2-pyrrolidone**

This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:	Revision (Enter up to two code(s)) [ ][ ]	Withdrawal (Enter up to two code(s)) [ ][ ]

Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.

Part I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR : **2023**

SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; attach substantiation forms) [**X**] NO (Do not answer 2.2; go to Section 3)
2.2	Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "Yes" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Michael Anders Oregon TD EHS Manager	**Reference Copy: Copy of Record Resides in CDX**	**2024-06-28**

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name **INTEL CORP-ALOHA CAMPUS**		TRI Facility ID Number **97007NTLCR3585S**	BIA Code
	Street **3585 SW 198TH AVE**		Facility or Establishment Mailing Address (if different from physical street address) **5200 NE ELAM YOUNG PKWY**	
	City/County/State/ZIP Code **ALOHA / Washington / OR / 97007**		City/State/ZIP Code **HILLSBORO / OR / 97124**	Country (Non-US)

4.2	This report contains information for: (Important: check a or b; check c or d if applicable)	a. [**X**] An Entire facility	b. [ ] Part of a facility	c. [ ] A Federal facility	d. [ ] GOCO

4.3	Technical Contact name	**Wendy Zhang**	Email Address **wendy1.zhang@intel.com**	Telephone Number (include area code and ext.) **971-713-4968**
4.4	Public Contact name	**MIKE ANDERS**	Email Address **MICHAEL.J.ANDERS@INTEL.COM**	Telephone Number (include area code and ext.) **971-563-4869**

4.5	NAICS Code(s) (6 digits)	a. **334413 (Primary)**	b.	c.	d.	e.	f.

4.6	Dun and Bradstreet Number(s) (9 digits)
	a. **078355664**
	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	**INTEL CORP**		No U.S. Parent Company (for TRI Reporting purposes) [ ]
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	**047897855**	
5.3	Name of Foreign Parent Company (for TRI Reporting purposes)			No Foreign Parent Company (for TRI Reporting purposes) [**X**]
5.4	Foreign Parent Company's Dun & Bradstreet Number	NA [ ]		

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION	TRI Facility ID Number **97007NTLCR3585S** Toxic Chemical, Category, or Generic Name **N-Methyl-2-pyrrolidone**

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) **872504**
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) **N-Methyl-2-pyrrolidone**
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive). **NA**

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.) **NA**

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. [ ] Produce b. [ ] Import		
If produce or import: c. [ ] For on-site use/processing d. [ ] For sale/distribution e. [ ] As a byproduct f. [ ] As an impurity	a. [ ] As a reactant Sub-Uses: b. [ ] As a formulation component Sub-Uses: c. [ ] As an article component d. [ ] Repackaging e. [ ] As an impurity f. [ ] Recycling	a. [ ] As a chemical processing aid Sub-Uses: b. [ ] As a manufacturing aid Sub-Uses: c. [**X**] Ancillary or other use Sub-Uses: **Z399**

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	[**04**] (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA [ ]	**A**	**O**	
5.2	Stack or point air emissions	NA [ ]	**0.85**	**E2**	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA [**X**]			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97007NTLCR3585S** Toxic Chemical, Category, or Generic Name **N-Methyl-2-pyrrolidone**

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

Optional Waste Rock Piles Information
You may check this box if your Section 5.5 quantities include "waste rock piles." [ ] Enter quantity of "waste rock piles" (pounds/year*)

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA [ ]

6.1.1 POTW Name	**ROCK CREEK STP**
POTW Address	**3235 SW RIVER RD**

City		County		State		ZIP		Country (Non-US)	
	HILLSBORO		**Washington**		**OR**		**97123**		

A. Quantity Transferred to this POTW (pounds/year*) (Enter range code**or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal (Enter code)
1 . **110400**	1 . **E1**	1 . **P39**
2 . **9600**	2 . **E1**	2 . **P36**

*For Dioxin and Dioxin-like Compounds, report in grams/year

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97007NTLCR3585S** Toxic Chemical, Category, or Generic Name **N-Methyl-2-pyrrolidone**

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS — NA [ ]

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)	**WAD020257945**
Off-Site Location Name:	**BURLINGTON ENVIRONMENTAL LLC TACOMA**
Off-Site Address:	**1701 E ALEXANDER AVE**

City	**TACOMA**	County	**Pierce**	State	**WA**	ZIP	**98421**	Country (Non-US)	

Is location under control of reporting facility or parent company? — [ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **450000**	1 . **O**	1 . **M56**
2 . **27000**	2 . **O**	2 . **M54**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)	**COD980591184**
Off-Site Location Name:	**VEOLIA ES TECHNICAL SOLUTIONS LLC**
Off-Site Address:	**9131 E 96TH AVE**

City	**HENDERSON**	County	**Adams**	State	**CO**	ZIP	**80640**	Country (Non-US)	

Is location under control of reporting facility or parent company? — [ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **3100**	1 . **O**	1 . **M56**
2 . **0**	2 . **O**	2 . **M54**

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Waste Treatment Efficiency Estimate
7A. 1 a	**7A. 1 b**	**7A. 1 c**
A	2 : **H040** 3 : **H082**	**E4**
7A. 2 a	**7A. 2 b**	**7A. 2 c**
W	2 : **H121**	**E6**

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97007NTLCR3585S** Toxic Chemical, Category, or Generic Name **N-Methyl-2-pyrrolidone**

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] NA - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [Enter 3-character code(s)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] NA - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [Enter 3-character code(s)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1b	Total other on-site disposal or other releases	**7.1**	**5.85**	**8.9**	**8.2**
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1d	Total other off-site disposal or other releases	**12000**	**9600**	**14000**	**13000**
8.2	Quantity used for energy recovery on-site	**NA**	**NA**	**NA**	**NA**
8.3	Quantity used for energy recovery off-site	**595800**	**453100**	**680000**	**630000**
8.4	Quantity recycled on-site	**NA**	**NA**	**NA**	**NA**
8.5	Quantity recycled off-site	**NA**	**NA**	**NA**	**NA**
8.6	Quantity treated on-site	**720**	**290**	**440**	**410**
8.7	Quantity treated off-site	**138000**	**137400**	**210000**	**190000**
8.8	Non-production-related waste managed**		**NA**		
8.9	[**X**] Production ratio or [ ] Activity ratio (select one and enter value to right)		**0.66**		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [**X**]		

	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
97007NTLCR3585S
Toxic Chemical, Category, or Generic Name
N-Methyl-2-pyrrolidone

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	**Comment**

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	**Comment**
You have reported 0 lbs transferred off-site.	**Error Reviewed / No Comment.**
POTW Transfer Details	**Error Reviewed / No Comment.**

***** Do not send to EPA: This is the final copy of your form.*****

Form Approved OMB Number:**2070-0212**
Approval Expires: **2025-06-30**

Complete form online via TRI-MEweb. For a trade secret submission, send completed forms to TRI Reporting Center, P. O. Box 10163, Fairfax, VA 22038. The annual public burden related to the Form R is estimated to average 35.71 hours per response for a facility filing a report on one chemical. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act.

EPA United States Environmental Protection Agency	**FORM R** Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act.	TRI Facility ID Number **97007NTLCR3585S** Toxic Chemical, Category, or Generic Name **Ethylene glycol**

This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:	Revision (Enter up to two code(s)) [ ][ ]	Withdrawal (Enter up to two code(s)) [ ][ ]

Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.

Part I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR : **2023**

SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; attach substantiation forms) [**X**] NO (Do not answer 2.2; go to Section 3)
2.2	Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "Yes" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Michael Anders Oregon TD EHS Manager	**Reference Copy: Copy of Record Resides in CDX**	**2024-06-28**

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name **INTEL CORP-ALOHA CAMPUS**		TRI Facility ID Number **97007NTLCR3585S**	BIA Code
	Street **3585 SW 198TH AVE**		Facility or Establishment Mailing Address (if different from physical street address) **5200 NE ELAM YOUNG PKWY**	
	City/County/State/ZIP Code **ALOHA / Washington / OR / 97007**		City/State/ZIP Code **HILLSBORO / OR / 97124**	Country (Non-US)

4.2	This report contains information for: (Important: check a or b; check c or d if applicable)	a. [**X**] An Entire facility	b. [ ] Part of a facility	c. [ ] A Federal facility	d. [ ] GOCO

4.3	Technical Contact name	**Wendy Zhang**	Email Address **wendy1.zhang@intel.com**	Telephone Number (include area code and ext.) **971-713-4968**
4.4	Public Contact name	**MIKE ANDERS**	Email Address **MICHAEL.J.ANDERS@INTEL.COM**	Telephone Number (include area code and ext.) **971-563-4869**

4.5	NAICS Code(s) (6 digits)	a. **334413 (Primary)**	b.	c.	d.	e.	f.
4.6	Dun and Bradstreet Number(s) (9 digits)						
	a. **078355664**						
	b.						

SECTION 5. PARENT COMPANY INFORMATION				
5.1	Name of U.S. Parent Company (for TRI Reporting purposes)	**INTEL CORP**		No U.S. Parent Company (for TRI Reporting purposes) [ ]
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	**047897855**	
5.3	Name of Foreign Parent Company (for TRI Reporting purposes)			No Foreign Parent Company (for TRI Reporting purposes) [**X**]
5.4	Foreign Parent Company's Dun & Bradstreet Number	NA [ ]		

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION	TRI Facility ID Number **97007NTLCR3585S** Toxic Chemical, Category, or Generic Name **Ethylene glycol**

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) **107211**
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) **Ethylene glycol**
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive). **NA**

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.) **NA**

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. [ ] Produce b. [ ] Import		
If produce or import: c. [ ] For on-site use/processing d. [ ] For sale/distribution e. [ ] As a byproduct f. [ ] As an impurity	a. [ ] As a reactant Sub-Uses: b. [ ] As a formulation component Sub-Uses: c. [ ] As an article component d. [ ] Repackaging e. [ ] As an impurity f. [ ] Recycling	a. [ ] As a chemical processing aid Sub-Uses: b. [**X**] As a manufacturing aid Sub-Uses: **Z204** c. [**X**] Ancillary or other use Sub-Uses: **Z399**

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	[**04**] (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA [ ]	**A**	**O**	
5.2	Stack or point air emissions	NA [ ]	**0.0039**	**E2**	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA [**X**]			
	Stream or Water Body Name	Reach Code (optional)			
5.3.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97007NTLCR3585S** Toxic Chemical, Category, or Generic Name **Ethylene glycol**

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[X]		
5.4.2	Class II-V Underground Injection wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3A	RCRA Subtitle C surface impoundments	[X]		
5.5.3B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

Optional Waste Rock Piles Information
You may check this box if your Section 5.5 quantities include "waste rock piles." [ ] Enter quantity of "waste rock piles" (pounds/year*)

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA [ ]

6.1.1 POTW Name	**ROCK CREEK STP**								
POTW Address	**3235 SW RIVER RD**								
City	**HILLSBORO**	County	**Washington**	State	**OR**	ZIP	**97123**	Country (Non-US)	

A. Quantity Transferred to this POTW (pounds/year*) (Enter range code**or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal (Enter code)
1 . **30360**	1 . **E1**	1 . **P39**
2 . **2640**	2 . **E1**	2 . **P36**

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97007NTLCR3585S** Toxic Chemical, Category, or Generic Name **Ethylene glycol**

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS — NA [ ]

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)	**WAD020257945**
Off-Site Location Name:	**BURLINGTON ENVIRONMENTAL LLC TACOMA**
Off-Site Address:	**1701 E ALEXANDER AVE**

City	**TACOMA**	County	**Pierce**	State	**WA**	ZIP	**98421**	Country (Non-US)	

Is location under control of reporting facility or parent company? — [ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **120000**	1 . **O**	1 . **M56**
2 . **7700**	2 . **O**	2 . **M54**

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)	**COD980591184**
Off-Site Location Name:	**VEOLIA ES TECHNICAL SOLUTIONS LLC**
Off-Site Address:	**9131 E 96TH AVE**

City	**HENDERSON**	County	**Adams**	State	**CO**	ZIP	**80640**	Country (Non-US)	

Is location under control of reporting facility or parent company? — [ ] Yes [**X**] No

A. Total Transfer (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)
1 . **12**	1 . **O**	1 . **M54**
2 . **18**	2 . **O**	2 . **M56**

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[ ] Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Waste Treatment Efficiency Estimate
7A. 1 a	**7A. 1 b**	**7A. 1 c**
A	2 : **H082** 3 : **H040**	**E4**
7A. 2 a	**7A. 2 b**	**7A. 2 c**
A	2 : **A03**	**E6**
7A. 3 a	**7A. 3 b**	**7A. 3 c**
W	2 : **H121**	**E6**

*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-2 (Rev. 04/2023) - Previous editions are obsolete.

**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

***** Do not send to EPA: This is the final copy of your form.*****

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number **97007NTLCR3585S** Toxic Chemical, Category, or Generic Name **Ethylene glycol**

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[**X**] NA - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [Enter 3-character code(s)]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[**X**] NA - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [Enter 3-character code(s)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 - 8.7 Production-Related Waste Managed					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1b	Total other on-site disposal or other releases	**5.13**	**5.0039**	**7.6**	**11**
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	**NA**	**NA**	**NA**	**NA**
8.1d	Total other off-site disposal or other releases	**3360**	**2640**	**4000**	**3700**
8.2	Quantity used for energy recovery on-site	**NA**	**NA**	**NA**	**NA**
8.3	Quantity used for energy recovery off-site	**NA**	**120018**	**190000**	**170000**
8.4	Quantity recycled on-site	**NA**	**NA**	**NA**	**NA**
8.5	Quantity recycled off-site	**NA**	**NA**	**NA**	**NA**
8.6	Quantity treated on-site	**45**	**1.4**	**2.1**	**1.9**
8.7	Quantity treated off-site	**208640**	**38072**	**58000**	**53000**
8.8	Non-production-related waste managed**		**NA**		
8.9	[**X**] Production ratio or [ ] Activity ratio (select one and enter value to right)		**0.66**		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section; if not, check NA.		NA [**X**]		

	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	**NA**				

*For Dioxin and Dioxin-like Compounds, report in grams/year

** Includes quantities released to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

TRI Facility ID Number
97007NTLCR3585S
Toxic Chemical, Category, or Generic Name
Ethylene glycol

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	**Comment**

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	**Comment**
POTW Transfer Details	**Error Reviewed / No Comment.**

Facility: Intel Corporation Aloha/Ronler Acres Campuses

Permit Number: 34-2681-ST-02

Toxic Substance Usage:

CAS Number	Chemical Name	Process(es)	Estimated annual usage (lb/yr)					Over Threshold Quantity Y/N
			≤ 1,000	1,001 - 10,000	10,001 - 20,000	20,001 - 50,000	>50,000	
123-91-1	1,4- Dioxane		X					N
67-64-1	Acetone			X				N
74-86-2	Acetylene			X				N
7429-90-5	Aluminum (fume or dust)		X					N
1344-28-1	Aluminum Oxide (fibrous form)		X					N
7664-41-7	Ammonia	Manufacturing Aid, Other Processes					X	Y
7784-42-1	Arsine		X					N
10294-34-5	Boron trichloride			X				N
7637-07-2	Boron trifluoride		X					N
106-97-8	Butane		X					N
463-58-1	Carbon oxysulfide			X				N
120-80-9	Catechol		X					N
7782-50-5	Chlorine				X			N
7440-48-4	Cobalt	Other Processes	X					N
7440-50-8	Copper	Article Component					X	N
19287-45-7	Diborane		X					N
4109-96-0	Dichlorosilane						X	N
111-42-2	Diethanolamine		X					N
124-40-3	Dimethylamine		X					N
79-21-0	Ethaneperoxoic acid			X				N
74-85-1	Ethene		X					N
107-21-1	Ethylene glycol	Other Processes					X	N
107-15-3	Ethylenediamine		X					N
74-86-2	Ethyne			X				N
7782-41-4	Fluorine	Manufacturing Aid		X				N

Facility: Intel Corporation Aloha/Ronler Acres Campuses

Permit Number: 34-2681-ST-02

Toxic Substance Usage:

CAS Number	Chemical Name	Process(es)	Estimated annual usage (lb/yr)					Over Threshold Quantity Y/N
			≤ 1,000	1,001 - 10,000	10,001 - 20,000	20,001 - 50,000	>50,000	
302-01-2	Hydrazine		X					N
7647-01-0	Hydrochloric Acid	Manufacturing Aid, Other Processes					X	Y
1333-74-0	Hydrogen						X	Y
7664-39-3	Hydrogen fluoride	Other Processes					X	N
7783-06-4	Hydrogen sulfide		X					N
75-28-5	Isobutane		X					N
67-63-0	Isopropyl alcohol						X	N
74-82-8	Methane		X					N
67-56-1	Methanol						X	N
108-10-1	Methyl isobutyl ketone		X					N
71-36-3	n-Butyl alcohol			X				N
7440-02-0	Nickel		X					N
7697-37-2	Nitric Acid	Manufacturing Aid, Other Processes					X	N
10102-43-9	Nitric oxide		X					N
79-21-0	Peracetic acid			X				N
7803-51-2	Phosphine		X					N
7664-38-2	Phosphoric Acid						X	N
74-98-6	Propane			X				N
75-28-5	Propane, 2-methyl		X					N
115-07-1	Propylene (Propene)			X				N
110-86-1	Pyridine		X					N
7803-62-5	Silane					X		N
7446-09-5	Sulfur Dioxide			X				N
7664-93-9	Sulfuric Acid	Other Processes					X	N
75-65-0	tert-Butyl alcohol		X					N

State of Oregon Department of Environmental Quality

Accidental Release/Risk Management Plan

Regulated Substance Storage/Usage

Form ED607

Answer Sheet

Facility: Intel Corporation Aloha/Ronler Acres Campuses

Permit Number: 34-2681-ST-02

Toxic Substance Usage:

CAS Number	Chemical Name	Process(es)	Estimated annual usage (lb/yr)					Over Threshold Quantity Y/N
			≤ 1,000	1,001 - 10,000	10,001 - 20,000	20,001 - 50,000	>50,000	
75-76-3	Tetramethylsilane					X		N
7550-45-0	Titanium tetrachloride			X				N
108-88-3	Toulene		X					N
7440-62-2	Vanadium (fume or dust)		X					N

State of Oregon
Department of
Environmental
Quality

FORM ED608

Stratospheric Ozone Protection — Answer Sheet

Facility name: Intel Corporation Aloha Ronler Acres Campuses Permit Number: 34-2681-ST-02

1.	Sections 601-618 applicability. [specify A or B]	

2. Ozone-depleting substances:

Ozone-depleting Substance	Class Type	Replacement Chemical
HCFC-22	II	TBD
HCFC-123	II	TBD

Attachment 7: Monitoring and Testing (CP700)

State of Oregon Department of Environmental Quality

Stack Testing

FORM CP702
Answer Sheet

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1. Testing Information:

Emissions Unit ID	Pollutant	Standard(s) or Emission Factors	Test Method	Frequency	Program
EU-Boilers > 2 MMBTU/HR	NOx	Varies per boiler	EPA Method 7E	W/in 2 years of permit issuance	ACDP, Cond. 22
	CO	Varies per boiler	EPA Method 10	W/in 2 years of permit issuance	ACDP, Cond. 22
EU-TMXW	NOx	0.34 lb-NOx/hr	EPA Method 7E	No later than Dec. 31, 2025	ACDP, Cond. 43
	CO	0.030 lb-CO/MMBtu	EPA Method 10	No later than Dec. 31, 2025	ACDP, Cond. 43
EU-RCTOs	NOx	Varies - see ACDP	EPA Method 7E	Every 2 years	ACDP, Cond. 41
	CO	Varies - see ACDP	EPA Method 10	Every 2 years	ACDP, Cond. 41
	VOC	DRE >= 95%, approved EFs	EPA Method 25A	Every 2 years	ACDP, Cond. 41
	PM/PM10/PM2.5	EF Verification	TBD	No later than Dec. 31, 2027	ACDP, Cond. 47
EU-EXSC	HF	Compliance with PSEL	EPA Method 26A	Once per year	ACDP, Cond. 46
	HCl	Compliance with PSEL	EPA Method 26A	Once per year	ACDP, Cond. 46
	Fluorides	Compliance with PSEL	EPA Method 13B	Once per year	ACDP, Cond. 46
	NOx	Compliance with PSEL	EPA Method 7E	Once per year	ACDP, Cond. 46
	CO	Compliance with PSEL	EPA Method 10	Once per year	ACDP, Cond. 46
	PM/PM10/PM2.5	EF Verification	TBD	No later than Dec. 31, 2027	ACDP, Cond. 47

2. Source Sampling Plans:

a. A source sampling plan is required to be submitted to DEQ for review and approval at least 15 days prior to each test (allow more time for more complicated tests).

b. For new sources, initial performance testing is generally required within 60 days of achieving the maximum operating rate, but not later than 180 days after startup.

NOx, CO, HF and HCl may alternatively be tested using EPA Method 320 / ASTM D6348-12.

State of Oregon
Department of
Environmental
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Stack Testing

FORM CP702
Answer Sheet

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1. Testing Information:

Emissions Unit ID	Pollutant	Standard(s) or Emission Factors	Test Method	Frequency	Program
EU-EXAM	HF	Compliance with PSEL	EPA Method 26A	Once per year	ACDP, Cond. 46
	Fluorides	Compliance with PSEL	EPA Method 13B	Once per year	ACDP, Cond. 46
	NOx	Compliance with PSEL	EPA Method 7E*	Once per year	ACDP, Cond. 46
	CO	Compliance with PSEL	EPA Method 10*	Once per year	ACDP, Cond. 46
EU-RCTOs**	NOx	To Determine EF	EPA Method 7E*	W/in 90 days of ozone gen.	ACDP, Cond. 39
	CO	To Determine EF	EPA Method 10*	W/in 90 days of ozone gen.	ACDP, Cond. 39
	VOC	To Determine EF	EPA Method 25A	W/in 90 days of ozone gen.	ACDP, Cond. 39

2. Source Sampling Plans:

a. A source sampling plan is required to be submitted to DEQ for review and approval at least 15 days prior to each test (allow more time for more complicated tests).

b. For new sources, initial performance testing is generally required within 60 days of achieving the maximum operating rate, but not later than 180 days after startup.

*NOx, CO, HF and HCl may alternatively be tested using EPA Method 320 / ASTM D6348-12.

**Applies to RCTOs with add-on NOx abatement

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Highest and Best Practicable Treatment and Control **FORM CP703**
Operation and Maintenance Monitoring **Answer Sheet**

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1. Monitoring information:

Emissions Unit/Control Device IDs	Pollutant/ parameter	Action Level or Range	Sample Location	Monitoring Frequency	Averaging Time	CP700 Form Reference
EU-RCTOs	Oxidizer temp	<25 F below set point	Combustion chamber	Continuous (every 15 min.)	Block Hourly	CP710
	Regen air temp	Manuf. Specifications	Rotor Inlets	Continuous (every 15 min.)	Block Hourly	CP710
EU-EXSC	Scrubber solution	< 1.0 pH unit below set point	Scrubber sump	Continuous	Block Hourly	CP710
	Recirc. Flow Rate	< 80% of recirc. flow	Recirculation pump	Continuous	Block Hourly	CP710

2. For each emissions unit/control device, describe the monitoring approach in more detail if it is not otherwise described on a CP700 form.

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Environmental
Quality

FORM CP704
Answer Sheet

Periodic Visible Emissions Monitoring

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

Monitoring information:

Emissions Unit ID	Method	Observation Period	Frequency	Certified Observer
Facility-Wide	EPA Method 9	Six minute block averages	When visible emissions detected	

State of Oregon
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Quality

FORM CP705
Answer Sheet

Maintenance Activities

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

1. Monitoring information:

Emissions Unit/ Control Device ID	Maintenance Activity(s)	Frequency
EU-Rice	Operation and maintenance activities associated with 40 CFR Part 63 and 40 CFR Part 60:	See Description
	- Change the oil and filter every 500 hours of operation or annually, whichever comes first	
	- Inspect the air cleaner every 1,000 hours of operation or annually, whichever comes first	
	- Inspect all hoses and belts every 500 hours of operation or annually, whichever comes first.	
	- Operate and maintain the stationary RICE according to the manufacturer's emission-related O&M instructions	
	- Develop and follow your own maintenance plan which must provide to the extent practicable for the maintenance	
	and operation of the engine in a manner consistent with good air pollution control practice for minimizing emissions.	
EU-Heaters	Operate and maintain in accordance with the manufacturer's recommendations.	As Needed
EU-Wet Scrubbers	Maintain good work practices in operation of the Fab	As Needed
EU-Other	Inspections of EXSP filters must include checking the pressure drop across the filters	As Needed
EU-Other	Inspections of the Lime Silo filter bags must include observation for any visible leaks	As Needed
EU-Wet Scrubbers	- pH sensor maintenance, including calibration and other QA activities	As Needed
	- major maintenance as needed in accordance with manufacturer specifications	
EU-RCTOs	Major maintenance as needed in accordance with manufacturer specifications	As Needed
EU-Paved Roads	Good housekeeping practices to include limiting vehicle speeds and sweeping	As Needed

State of Oregon
Department of
Environmental
Quality

Fuel Sampling and Analysis

FORM CP706
Answer Sheet

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

Emissions Unit ID	Fuel Type	Sampling Protocol or Vender Certificate	Frequency
EU-RICE	No. 2 Distillate	Vendor certificate	Upon shipment

State of Oregon
Department of Environmental Quality

Material Balance

FORM CP707
Answer Sheet

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

Emissions Unit ID	Pollutant	Material(s)	Protocol	Frequency
EU-VOCUNC	VOC	VOC usage not routed to	ACDP Condition 64	Monthly
		abatement system and VOC		
		that is shipped offsite.		

State of Oregon Department of Environmental Quality

FORM CP710
Answer Sheet

Recordkeeping

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

Emissions Unit ID	Parameter	Protocol	Frequency
EU-RICE	Operating and Maintenance Information	Facility records required by ACDP Condition 60.e and 61	On Occurrence
	DPF Corrective Actions	Facility records required by ACDP Condition 60.e	On Occurrence
	Variable Load	Facility records required by ACDP Condition 62.b	On Occurrence
EU-Heaters	Natural Gas Usage	Meter data/records as required by ACDP Condition 30	Monthly
EU-RCTOs	Natural Gas Usage	Meter data/records as required by ACDP Condition 32	Monthly
	Bypass Event Information	Facility records required by ACDP Condition 35	On Occurrence
	Combustion/Regen Air Temperature	Facility records required by ACDP Condition 37.b	Continuously
	Quality assurance activities	Facility records required by ACDP Condition 37.b	On Occurrence
	Upsets/breakdowns, excess emissions	Facility records required by ACDP Condition 37.b	On Occurrence
	Restoring control equipment to normal operation	Facility records required by ACDP Condition 37.b	On Occurrence
	Major Maintenance Completed	Facility records required by ACDP Condition 37.b	On Occurrence
	Seal Gap for RCTO Wheel	Facility records required by ACDP Condition 40	Annually
	Source Test Parameters	Facility records required by ACDP Condition 41	On Occurrence
EU-RCTO (WESP)	Voltage Data	Facility records required by ACDP Condition 38.d	Continuous
	Quality assurance for transformer rectifier	Facility records required by ACDP Condition 38.d	On Occurrence
	Downtime and RCTO Operating Status	Facility records required by ACDP Condition 38.d	Monthly
EU-RCTO (NOXABATEMENT)	Maintaining BACT on RCTOs	Requirements in ACDP Condition 39	Continuous
	Tracking RCTOs Routed to Unit	Facility records required by ACDP Condition 39.b	Continuous
	Established ozone injection rate	Facility records required by ACDP Condition 39.b	On Occurrence
	Periodic ozone concentration at oulet	Facility records required by ACDP Condition 39.b	Periodic
	Final Monitoring and Recordkeeping Plan	Facility records required by ACDP Condition 39.b	On Occurrence
	Source Test Parameters	Facility records required by ACDP Condition 39.h	On Occurrence
EU-TMXW	Source Test Results	Records as required by ACDP Condition 43.e	On Occurrence
	Natural Gas Usage	Meter data/records as required by ACDP Condition 44	Monthly
	Ammonia Containing Compounds	Amount processed and treated per ACDP Condition 44	Monthly
EU-Wet Scrubbers	Source Test Parameters	Records as required by ACDP Condition 46.h/47.h	On Occurrence
	Bypass Event Information	Facility records required by ACDP Condition 50	On Occurrence
	Scrubber Operating Parameters	Facility records required by ACDP Condition 52.c	Continuous
	Instances Triggering EALs	Facility records required by ACDP Condition 52.c	On Occurrence

State of Oregon Department of Environmental Quality

FORM CP710
Answer Sheet

Recordkeeping

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

Emissions Unit ID	Parameter	Protocol	Frequency
EU-Wet Scrubbers	Excess Emissions	Facility records required by ACDP Condition 52.c	On Occurrence
	Upsets/breakdowns of control devices	Facility records required by ACDP Condition 52.c	On Occurrence
	Restoring control equipment to normal operation	Facility records required by ACDP Condition 52.c	On Occurrence
	Maintenance Completed	Facility records required by ACDP Condition 48.c/52.c	On Occurrence
EU-Boilers	Source Test Results	Records as required by ACDP Condition 22.c	On Occurrence
	Natural Gas Usage	Meter data/records as required by ACDP Condition 24	Monthly
	Boiler Tuneups	Records as required by ACDP Condition 26	On Occurrence
EU-VOCUNC	Monthly Usage and VOC Content	Facility records required by ACDP Condition 64.c	Monthly
EU-OTHER	Maintenance on EXSP and LIME Units	Facility records required by ACDP Condition 70	On Occurrence
Facility-Wide	NESHAP 6W Compliance	If applicable, facility records in ACDP Condition 72	If Applicable
Facility-Wide	Nuisance/Odors	Complaint log as required in ACDP Condition 8	On Occurrence
Facility-Wide	PM Fallout	Facility Records as required in ACDP Condition 8	On Occurrence
Facility-Wide	Opacity	Visible emission records in ACDP Condition 14 and 15	On Occurrence
Facility-Wide	PM Limitations on Fuel Burning	Facility Records as required in ACDP Condition 14	On Occurrence
Facility-Wide	PM Limitations on Non-Fuel Burning	Facility Records as required in ACDP Condition 15	On Occurrence
Facility-Wide	PSEL Compliance	Calculations required in ACDP Conditions 75-89	Monthly
Facility-Wide	RMP Plan	Required in ACDP Condition 9	If Applicable
Facility-Wide	Testing General Records	Facility Records as required in ACDP Condition 94	On Occurrence
Facility-Wide	Boiler/RCTO Fuel Monitoring	Records in lieu of VE/PM monitoring, ACDP Conditions 24 and 32	If Applicable
Facility-Wide	Records for Non-Boilers/RCTOs	Records in lieu of VE/PM monitoring, ACDP Conditions 79-90	If Applicable
EU-Wet Scrubber (WESP)	Voltage Data	Facility records required by ACDP Condition 38.d	Continuous
	Quality assurance for transformer rectifier	Facility records required by ACDP Condition 38.d	On Occurrence
	Downtime and RCTO Operating Status	Facility records required by ACDP Condition 38.d	Continuous

State of Oregon
Department of
Environmental
Quality

FORM CP711
Answer Sheet

Plant Site Emissions Limit Monitoring

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

Emissions Unit IDs	Device/process ID	Pollutant	Method	Process parameter	Emission Factor
EU-BOILERS	Multiple Boilers	PM/PM10/PM2.5	EF	Natural Gas	DS
		CO	EF	Natural Gas	DS
		NOX	EF	Natural Gas	DS
		SO2	EF	Natural Gas	DS
		VOC	EF	Natural Gas	DS
		HAP	EF	Natural Gas	DS
		GHG	EF	Natural Gas	DS
EU-HEATERS	Multiple Heaters	PM/PM10/PM2.5	EF	Natural Gas	DS
		CO	EF	Natural Gas	DS
		NOX	EF	Natural Gas	DS
		SO2	EF	Natural Gas	DS
		VOC	EF	Natural Gas	DS
		HAP	EF	Natural Gas	DS
		GHG	EF	Natural Gas	DS
EU-TMXW	Multiple TMXW	PM/PM10/PM2.5	EF	Natural Gas	DS
		CO	EF	Natural Gas	DS
		NOX	EF	Chem Use	DS
		SO2	EF	Natural Gas	DS
		VOC	EF	Natural Gas	DS
		HAP	EF	Natural Gas	DS
		GHG	EF	Natural Gas	DS
EU-RICE	Em. Gens and Fire Pump	PM/PM10/PM2.5	EF	Hours/Fuel Use	DS
		CO	EF	Hours/Fuel Use	DS
		NOX	EF	Hours/Fuel Use	DS
		SO2	EF	Hours/Fuel Use	DS
		VOC	EF	Hours/Fuel Use	DS
		HAP	EF	Hours/Fuel Use	DS
		GHG	EF	Hours/Fuel Use	DS

State of Oregon
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FORM CP711
Answer Sheet

Plant Site Emissions Limit Monitoring

Facility name: Intel Corporation Aloha/Ronler Acres Campuses Permit Number: 34-2681-ST-02

Emissions Unit IDs	Device/process ID	Pollutant	Method	Process parameter	Emission Factor
EU-OTHER	Lime Silo Emissions	PM	EF	Vendor Guarantee	0.44 tons / 12 months
		PM10	EF	Vendor Guarantee	0.44 tons / 12 months
		PM2.5	EF	Vendor Guarantee	0.44 tons / 12 months

Attachment 8: Miscellaneous Supporting Information (MF800)

State of Oregon
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Quality

FORM MF801

Completeness Determination Checklist — Answer Sheet

The application must include the elements specified below.

PAGE NUMBERING

Page numbering for each individual answer sheet should be completed as "Page X of Y."

Once all answer sheets are completed and the application has been collated according to the table on page XX of the *Application Guidebook*, page numbering for all pages in the application should be completed *sequentially*, from 1 to XXX. Page numbers should be in the lower right hand corner of each page of the application (beneath any existing answer sheet-specific page numbers automatically provided). For example, the first page of Form AP101 is automatically numbered Page 1 of 2; upon collation of the complete application, the applicant should manually number this page 1 of the application.

Once page numbering is completed as described above, on the line provided next to each item below, identify on what pages of the completed application the following required information can be found.

IDENTIFYING INFORMATION

Location in Application	Information
Pgs 1-2	Identifying information, including company name and mailing address, facility name and location address if different from the company name; owner's name and agent; and telephone number and name of site manager/contact. [Form AP101]
Pg 3	A description of the facility's processes and products (by SIC Code) for each operating scenario and related flow chart(s). [Form AP102]
Pgs 4-8	A plot plan showing the location of all emissions units identified by UTM and the nearest residential or commercial property.

EMISSIONS INFORMATION

The following emissions-related information for **ALL** requested alternative operating scenarios:

Location in Application	Information
Pgs 205-235	Identification and description of all emissions units. [EU500 Forms]
Pgs 250-423	Emissions of pollutants listed in OAR 340-244-0040. [Form ED606]
Pgs 241-249	Emissions rates in tons per year and in such terms as are necessary to establish compliance consistent with the applicable standard reference test method and to establish PSELs for all regulated air pollutants (except as restricted by OAR 340-222-0060 and 340-222-0070). Include information to substantiate a request that a period longer than hourly be used for the short term PSEL where short term PSELs are required. Calculations on which the emissions information is based. [Forms ED603, ED604, and ED605]
N/A	Information necessary to establish any alternative emission limit in accordance with OAR 340-226-0400, if the permit applicant requests one.
Pgs 236-238	A list of all categorically insignificant activities. [Form ED601]
Pgs 239-240	A list of all insignificant activities which are designated insignificant because of non-exempt insignificant mixture usage or aggregate insignificant emission levels and an estimate of all emissions of regulated air pollutants from those activities. [Form ED602]

Location in Application	Information
Pgs 47-148	A list of fuel types, fuel sulfur content, and fuel use. [DV200 Forms]
Pgs 3-12	A list of raw materials, production rates, and operating schedules. [Forms AP102 and AP103]
Pgs 149-204	Identification and description of air pollution control equipment, including estimated efficiency of the control equipment. [CD300 Forms]
Pg 9	Limitations on facility operation affecting emissions or any work practice standards, where applicable, for all regulated air pollutants.
N/A	Information related to stack height limitations developed pursuant to OAR 340-212-0130.

MONITORING INFORMATION
The following monitoring, recordkeeping, and reporting requirements:

Location in Application	Information
Pgs 428-438	All emissions monitoring and analysis procedures or test methods required under the applicable requirements. [CP700 Forms]
N/A	Compliance Assurance Monitoring (CAM) protocols. [Form CP709]
Pgs 428-438	Proposed periodic monitoring to determine compliance where an applicable requirement does specify testing or monitoring requirements. [CP700 Forms]
Pgs 428-438	The proposed use, maintenance, and installation of monitoring equipment or methods, as necessary. [CP700 Forms]
N/A	Proposed consolidation of reporting requirements, where possible.
Pgs 505-507	A proposed schedule of submittal of all reports.

COMPLIANCE INFORMATION
A compliance plan that contains the following:

Location in Application	Information
Pgs 13 - 38	Citation and description of all applicable requirements (see Applicable Requirements Checklist, Form AR401).
Pgs 205-235	Description of the compliance status of the facility with respect to all applicable requirements. [EU500 Forms]
Pgs 205-235	Statement of methods used for determining compliance with all applicable requirements, including a description of monitoring, recordkeeping, and reporting requirements and test methods. [EU500 Forms]
Pgs 1-2	For applicable requirements with which the facility is in compliance, a statement that the owner/operator will continue to comply with such requirements. [Form AP101]
Pgs 1-2	For applicable requirements that will become effective during the permit term, a statement that the owner/operator will meet such requirements on a timely basis, unless a more detailed schedule is expressly required by the applicable requirement. [Form AP101]

Location in Application	Information
N/A	For requirements for which the facility is not in compliance at the time of permit issuance, a narrative description of how the owner/operator will achieve compliance with such requirements.
N/A	Proposed schedule of compliance for facilities not in compliance with all applicable requirements at the time of permit issuance including a schedule of remedial measures, an enforceable sequence of actions with milestones, and interim measures to be taken by the owner/operator to minimize the amount of excess emissions during the scheduled period.
N/A	Proposed schedule for submission of certified progress reports no less frequently than every 6 months for sources required to have schedule of compliance to remedy a violation.
N/A	The acid rain portion of a compliance plan for an affected source, except as specifically superseded by regulations promulgated under Title IV of the FCAA.
N/A	Proposed schedule for submission of compliance certifications during the permit term.
Pgs 1-2	Certification of compliance with all applicable requirements by a responsible official. [Form AP101]

OTHER INFORMATION

Location in Application	Information
N/A	Copy of any existing air quality permit with identification of which permit conditions the permittee believes are no longer applicable. Information supporting a request that DEQ make a determination that an existing permit term or condition is no longer applicable.
N/A	Information necessary for DEQ to define permit terms and conditions implementing emissions trading under the PSEL if the applicant requests such trading. Information shall include provisions to ensure any emissions trading is quantifiable, accountable, enforceable, and based on replicable procedures.
N/A	Information necessary for DEQ to define permit terms and conditions implementing emissions trading, to the extent that applicable requirements provide for trading without a case-by-case approval of each emissions trade if the applicant request such trading.
N/A	Information necessary for the DEQ to define permit terms and conditions implementing alternative emission limits established in accordance with OAR 340-28-1030, if the applicant request such alternative emission limit. Information shall include provisions to ensure that any resulting emissions limit is quantifiable, accountable, enforceable, and based on replicable procedures.
N/A	For permit renewals, information necessary for DEQ to define permit terms and conditions implementing off-permit changes.
N/A	For permit renewals, information necessary for DEQ to define permit terms and conditions implementing section 502(b)(10) changes.
N/A	An explanation of any proposed exemptions from otherwise applicable requirements.
N/A	A Land Use Compatibility Statement (LUCS), if the facility is new, if the facility boundaries have increased, or if there is an increase of emissions greater than the Plant Site Emission Limits.
N/A	The use of nationally-standardized forms for acid rain portions of permit applications and compliance plans, as required by regulations promulgated under Title IV of the FCAA.

Location in Application	Information
N/A	For permit renewal, the facility may identify information in previous permit application for emissions units that are unchanged by submitting a copy of the current permit showing no changes to the applicable requirements.

STATEMENT OF CERTIFICATION

Location in Application	Information
Pgs 1-2	Certification by a responsible official of truth, accuracy, and completeness. [Form AP101]

Attachment 9: Copy of current ACDP No. 34-2681-ST-2

State of Oregon
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OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
AIR CONTAMINANT DISCHARGE PERMIT

Northwest Region
700 NE Multnomah St Ste 600
Portland OR 97232-4100
Telephone: (503) 229-5263

Issued in accordance with the provisions of ORS 468A.040
and based on the land use compatibility findings included in the permit record.

ISSUED TO:

Intel Corporation
5200 NE Elam Young Parkway
MS: RS5-115
Hillsboro, OR 97124

PLANT SITE LOCATION:

Aloha Campus
3585 SW 198th Avenue
Aloha, OR 97007

Gordon Moore Park at: Ronler Acres Campus
2501 NE Century Boulevard
Hillsboro, OR 97124

INFORMATION RELIED UPON:

Primary Application No.: 034907
Received: 7/07/2023 Amended: 9/6/2023

Combined with Application No.: 034188
Received: 8/03/2022

LAND USE COMPATIBILITY STATEMENT:

Aloha Campus
Issued by: Washington County
Dated: 9/20/1991, 12/19/2014
4/25/2023

Gordon Moore Park at: Ronler Acres Campus
Issued by: City of Hillsboro
Dated: 12/19/2014, 4/25/2023

ISSUED BY THE DEPARTMENT OF ENVIRONMENTAL QUALITY

Christine SVETKOVICH

Christine Svetkovich
Northwest Region Administrator

04/16/2024
Date

Nature of Business: Semiconductor Manufacturing
SIC: 3674

RESPONSIBLE OFFICIALS

Title: Vice President,
Technology Development GM,
LTD Manufacturing

FACILITY CONTACT PERSON

Name: Wes Lund (primary)
Phone: 971-610-4009

Name: Ruth Glass (secondary)
Phone: 971-329-1494

Addendum Numbers R-04 and R-05

In accordance with OAR 340-216-0040(3), ACDP 34-2681-ST-02 is reissued in its entirety.

TABLE OF CONTENTS

LIST OF ABBREVIATIONS THAT MAY BE USED IN THIS PERMIT

ACDP	Air Contaminant Discharge Permit
Act	Federal Clean Air Act
Annual	Calendar Year
APCD	Air Pollution Control Device
ASTM	American Society of Testing and Materials
BACT	Best Available Control Technology
Btu	British thermal unit
CAM	Compliance Assurance Monitoring
CAO	Cleaner Air Oregon
CEMS	Continuous Emissions Monitoring System
CFC	Chlorofluorocarbons
CFR	Code of Federal Regulations
CO	Carbon Monoxide
COMS	Continuous Opacity Monitor
CPMS	Continuous parameter monitoring system
CPP	Climate Protection Program
DEQ	Department of Environmental Quality
dscf	Dry standard cubic feet
EAL	Emission action level
EF	Emission factor
EPA	US Environmental Protection Agency
EU	Emissions Unit
FAB or Fab	Semiconductor fabrication and support facilities
FCAA	Federal Clean Air Act
Fluorides	Inorganic fluoride compounds (as measured by EPA Method 13A or 13B), excluding hydrogen fluoride
FGR	Flue Gas Recirculation
FSA	Fuel sampling and analysis
GHG	Greenhouse Gas
gr/dscf	Grain per dry standard cubic feet (1 pound = 7000 grains)
HAP	Hazardous Air Pollutant as defined by OAR 340-244-0040
HCl	Hydrogen chloride
HF	Hydrogen fluoride
ID	Identification number or label
I&M	Inspection and maintenance
IPCC	Intergovernmental Panel on Climate Change
N/A or n/a	Not Applicable
NAICS	North American Industry Classification System
NEHSAP	National Emissions Standards for Hazardous Air Pollutants
NO_x	Nitrogen oxides
NSPS	New Source Performance Standards
NSR	New Source Review
O_2	Oxygen
OAR	Oregon Administrative Rules
ODEQ	Oregon Department of Environmental Quality
ORS	Oregon Revised Statutes
O&M	Operation and maintenance
Pb	Lead
PCD	Pollution Control Device
PEMS	Predictive/Parameter Emissions Monitoring System
PM	Particulate matter
PM_{10}	Particulate matter less than 10 microns in size
$PM_{2.5}$	Particulate matter less than 2.5 microns in size
POU	Point of use device
ppm	Parts per million
PSD	Prevention of Significant Deterioration
PSEL	Plant Site Emission Limit
PTE	Potential to Emit
psia	pounds per square inch, actual
RACT	Reasonably Available Control Technology
RCTO	Rotor concentrator thermal oxidizer
RICE	Reciprocating Internal Combustion Engine
SACC	Semiannual Compliance Certification
SER	Significant Emission Rate
SERP	Source emissions reduction plan
SIC	Standard Industrial Classification
SO_2	Sulfur dioxide
SSM	Startup, Shutdown and Malfunction
ST	Source test
TACT	Typically Achievable Control Technology
VE	Visible emissions
VMT	Vehicle miles traveled
VOC	Volatile organic compounds
WESP	Wet Electrostatic Precipitator

PERMITTED ACTIVITIES

1. This permit approves construction and operation of the permittee's facility as described in permit applications no. 034907, received on: July 7, 2023 and amended on: September 6, 2023; and application no. 034188, received on: August 3, 2022. [OAR 340-218-0010, 340-218-0120(2), OAR 340-224-0030(4) and (5)]

   1.a. Construction schedule and termination:

      1.a.i. The construction approved by this permit is scheduled to be completed by December 31, 2029, and construction approval terminates on that date unless the construction period is extended under subsection 1.b.v.

      1.a.ii. Construction must commence within 18 months of issuance.

      1.a.iii. Construction approval terminates and is invalid if construction is not commenced within 18 months after DEQ issues such approval, or by the deadline approved by DEQ in an extension under section 1.b.v.

      1.a.iv. Construction approval also terminates and is invalid if construction is discontinued for a period of 18 months or more or if construction is not completed within 18 months of the scheduled time.

      1.a.v. For Major NSR and State NSR permit actions, DEQ may grant for good cause one or two 18-month construction approval extensions as provided in OAR 340-224-0030(5).

2. Until such time as this permit expires or is modified or revoked, the permittee is allowed to discharge air contaminants from those processes and activities directly related to or associated with air contaminant source(s) in accordance with the requirements, limitations, and conditions of this permit. [OAR 340-218-0010, 340-218-0120(2)]

3. The permittee must submit any necessary revisions to the Title V permit application not more than 120 days after the issuance date of this permit. [OAR 340-218-0010, 340-218-0120(2)]

4. All conditions in this permit are federally enforceable except conditions 6, 7, 8, 16, 17, 57, and 74.d, which are only enforceable by the state. [OAR 340-218-0060]

EMISSION UNIT (EU) AND POLLUTION CONTROL DEVICE (PCD) IDENTIFICATION

5. The emissions units regulated by this permit are the following: [OAR 340-218-0040(3)]

(RA) indicates Gordon Moore Park at Ronler Acres Campus, **(A)** indicates Aloha Campus.

Emissions Unit ID	Device/ Process	Emission Point	Type of Pollution Control Device
EU-Boilers	Boilers, natural gas-fired	Multiple boiler exhaust stacks, (RA) and (A)	Varies, low-NOx burners and FGR or Ultra Low NOx burners
EU-Heaters	Heaters, natural gas-fired	Multiple, (RA) and (A)	None
EU-TMXW	Ammonia wastewater treatment system	Multiple, (RA)	Thermal catalytic oxidation/reduction system
EU-RCTOs (APCD)	Manufacturing processes and storage tanks that emit VOCs, natural gas-fired	Multiple, (RA) and (A)	RCTOs ***
EU-Wet Scrubbers* (APCD)	Manufacturing processes and storage tanks controlled by wet scrubbers	Multiple, (RA) and (A)	Wet scrubbers ***
EU-VOCunc	VOC, uncontrolled	Multiple, (RA) and (A)	None
EU-RICE	Emergency generator and fire pump engines	Multiple, (RA) and (A)	Varies, DPFs
EU-Paved Roads**	Paved roads	(RA) and (A)	Periodic sweeping
EU-Cooling Towers**	Industrial cooling towers that do not use chromium based chemicals	Multiple, (RA) and (A)	Drift eliminators
EU-Other	Arsenic Specialty Filter (EXSP) and Lime Silos	Multiple, (RA)	Varies, HEPA filter and filters

* EU-Wet Scrubbers includes only wet acid gas scrubbers (EXSC), wet ammonia gas scrubbers (EXAM) and process specific support systems scrubbers (PSSS).

** Paved Roads and Cooling Towers are categorically insignificant activities.

*** A number of RCTOs and wet scrubbers are equipped with wet electrostatic precipitators (WESPs). The WESPs are not a unique EU grouping, but rather are add-on equipment to existing pollution control devices.

A full listing of the emissions units is found in the detail sheets associated with this permit.

EMISSION LIMITS AND STANDARDS - FACILITY-WIDE

The following tables and conditions contain the applicable requirements along with the testing, monitoring, and recordkeeping requirements for the emissions units to which those requirements apply.

Facility Wide Requirements

EU ID	Applicable Requirement	Condition Number	Pollutant/ Parameter	Limit/ Standard	Monitoring Requirements	
					Method	Condition
Facility wide	340-208-0300	6	Nuisance	No Nuisance	Recordkeeping	8
Facility wide	340-208-0450	7	PM >250µ	No Fallout	Recordkeeping	8
Facility wide	40 CFR Part 68	9	Risk Management	Risk Management Plan	n/a	n/a
Facility wide	340-208-0210(2)	10	Fugitive VE	Minimize	n/a	n/a
Facility wide	340-208-0110(3)(a)	11	Opacity	20% (6 min block average)	Recordkeeping	14, 15
Facility wide	340-226-0210(1)(b)	12	PM/PM_{10}	See condition 12	Recordkeeping	14, 15
Facility wide	340-228-0210(1)	13	PM/PM_{10}	See condition 13	Recordkeeping	14, 15
Facility wide	Conditional preapproval	18	--	See condition 18	n/a	n/a
Facility wide	New control device notification	19	--	See condition 19	n/a	n/a

Nuisance Conditions

6. **Applicable Requirement** The permittee must not cause or allow air contaminants from any source subject to regulation by DEQ to cause a nuisance. Nuisance conditions will be verified by DEQ personnel. [OAR 340-208-0300] [This condition is enforceable only by the State.]

7. **Applicable Requirement** The permittee must not cause or permit the emission of any particulate matter larger than 250 microns in size at sufficient duration or quantity as to create an observable deposition upon the real property of another person. [OAR 340-208-0450] [This condition is enforceable only by the State.]

8. **Monitoring and Recordkeeping Requirement**: The permittee must maintain a log of each complaint received by the permittee in person, in writing, by telephone or through other means that specifically refer to air pollution or odor concerns associated with and during the operation of the permitted facility. Documentation must include date of contact, time and description of observed pollution or odor condition, location of receptor, status of plant operation during the observed period, and time of response to complainant. A plant representative must immediately investigate the condition following the receipt of the nuisance complaint and a plant representative must provide a response to the complainant within 24 hours, if possible. [OAR 340-218-0050(3)(a)] [This condition is only enforceable by the state.]

Accidental Release Prevention

9. **Applicable Requirement** The permittee must maintain a risk management plan (RMP) and comply with the plan and all other applicable Part 68 requirements. [40 CFR Part 68].

Visible Emissions (VE)/Opacity and Particulate Matter

10. **Applicable Requirement** The permittee must not cause or permit any materials to be handled, transported, or stored; or a building, its appurtenances, or a road to be used, constructed, altered, repaired or demolished; or any equipment to be operated, without taking reasonable precautions to prevent particulate matter from becoming airborne. Such reasonable precautions may include, but not be limited to the following: [OAR 340-208-0210(1)]

    10.a. Use, where possible, of water or chemicals for control of dust in the demolition of existing buildings or structures, construction operations, the grading of roads or the clearing of land;

    10.b. Application of water or other suitable chemicals on unpaved roads, materials stockpiles, and other surfaces which can create airborne dusts;

    10.c. Full or partial enclosure of materials stockpiles in cases where application of water or other suitable chemicals are not sufficient to prevent particulate matter from becoming airborne;

    10.d. Installation and use of hoods, fans, and fabric filters to enclose and vent the handling of dusty materials;

    10.e. Adequate containment during sandblasting or other similar operations;

    10.f. Covering, at all times when in motion, open bodied trucks transporting materials likely to become airborne;

    10.g. The prompt removal from paved streets of earth or other material that does or may become airborne.

11. **Applicable Requirement** The permittee may not emit or allow to be emitted any visible emissions that equal or exceed an average of 20 percent opacity: [OAR 340-208-0110(3)(a) and (2)]

    11.a. This condition applies to sources other than wood-fired boilers, installed, constructed, or modified on or after June 1, 1970.

    11.b. The visible emissions standards in this condition are based on the average of 24 consecutive observations recorded at 15-second intervals, or more frequently as allowed below, which comprise a six-minute block. Six-minute blocks need not be consecutive in time and in no case may two blocks overlap. For each set of 24 observations, the six-minute block average is calculated by summing the opacity of the 24 observations and dividing the sum by 24. Six-minute block averages are measured by:

        11.b.i. EPA Method 9;

        11.b.ii. A continuous opacity monitoring system (COMS) installed and operated in accordance with the DEQ Continuous Monitoring Manual or 40 C.F.R. part 60 [NOTE: DEQ manual is published with OAR 340-200-0035]; or

        11.b.iii. An alternative monitoring method approved by DEQ that is equivalent to EPA Method 9.

12. **Applicable Requirement** The permittee may not cause, suffer, allow, or permit particulate matter emissions from any non-fuel-burning equipment in excess of the following limits: [OAR 340-226-0210(2)(b) and (c)]

12.a. For non-fuel burning equipment installed, constructed or modified on or after April 16, 2015, 0.10 grains per dry standard cubic foot;

12.b. For non-fuel burning equipment installed, constructed or modified on or after June 1, 1970 but prior to April 16, 2015, 0.14 grains per dry standard cubic foot.

"Non-fuel burning equipment" means all equipment that burns fuel except boilers.

13. **Applicable Requirement** The permittee may not cause, suffer, allow, or permit particulate matter emissions from any fuel burning equipment in excess of the following limits: [OAR 340-228-0210(2)(b)(B) and (c)]

13.a. For fuel burning equipment installed, constructed, or modified on or after April 16, 2015, 0.10 grains per dry standard cubic foot; and

13.b. For all fuel burning equipment installed, constructed or modified on or after June 1, 1970, but prior to April 16, 2015, 0.14 grains per dry standard cubic foot.

13.c. For fuel burning equipment that burns fuels other than wood, the emissions results must be corrected to 50% excess air.

"Fuel burning equipment" means boilers.

14. **Monitoring Condition** In lieu of visible emissions and particulate matter monitoring of all equipment that combusts natural gas, the permittee must maintain the records required by conditions 24 (boiler fuel monitoring) and 32 (RCTO fuel monitoring). [OAR 340-218-0050(3)]

15. **Monitoring Condition** In lieu of visible emissions and particulate matter monitoring of all exhaust points other than boilers and RCTOs, the permittee must maintain the records required by conditions 79 through 90. [OAR 340-218-0050(3)]

16. **Applicable Requirement** The permittee must comply with the applicable requirements of OAR 340 Division 245, Cleaner Air Oregon (CAO). [OAR 340, Division 245] [This condition is enforceable only by the State.]

16.a. CAO is administered as a separate program, and there are no monitoring or recordkeeping requirements in this permit pertaining to CAO at this time.

16.b. Permit conditions pertaining to CAO may be added in the future.

17. **Applicable Requirement** The permittee must comply with the applicable requirements of OAR 340 Division 271, Climate Protection Program (CPP). [OAR 340, Division 271] [This condition is enforceable only by the State.]

17.a. CPP is administered as a separate program, and there are no monitoring or recordkeeping requirements in this permit pertaining to CPP at this time.

17.b. Permit conditions pertaining to CPP may be added in the future.

CONDITIONAL PREAPPROVAL ALLOWANCE FOR OPERATIONAL FLEXIBILITY

18. The permittee is pre-approved to make physical changes, additions, relocations of equipment, or process modifications to the manufacturing processes and support operations without prior notification to DEQ, provided the following conditions are met. Any proposed change not meeting the criteria of this condition must be made in accordance with the requirements of Condition 20.

18.a. Such changes do not result in an emission increase which exceeds one or more of the permitted PSELs. Emission increases resulting from changes approved under this condition must be offset by unused capacity within the relevant PSEL(s). This may be accomplished using emission reduction offsets achieved through a documented pollution prevention project that demonstrates permanent emission reductions in an amount compatible with the respective emission increase.

18.b. Such changes must not violate or contradict any expressed permit condition within this permit.

18.c. No new Fab facility may be added under this pre-approval condition.

18.d. The physical changes and changes in method of operation approved under this condition must not involve changes to an existing Pollution Control Device (PCD) that would not be considered normal maintenance, cause a degradation in the performance, or result in the addition of a new PCD.

18.e. The physical changes and/or changes in method of operation approved under this condition must not reduce the capture efficiency of any PCD.

18.f. The permittee must re-evaluate the presumed pollutant capture efficiency (expressed as a decimal) on each occurrence of an equipment modification or addition that could potentially affect the capture efficiency used for compliance emission calculations referenced by condition 79 (PSEL compliance calculations).

18.g. The physical changes and changes in method of operation approved under this condition must not involve the installation and/or startup of a new boiler or co-generation unit with an input BTU rating of $\geq$ 10 million BTUs per hour.

18.h. The physical changes and changes in method of operation approved under this condition must not involve the utilization of an existing or new power generator for the purpose of producing non-emergency power.

18.i. Any new emitting activities and any physical changes or changes in the method of operation of existing emitting activities must be compatible with, subject to, and comply with, the compliance monitoring and recordkeeping requirements specified in this permit.

New Control Device Notification Requirements

19. **Applicable Requirement** The permittee must notify DEQ in accordance with Condition 20 of this permit and must receive DEQ approval prior to commencing installation of any emission control device other than those identified in the permit application referenced on the cover page of this permit.

20. **Applicable Requirement** The permittee must obtain approval from DEQ prior to construction or modification of any stationary source or air pollution control equipment in accordance with OAR 340-210-0205 through OAR 340-210- 0250 unless such construction or modification is preapproved under Condition 18. [OAR 340-210-0205 through OAR 340-210- 0250]

EU-BOILERS

EU ID	Applicable Requirement	Condition Number	Pollutant/ Parameter	Limit/ Standard	Monitoring Requirements	
					Method	Condition
EU-Boilers >2.0 MMBtu/hr	BACT	21	NOx, CO	See condition 21	Source test	22
EU-Boilers >2.0 MMBtu/hr	BACT	21	VOC, PM_{10}, $PM_{2.5}$, GHG	See condition 21	Recordkeeping	24
EU-Boilers >2.0 MMBtu/hr	40 CFR Part 60, Subpart Dc	23	n/a	No requirements	Recordkeeping	24
EU-Boilers >2.0 MMBtu/hr	OAR 340-226-0120	25	n/a	Periodic Tune-up's	Recordkeeping	26
EU-Boilers <2.0 MMBtu/hr	BACT	27	Fuel usage	n/a	Recordkeeping	28

BACT Requirements

21. **Applicable Requirement** The permittee must meet the following limits, operating requirements or equipment specifications for the listed equipment: [BACT, app. no. 034907, rec'd 7/7/2023, OAR 340-224-0070]

21.a. Summary of BACT for Boilers >2.0 MMBtu/hr:

Table copied from the permit application 034907 received by DEQ on: 7/07/2023, Appendix C BACT Analysis Report, Table 4-15 Summary of Proposed BACT for Boilers (>2.0 MMBtu/hr).

EU Boiler Equipment Tag	Year Installed	NOx BACT	CO BACT	VOC BACT	PM10 BACT	PM2.5 BACT	CO2 (GHG) BACT
F20-BLR115-5-200	Planned	0.011 lb/MMBtu	0.037 lb/MMBtu	Good Combustion Practices	Good Combustion Practices	Good Combustion Practices	Design and Operational Efficiency
A4-BLR117-3-30	Planned	0.011 lb/MMBtu	0.037 lb/MMBtu	"	"	"	"
RA4-BLR117-4-30	Planned	0.011 lb/MMBtu	0.037 lb/MMBtu	"	"	"	"
LR-115-6-210	Planned	0.011 lb/MMBtu	0.037 lb/MMBtu	"	"	"	"
RP1-BLR115-1-210	2016	0.011 lb/MMBtu	0.037 lb/MMBtu	"	"	"	"
RP1-BLR115-4-210	Planned	0.011 lb/MMBtu	0.037 lb/MMBtu	"	"	"	"
CUB4-BLR115-7-10	New Addition	0.011 lb/MMBtu	0.037 lb/MMBtu	"	"	"	"
RAC5-BLR115-1	2021	0.011 lb/MMBtu	0.037 lb/MMBtu	"	"	"	"
RAC5-BLR115-2	2022	0.011 lb/MMBtu	0.037 lb/MMBtu	"	"	"	"
RAC5-BLR115-3	2021	0.011 lb/MMBtu	0.037 lb/MMBtu	"	"	"	"
RAC5-BLR115-4	2022	0.011 lb/MMBtu	0.037 lb/MMBtu	"	"	"	"
RAC5-BLR115-5	2022	0.011 lb/MMBtu	0.037 lb/MMBtu	"	"	"	"
RAC5-BLR115-6	2022	0.011 lb/MMBtu	0.037 lb/MMBtu	"	"	"	"
RAC5-BLR115-7	Planned	0.011 lb/MMBtu	0.037 lb/MMBtu	"	"	"	"
RAC5-BLR115-8	Planned	0.011 lb/MMBtu	0.037 lb/MMBtu	"	"	"	"
N2-BLR117-1A-30	2021	0.011 lb/MMBtu	0.037 lb/MMBtu	"	"	"	"
N2-BLR117-1B-30	2021	0.011 lb/MMBtu	0.037 lb/MMBtu	"	"	"	"
F20-BLR115-4-200	2013	--	--	"	"	"	"
CUB2-BLR115-5-210	2012	--	--	"	"	"	"
CUB2-BLR115-6-210	2015	--	--	"	"	"	"
CUB4-BLR115-1-10	2013	--	--	"	"	"	"
CUB4-BLR115-2-10	2013	--	--	"	"	"	"
CUB4-BLR115-3-10	2013	--	--	"	"	"	"
CUB4-BLR115-4-10	2013	--	--	"	"	"	"
CUB4-BLR115-5-10	2011	--	--	"	"	"	"
CUB4-BLR115-6-10	2011	--	--	"	"	"	"
F15-BLR28-1-2	2014	--	--	"	"	"	"
F15-BLR28-1-3	2014	--	--	"	"	"	"
F15-BLR28-1-1	2014	--	--	"	"	--	"
BLR-115-4-210	2008	--	--	"	"	--	--
BLR-115-5-210	2009	--	--	"	"	--	--
RP1-BLR115-2-210	2003	--	--	"	"	--	--
RP1-BLR115-3-210	2003	--	--	"	"	--	--

RA2-BLR115-1-300	1998	--	--	"	"	--	--
RA2-BLR115-2-300	1998	--	--	"	"	--	--
F20-BLR115-1-200*	1995	0.011 lb/MMBtu	--	"	"	--	--
F20-BLR115-2-200*	1995	0.011 lb/MMBtu	--	"	"	--	--
F20-BLR115-3-200*	1995	0.011 lb/MMBtu	--	"	"	--	--
CUB2-BLR115-1-210*	1998	0.011 lb/MMBtu	--	"	"	--	--
CUB2-BLR115-2-210*	1998	0.011 lb/MMBtu	--	"	"	--	--
CUB2-BLR115-3-210*	1998	0.011 lb/MMBtu	--	"	"	--	--
CUB2-BLR115-4-210*	2000	0.011 lb/MMBtu	--	"	"	--	--
BLR-115-1-210*	2001	0.011 lb/MMBtu	--	"	"	--	--
BLR-115-2-210*	2001	0.011 lb/MMBtu	--	"	"	--	--
BLR-115-3-210*	2001	0.011 lb/MMBtu	--	"	"	--	--

Notes: Details about each piece of equipment are listed in the PSEL Detail Sheets and identified by the Equipment Tag.

** Boilers that have pre-project BACT limits for NOx but are not subject to current (7/7/2023) BACT analysis.*
(--) Indicates selected boiler does not meet BACT applicability for the specific pollutant
(") Indicates "ditto"

21.b. Emission limits do not apply during periods of startup, shutdown or malfunction, but the permittee must minimize the time spent in any of these conditions.

Boiler Testing for BACT Compliance

22. **Monitoring Requirement** The permittee must conduct source testing of the boilers identified in condition 21 for compliance with the limits in condition 21 as specified in this condition.

22.a. Within 2 years of the issuance date of this permit, boilers must be tested in accordance with this condition;

22.a.i. Test at least one boiler from each group of identical boilers that were installed in or after 2015 and are subject to NOx or CO BACT as identified in condition 21, except as provided in condition 22.a.ii;

22.a.ii. Any boiler group that was tested in or after 2021 and the test showed compliance with the BACT limits in condition 21 does not have to be tested; and

22.a.iii. The boilers must be tested for NOx and CO.

22.a.iv. For fuel burning equipment that burns fuels other than wood, the emissions results must be corrected to 50% excess air.

22.b. Testing must be conducted in accordance with condition 91.

22.c. Recordkeeping Requirement The permittee must keep records of all test results.

NSPS Subpart Dc

23. **Applicable Requirement** The permittee must comply with all applicable provisions and standards of 40 CFR Part 60, Subpart Dc for all Steam Generating Units (as defined in 40 CFR 60.41c) that meet the specifications in 23.a (see Detail Sheets) [40 CFR Part 60, Subpart Dc]

    23.a. This condition applies to each Steam Generating Unit for which construction, modification, or reconstruction is commenced after June 9, 1989 and that has a maximum design heat input capacity of 29 megawatts (MW) (100 million British thermal units per hour (MMBtu/h)) or less, but greater than or equal to 2.9 MW (10 MMBtu/h).

    23.b. All affected Steam Generating Units must be limited to the combustion of natural gas, propane or butane fuels exclusively.

    23.c. All affected Steam Generating Units associated with this permit are fired exclusively with the fuels identified in condition 23.b and as such, there are no applicable emission standards or testing or reporting requirements that these Steam Generating Units are subject to under this Subpart.

24. **Monitoring/Recordkeeping Requirement** The permittee must monitor and keep records of the amount and type of fuel used each month in each Steam Generating Unit or group of Steam Generating Units subject to condition 23. [40 CFR 60.48c(g)(2)]

Boiler Tune-Ups

25. **Applicable Requirement** The permittee must have the boilers listed in condition 21.a tuned up no less frequently than every 6 years. [OAR 340-226-0120]

26. **Monitoring Requirement** The permittee must keep records of each boiler tune up and make them available to DEQ staff upon request.

27. **Applicable Requirement** The permittee must meet the following limits, operating requirements or equipment specifications for the listed equipment: [BACT, application no. 034907, received 7/7/2023, OAR 340-224-0070]

    27.a. Summary of BACT for Boilers ≤2.0 MMBtu/hr:

Table copied from the permit application 034907 received 7/7/2023, Appendix C BACT Analysis Report, Table 4-16 Summary of Proposed BACT for Boilers (≤2.0 MMBtu/hr)

EU Boiler Equipment Tag	Year Installed	NOx BACT	CO BACT	VOC BACT	PM/PM_{10} BACT	$PM_{2.5}$ BACT	CO_2(GHG) BACT
RS4-BLR115-1	Planned	0.011 lb/MMBtu	0.037 lb/MMBtu	Good Combustion Practices	Good Combustion Practices	Good Combustion Practices	Design and Operational Energy Efficiency
RS4-BLR115-2	Planned	0.011 lb/MMBtu	0.037 lb/MMBtu				
RS4-BLR115-3	Planned	0.011 lb/MMBtu	0.037 lb/MMBtu				
RS6-BLR115-1	Planned	0.011 lb/MMBtu	0.037 lb/MMBtu				
RS6-BLR115-2	Planned	0.011 lb/MMBtu	0.037 lb/MMBtu				
RS6-BLR115-3	Planned	0.011 lb/MMBtu	0.037 lb/MMBtu				
RA4-BLR117-1-30	2021	0.011 lb/MMBtu	0.037 lb/MMBtu				

F15-HW35-3	2016	0.011 lb/MMBtu	0.037 lb/MMBtu				
F15-HW35-4	2016	0.011 lb/MMBtu	0.037 lb/MMBtu				
RA4-BLR152-2-30	2014	-	-				
RA4-BLR152-1-30	2014	-	-				
RA4-BLR117-2-30	2014	-	-				
RA1-MECH-B01	2010	-	-				
RA1-MECH-B02	1995	-	-				

Notes: Details about each piece of equipment are listed in the PSEL Detail Sheets and identified by the Equipment Tag.

27.b. Emission limits do not apply during periods of startup, shutdown or malfunction, but the permittee must minimize the time spent in any of these conditions.

28. Monitoring/Recordkeeping Requirement The permittee must monitor and keep records of the type and amount of fuel used each month in each boiler or group of boilers subject to condition 27.

EU-HEATERS

EU ID	Applicable Requirement	Condition Number	Pollutant/ Parameter	Limit/ Standard	Monitoring Requirements	
					Method	Condition
EU-Heaters	BACT	29	PM_{10}, $PM_{2.5}$, CO, VOC, NOx, GHG	See condition 29	Recordkeeping	30

BACT Requirements

29. **Applicable Requirement** The permittee must meet the following limits, operating requirements or equipment specifications for the listed equipment. [BACT, application no. 034907, received 7/7/2023, OAR 340-224-0070]

29.a. Summary of BACT for Heaters:

Table copied from the permit application 034907 received 7/7/2023, Appendix C BACT Analysis Report, Table 5-4 Summary of Proposed BACT for Heaters

Heater Equipment Tag			Pollutant	Selected BACT
HER3_01	HELT4_06	HER3_02	PM_{10}	Good Combustion Practices
HELT4_07	HER3_03	HELT4_08		
HER3_04	HELT4_09	HER3_05		
HELT4_10	HER3_06	HELT4_11		
HER3_07	HELT4_12	HER3_08	$PM_{2.5}$	Good Combustion Practices
HELT4_13	HERS4_01	HELT4_14		
HERS2_15	HERS4_02	HELT4_15		
HERS2_16	HERS4_03	HELT4_16	CO	Good Combustion Practices
HERA1_01	HERS4_04	HELT4_17		
HERA1_02	HERS4_05	HELT4_18	VOC	Good Combustion Practices
HEC4_01	HERS4_06	HELT4_19		
HEPB1_01	HERS4_07	HELT4_20	NOx	Good Combustion Practices
HEC5_01	HERS4_08	HELT4_21		
HERA5_01	HERS4_09	HELT4_22		

HERA5_02	HERS4_10	HELT4_23	CO2 (GHG)	Design and Operational Energy Efficiency
HERA5_03	HERS4_11	HELT4_24		
HERA6_01	HERS4_12	HEAL_01		
HERA6_02	HERS5_01	HEAL_02		
HERA6_03	HERS5_02	HEAL_03		
HEPB1_02	HERS5_03	HEAL_04		
HEC5_02	HERS5_04	HEAL_05		
HEMA_01	HERS5_05	HEAL_06		
HEAL_07	HERS5_06	HERS2_01		
HEAL_08	HERS5_07	HERS2_02		
HELT4_01	HERS5_08	HERS2_03		
HELT4_02	HERS5_09	HERS2_04		
HELT4_03	HERS6_01	HERS2_05		
HELT4_04	HERS6_02	HERS2_06		
HELT4_05	HERS6_03	HERS2_07		
HERS6_04	HERS2_08	HERS6_05		
HERS2_09	HERS6_06	HERS2_10		
HERS6_07	HERS2_11	HERS6_08		
HERS2_12	HERS6_09	HERS2_13		
HERS6_10	HERS2_14	HERS6_11		

Notes: Details about each piece of equipment are listed in the PSEL Detail Sheets and identified by the Equipment Tag.

30. Monitoring Requirement The permittee must monitor and keep records of the amount and type of fuel used each month in each heater or group of heaters subject to condition 29.

EU-RCTOS (APCD)

EU ID	Applicable Requirement	Condition Number	Pollutant/ Parameter	Limit/ Standard	Monitoring Requirements	
					Method	Condition
EU-RCTOs (APCD)	BACT	31	NOx, CO	See condition 31	Recordkeeping	32, 41
EU-RCTOs (APCD)	BACT	31	PM_{10}, $PM_{2.5}$, GHG, Fluorides	See condition 31	Recordkeeping	32
EU-RCTOs (APCD)	VOC BACT	33	VOC	95% DRE	Source test	41
EU-RCTOs (APCD)	OAR 340-226-0120	34, 36	RCTO Operation	See conditions 34 and 36	Various	32, 35, 37, 38
EU-RCTOs (APCD)	Seal Gap Monitoring				Recordkeeping	40

BACT Requirements

31. Applicable Requirement The permittee must meet the following limits, operating requirements or equipment specifications for the listed equipment. [BACT, application no. 034907, received 7/7/2023, OAR 340-224-0070]

31.a. Summary of NOx and CO BACT for RCTOs:

Table copied from the permit application 034907 received 7/7/2023, Appendix C BACT Analysis Report, Table 6-17 Summary of Proposed BACT for RCTOs.

RCTO Group Set	Selected NOx BACT	Selected CO BACT
D1B-VOC-138-4-120 D1B-VOC-138-5-120	0.78 lb-NOx/hr	0.54 lb-CO/hr
F20-VOC138-1-100 * F20-VOC138-2-100 * F20-VOC138-3-100	0.2 lb-NOx/hr	0.14 lb-CO/hr
F15-VOC-138-3-10 F15-VOC-138-4-10 F15-VOC-138-5-10	0.2 lb-NOx/hr	0.14 lb-CO/hr
D1C-VOC-138-1-120* D1C-VOC-138-2-120* D1C-VOC-138-3-120 *	0.2 lb-NOx/hr	1.51 lb-CO/hr
VOC-138-1-120 * VOC-138-2-120 * VOC-138-3-120 * VOC-138-4-120 *	0.2 lb-NOx/hr	1.12 lb-CO/hr
VOC-138-5-120 VOC-138-6-120	0.78 lb-NOx/hr	0.54 lb-CO/hr
F15-VOC-138-1-10 * F15-VOC-138-2-10 *	0.2 lb-NOx/hr	1.86 lb-CO/hr

RCTO Group Set	Selected NOx BACT	Selected CO BACT
D1XM1-VOC138-1-20 D1XM1-VOC138-2-20 D1XM1-VOC138-3-20 D1XM1-VOC138-4-20	0.34 lb-NOx/hr	0.24 lb-CO/hr
D1XM1-VOC138-5-20 D1XM1-VOC138-6-20 D1XM1-VOC138-7-20 D1XM1-VOC138-8-20 D1XM2-VOC138-1-20 D1XM2-VOC138-2-20 D1XM2-VOC138-3-20 D1XM2-VOC138-4-20 D1XM2-VOC138-5-20 D1XM3-VOC138-1-20 D1XM3-VOC138-2-20 D1XM3-VOC138-3-20 D1XM3-VOC138-4-20 D1XM3-VOC138-5-20	0.78 lb-NOx/hr	0.54 lb-CO/hr

**RCTOs that have pre-project BACT limits for NOx and CO but are not subject to current application (received 7/7/2023) BACT analysis.*

31.b. Each emissions limit is averaged over the set of RCTOs and the number and duration of the stack test runs.

31.c. Emission limits do not apply during periods of startup, shutdown or malfunction, but the permittee must minimize the time spent in any of these conditions.

31.d. Summary of PM_{10}, $PM_{2.5}$, VOC, GHG and Fluorides BACT for RCTOs

Table copied from the permit application 034907 received 7/7/2023, Appendix C BACT Analysis Report, Table 6-16 Summary of Proposed BACT for RCTOs

RCTO Equipment Tag	Pollutant	Selected BACT
D1B-VOC-138-4-120 D1B-VOC-138-5-120 F20-VOC138-1-100 F20-VOC138-2-100 F20-VOC138-3-100 F15-VOC-138-5-10 F15-VOC138-3-10 F15-VOC-138-4-10 D1C-VOC-138-1-120 D1C-VOC-138-2-120 D1C-VOC-138-3-120 VOC-138-1-120 VOC-138-2-120 VOC-138-3-120 VOC-138-4-120 F15-VOC-138-1-10 F15-VOC-138-2-10 D1XM1-VOC138-1-20 D1XM1-VOC138-2-20 D1XM1-VOC138-3-20 D1XM1-VOC138-4-20 D1XM2-VOC138-1-20 D1XM2-VOC138-2-20 D1XM2-VOC138-3-20 D1XM2-VOC138-4-20 D1XM2-VOC138-5-20 D1XM1-VOC138-5-20 D1XM1-VOC138-6-20 D1XM1-VOC138-7-20 D1XM1-VOC138-8-20 D1XM3-VOC138-1-20 D1XM3-VOC138-2-20 D1XM3-VOC138-3-20 D1XM3-VOC138-4-20 D1XM3-VOC138-5-20	PM_{10}	Good Combustion Practices
	$PM_{2.5}$	Good Combustion Practices
	Fluorides	Maintain good work practices in operation of the Fab Plants for BACT including maintaining the RCTO per best management practices
	VOC	See condition 33
	GHG	Design and operational energy efficiency

32. Monitoring/Recordkeeping Requirement The permittee must monitor and keep records of the amount of natural gas used each month in each RCTO or group of RCTOs.

RCTO VOC BACT

33. **Applicable Requirement** Each RCTO group controlling VOC emissions from Fab production operations must be operated in a manner such that it achieves a minimum VOC destruction/removal efficiency (DRE) of at least 95% by weight when its inlet VOC concentration (measured as propane) is 90 ppmvd or greater. If/when the inlet VOC concentration falls below 90 ppmvd, the outlet concentration must not exceed 10 ppmvd as a flow weighted average of the thermal oxidizer and concentrator exhaust VOC concentrations. [OAR 340-224-0070(2) BACT, NSR/PSD application 034907 7/7/2023]

Note: This permit condition previously established a TACT limit under OAR 340-226-0130. This limit was proposed as BACT in the permit application 034907 received 7/7/2023. The limit is unchanged but now applies to all RCTOs as BACT. TACT does not apply to an Emissions Unit that is subject to BACT per OAR 340-226-0130(1)(a).

33.a. Emission limits do not apply during periods of startup, shutdown or malfunction, but the permittee must minimize the time spent in any of these conditions.

Rotor Concentrator Thermal Oxidizer (RCTO) Operations

34. **Applicable Requirement** For all Fab operations that are served by a VOC abatement system, the abatement system must be operated whenever production is occurring in the Fab processes served by the abatement system. The abatement system must be operated in accordance with this condition. [OAR 340-226-0120]

34.a. When operation of the VOC abatement system is required, the VOC abatement system must be operated without bypassing the VOC abatement system.

34.b. For the purpose of this condition, bypassing means to emit all or part of the exhaust stream directly to atmosphere without treatment by the abatement system.

34.c. Bypassing is not a violation of this condition provided that:

34.c.i. Bypassing is the result of a malfunction; and

34.c.ii. The permittee takes all reasonable steps to end the period of bypassing as quickly as possible and minimize emissions to the extent possible without endangering equipment or worker safety.

34.d. Within 15 days of any period of bypassing that lasted more than 60 minutes, submit a written report that contains the following information: [OAR 340-214-0340(1)]

34.d.i. The date and time of the beginning of bypassing and the duration or best estimate of the time until bypassing will cease;

34.d.ii. The equipment involved;

34.d.iii. The reason for bypassing;

34.d.iv. Steps taken to mitigate emissions and corrective action taken, including whether the approved procedures for a planned startup, shutdown, or maintenance activity were followed;

34.d.v. The magnitude and duration of the increase over normal emission rates or concentrations as determined by continuous monitoring or best estimate (supported by operating data and calculations);

34.d.vi. Where applicable, evidence supporting any claim that emissions in excess of technology-based limits were due to any emergency pursuant to OAR 340-214-0360.

35. **Monitoring/Recordkeeping Requirement** The permittee must maintain records for each VOC abatement system of each period of bypassing, including:

35.a. The date and time of the beginning of bypassing and the duration or best estimate of the time until bypassing will cease;

35.b. The equipment involved;

35.c. The reason for bypassing;

35.d. Steps taken to mitigate emissions and corrective action taken, including whether the approved procedures for a planned startup, shutdown, or maintenance activity were followed;

35.e. The magnitude and duration of the increase over normal emission rates or concentrations as determined by continuous monitoring or best estimate (supported by operating data and calculations);

35.f. Where applicable, evidence supporting any claim that emissions in excess of technology-based limits were due to an emergency pursuant to OAR 340-214-0360; and

35.g. The estimated emissions attributable to the bypass, which must be added to the total monthly emissions for purposes of demonstrating compliance with PSELs.

36. **Applicable Requirement** The permittee must observe the following conditions pertaining to the operation of its rotor concentrator thermal oxidizer(s) [RCTO(s)]: [OAR 340-226-0120]

36.a. Each RCTO must meet the following requirements:

36.a.i. Each RCTO must provide at least a 0.5 second retention time, unless an alternate retention time has been demonstrated and approved by DEQ as being equal or more effective;

36.a.ii. Each RCTO must be operated with a minimum temperature set-point of 1375°F, unless an alternate minimum set-point has been demonstrated and approved by DEQ as being equal or more effective and able to comply with the applicable limits in condition 31

Emission Action Level (EAL)

36.b. The emission action level (EAL) for each RCTO is 25°F below the set point.

36.b.i. If the monitored hourly block average operating temperature in the combustion zone of any RCTO is at or below the EAL, the permittee must take expeditious action to return the combustion zone operating temperature to the EAL or more.

36.b.ii. The combustion zone operating temperature falling below the EAL is not a violation of this permit condition; however, it is a violation of this permit condition if the permittee fails to expeditiously take action to correct the operating temperature.

36.c. The regenerator EAL is the regenerator air temperature of each rotor concentrator thermal oxidizer and must be maintained at or above the designated range in the manufacturer's design specifications unless an alternative value is demonstrated and approved by DEQ.

36.c.i. If the monitored hourly block average regenerator air temperature for any RCTO should fall below the 36.b regenerator EAL, the permittee must take expeditious action to return the regenerator air temperature to the EAL or more.

36.c.ii. The regenerator air temperature falling below the EAL is not a violation of this permit condition; however, it is a violation of the permit condition if the permittee fails to expeditiously take action to return to the correct regenerator air temperature range.

Rotor Concentrator Thermal Oxidizer (RCTO) Monitoring

37. **Monitoring Requirement** The permittee must monitor the following for each RCTO:

37.a. The following must be monitored for each RCTO whenever it is operating:

37.a.i. The temperature in the combustion zone of each RCTO must be continuously monitored and reduced to an hourly average (one hour block average); and

37.a.ii. The regenerator air temperature of each RCTO must be continuously monitored.

37.a.iii. For the purpose of this condition, "continuously monitored" means that measurements are taken at a frequency of not less than once every 15 minutes.

37.b. Recordkeeping Requirement The permittee must maintain the following records:

37.b.i. Hourly block average temperature in the combustion zone of each RCTO;

37.b.ii. The hourly block average regenerator air temperature of each RCTO;

37.b.iii. Quality assurance activities for continuous temperature monitoring systems (such as quality control activities, audits, and calibration;

37.b.iv. All excess emissions with dates and times, recorded in an Excess Emissions and Upset log;

37.b.v. All upsets or breakdowns of emission control equipment with dates and times, recorded in an Excess Emissions and Upset log;

37.b.vi. Actions taken to restore emission control equipment to normal operation, recorded in an Excess Emissions and Upset log; and

37.b.vii. Records of major maintenance performed on air pollution control equipment.

37.c. Definitions: [OAR 340-200-0020]
"Excess emissions" means emissions in excess of a permit limit or any applicable air quality rule.
"Upset" or "Breakdown" means any failure or malfunction of any pollution control equipment or operating equipment that may cause excess emissions.

Note: Excess emissions must be reported in accordance with condition 99.

RCTO WESP

Notes:
- "RCTO WESP" means RCTOs that exhaust to an emissions control system where a WESP is used. RCTO WESP does not include RCTOs that exhaust to an emissions control system where a wet scrubber or wet scrubber system comes before a WESP (see Wet scrubber WESP).
- "Wet scrubber WESP" means any emission control system where a wet scrubber comes before a WESP.

38. The permittee must comply with the following conditions pertaining to the operation of the RCTO WESPs:

38.a. Voltage data must be monitored on a continuous basis for each WESP when in operation. 15-minute block averages of voltage must be recorded for each RCTO WESP.

38.b. Downtime is considered to be when one of the following scenarios is met at the same time that the WESP's associated RCTO is online and receiving process exhaust, taking into consideration which scenario is applicable:

38.b.i. the WESP is offline,

38.b.ii. the 15-minute block average voltage is less than 33 kV for Beltran RCTP WESPs,

38.b.iii. the 15-minute block average voltage is less than the value established in the most recent source test for the unit or a similar unit, or

38.b.iv. the block average voltage is less than the minimum voltage guaranteed by the manufacturer to maintain the established removal efficiency noted in condition 86.g.

38.c. For future non-Beltran RCTO WESPs, the voltage downtime indicator must be established within six months of beginning operation of the unit(s) to be based on the first 120 days of operating data. The downtime indicator value must be one of the following, as appropriate:

38.c.i. Equivalent to 15 kV less than the mean for the individual or manufacturer-group of RCTO WESPs,

38.c.ii. The value established in the most recent valid source test for the unit or a similar unit, or

38.c.iii. The minimum voltage guaranteed by the manufacturer to maintain established removal efficiency.

38.d. Voltage readings of less than the minimum required voltage in condition 38.b. and 38.c, downtime indicator value, and associated downtime are not a violation of this permit, but rather are to be utilized for purposes of emissions calculations.

38.d.i. Recordkeeping Requirement The permittee must maintain the following records:

38.d.ii. 15-minute block average voltage of each WESP;

38.d.iii. Quality assurance for the transformer rectifier set ("TR set") including an annual zero voltage check;

38.d.iv. Individual WESP downtime for each calendar month and the operational status of associated RCTO;

38.d.v. It is not a violation of this permit to operate an RCTO without the associated WESP. However, during any period when a WESP is not operating but the associated RCTO is operating, the permittee may not apply the removal efficiency in Condition 86.g or 86.h when calculating emissions.

VOLUNTARY NOX ABATEMENT SYSTEM

39. Monitoring. Testing and Recordkeeping Requirement: During operation of the voluntary NOx Abatement System at the D1X Mod 2 Anguil RCTO group, the permittee must monitor, test, and keep records of the following:

39.a. The permittee must maintain records of ozone injection status (on or off) and ozone volumetric injection rates (liters/minute); monitoring frequency will be established in 39.b.v.

39.b. The permittee must maintain the following records:

39.b.i. The permittee must maintain BACT on the RCTO system for NOx and CO regardless of ozone injection through the NOx abatement system or direct to stack.

39.b.ii. The permittee must track which RCTOs are routed to the NOx abatement system in a one hour block average period or another frequency submitted in the monitoring plan in condition 39.b.v and approved by DEQ.

39.b.iii. The permittee must establish an average Ozone injection rate per RCTO routed to the NOx abatement system; and

39.b.iv. The permittee must maintain records of periodic Ozone concentration at the outlet of the NOx abatement system prior to entering the EXSC system;

39.b.v. The permittee must provide a final monitoring and recordkeeping plan to be approved by DEQ prior to final implementation;

39.b.v.1. The plan must include appropriate operating parameters and monitoring to ensure continuous NOx reduction with the abatement system.
39.b.v.2. Operating parameters outside of what is specified in the plan are not a violation of this permit, but rather are to be utilized for purposes of emission inventory calculations for PSEL compliance.

39.c. The permittee may utilize the tested and DEQ-approved NOx emission factors during any time that the NOx abatement system is in operation per the following:

39.c.i. NOx emission factors will be determined from ODEQ-approved stack testing results based on D1X Mod2 RCTO configuration at the time of testing.

39.c.ii. NOx abatement system must be continuously monitored during any hour when the NOx abatement system emission factors are used for purposes of emission inventory calculations.

39.c.iii. Applicable NOx emission factors may be applied based on RCTO configuration and NOx abatement system uptime in accordance with BACT requirements and calculated NOx emissions per condition

86.b.

39.c.iv. It is not a violation of this permit to operate a D1X Mod 2 RCTOs without the NOx abatement system. However, during any period when the NOx abatement system is not online and the associated D1X Mod 2 RCTOs are operating, the permittee must use D1X Mod 2 EXVO system BACT emission factors as established in most recent BACT compliance demonstration when calculating emissions.

39.d. The permittee must conduct a source test of the NOx Abatement System D1X Mod2 Anguil RCTOs in accordance with condition 91, and as specified below:

39.d.i. Within 90 days of ozone generator operation, one or more of the four (4) RCTOs must be tested for CO, NOx and VOC.

39.d.ii. Exhaust gas CO & NOx concentrations must be sampled in two separate source test states.

39.d.iii. The first source test must be conducted with each RCTO exhaust stream not receiving ozone injection. [test state A].

39.d.iv. The second source test must be conducted with all available RCTO exhaust streams receiving ozone injection to establish an abated NOx emission rate. [test state B]; and when and where possible all RCTOs must be tested when connected to develop a group average emission factor to be applied when any RCTO is routed to the NOx abatement system.

39.e. DEQ may approve an alternate testing deadline from those established in this condition if the permittee provides adequate justification for the extension.

39.f. The temperature set-point of the RCTO throughout the test must be equal to the temperature set-point specified in condition 36.a.ii, unless the test protocol intent is to establish a different set-point.

39.g. Source testing must be performed in accordance with condition 88, except that in lieu of the requirements in condition 91.c, the tests must be performed while the production equipment that exhausts to each RCTO system is operating at 80 percent or more of the average production rate during the two months preceding the source test.

39.h. Recordkeeping Requirement: For each source test the following parameters must be monitored and recorded:

39.h.i. The daily production rate during the test as a percentage of the average production rate during the two months preceding the source test;

39.h.ii. Combustion temperature of the abatement unit during the test;

39.h.iii. Natural gas consumption rate in ft3/hr or MMBtu/hr during the test;

39.h.iv. Regenerator air temperature during the test; and

39.h.v. Other facility/process operating parameters identified prior to the test.

39.h.vi. The following need not be submitted to DEQ but must be retained at the site for agency review:

39.h.vi.1. The average production rate during the two months preceding the source test; and
39.h.vi.2. The daily production rate during the test.

Rotor Concentrator Thermal Oxidizer (RCTO) Seal Gap Monitoring

40. **Monitoring Requirement** The permittee must monitor the seal gap tolerance of each zeolite rotor concentrator wheel for each "in service" RCTO annually, with no more than 13 months between tests.

40.a. **Recordkeeping Requirement** The permittee must maintain records of the seal gap of each zeolite rotor concentrator wheel monitored as above.

RCTO Testing

41. **Monitoring Requirement** The permittee must conduct source tests of the RCTOs as specified below:

41.a. Existing RCTOs must be tested at least once every two calendar years, starting the following calendar year after permit issuance. (For example, if the permit is issued in 2024, all existing RCTOs must be tested by the end of calendar year 2026 and not less than every two calendar years thereafter).

41.b. A newly operational RCTO, as defined below, must be tested no later than the next calendar year in which testing is required by condition 41.a and thereafter as required by condition 41.a. For the purpose of this condition:

41.b.i. "Newly operational RCTO" means an RCTO that has been put into regular service for the first time since the issuance date of this permit, and

41.b.ii. "Regular service" means the RCTO is in regular use to treat a VOC exhaust stream and excludes the shakedown/testing period prior to being put into regular use.

41.c. Source testing must be for CO, NOx and VOC. Exhaust gas VOC concentrations must be sampled at the inlet and outlets of the control device (the concentrator exhaust stack and the thermal oxidizer exhaust stack must both be tested) to demonstrate the system's VOC destruction/removal efficiency (DRE).

41.d. DEQ may approve an alternate testing deadline from those established in this condition if the permittee provides adequate justification for the extension.

41.e. The temperature set-point of the RCTO throughout the test must be equal to the temperature set-point specified in condition 36.a.ii, unless the test protocol identifies the intent to establish a different set-point.

41.f. Test results for VOC must be reported as propane, unless an alternate test method is approved that is capable of measuring the actual mass of VOC.

41.g. Source testing must be performed in accordance with condition 91, except that in lieu of the requirements in condition 91.c, the tests must be performed while the production equipment that exhausts to each RCTO system is operating at 80 percent or more of the average production rate during the two months preceding the source test.

41.h. **Recordkeeping Requirement** For each source test the following parameters must be monitored and recorded:

41.h.i. The daily production rate during the test as a percentage of the average production rate during the two months preceding the source test;

41.h.ii. RCTO Combustion zone temperature of the abatement unit during the test;

41.h.iii. Natural gas consumption rate in ft^3/hr or MMBtu/hr during the test;

41.h.iv. Regenerator air temperature during the test;

41.h.v. WESP operating voltage (15 minute block averages) if applicable; and

41.h.vi. Other facility/process operating parameters identified prior to the test.

41.h.vii. The following need not be submitted to DEQ but must be retained at the site for agency review:

41.h.viii.

41.h.viii.1. The average production rate during the two months preceding the source test; and
41.h.viii.2. The daily production rate during the test.

EU-TMXW

EU ID	Applicable Requirement	Condition Number	Pollutant/ Parameter	Limit/ Standard	Monitoring Requirements	
					Method	Condition
EU-TMXW	BACT	42	NOx, CO, PM_{10}, $PM_{2.5}$, VOC, GHG	See condition 42	Source test and Recordkeeping	43 and 44

42. **Applicable Requirement** The permittee must meet the following limits, operating requirements or equipment specifications for the listed equipment: [BACT, application no. 034907, received 7/7/2023, OAR 340-224-0070]

42.a. Summary of BACT for TMXWs

Table copied from the permit application no.: 034907 received by DEQ on: 7/07/2023, Appendix C BACT Analysis Report, Table 7-8 Summary of Proposed BACT for TMXW

TMXW Equipment Tag	Pollutant	Selected BACT
CUB3-OX293-0-70 PUB1A-OX293-0-70 PUB1B-OX293-0-70 PUB1C-OX293-0-70 PUB1D-OX293-0-70 PUB1E-OX293-0-70 PUB1F-OX293-0-70 CUB2-OX293-0-70	PM_{10}	Good Combustion Practices
	$PM_{2.5}$	Good Combustion Practices
	CO	0.03 lb/MMBtu
	VOC	Good Combustion Practices
	NOx	0.34 lb/hr
	GHG	Design and Operational Energy Efficiency
CUB3-OX293B-0-70 *	NOx	0.34 lb/hr

* This unit does not utilize natural gas (electric burner); it is subject to NOx BACT but not PM_{10}, $PM_{2.5}$, CO, VOC, or GHG BACT

Notes: Details about each piece of equipment are listed in the PSEL Detail Sheets and identified by the Equipment Tag.

42.b. Emission limits do not apply during periods of startup, shutdown or malfunction, but the permittee must minimize the time spent in any of these conditions.

TMXW Testing for BACT Compliance

43. **Monitoring Requirement** The permittee must conduct source testing of the TMXW abatement devices identified in condition 42 for compliance with the limits in condition 42 as specified in this condition.

43.a. Not later than December 31, 2025, CUB3-OX293B-0-70 must be tested for NOx; and

43.b. Not later than December 31, 2025 and not later than every five calendar years thereafter, one of the following TMXW abatement devices must be tested for NOx and CO:

43.b.i. PUB1A-OX293-0-70,

43.b.ii. PUB1B-OX293-0-70,

43.b.iii. PUB1C-OX293-0-70,

43.b.iv. PUB1D-OX293-0-70,

43.b.v. PUB1E-OX293-0-70,

43.b.vi. PUB1F-OX293-0-70,

43.b.vii. CUB2-OX293-0-70, or

43.b.viii. CUB3-OX293-0-70.

43.c. Testing must be conducted in accordance with condition 91.

43.d. For the testing required not later than December 31, 2025, any TMXW abatement devices that were tested in or after 2021 do not have to be tested, provided the testing was approved by DEQ and returned results that show compliance with the limits in condition 42.

43.e. **Recordkeeping Requirement** The permittee must keep records of all test results.

44. **Monitoring/Recordkeeping Requirement** The permittee must monitor and keep records of the following for each TMXW device or group of devices:

44.a. Monthly amount of natural gas used; and

44.b. Monthly amount of ammonia-containing compounds processed and treated in the TMXW system.

EU-Wet scrubbers (APCD)

EU ID	Applicable Requirement	Condition Number	Pollutant/ Parameter	Limit/ Standard	Monitoring Requirements	
					Method	Condition
EU-Wet scrubbers-EXSC (APCD)	BACT	45	NOx, CO, PM_{10}, $PM_{2.5}$, VOC, Fluorides, GHG	See condition 45	Recordkeeping, Source Test	46, 48
EU-Wet scrubbers-EXSC (APCD)	OAR 340-226-0120	49	O&M	No bypassing	Recordkeeping	50
EU-Wet scrubbers-EXSC (APCD)	OAR 340-226-0120	51	O&M, EAL	See condition 51	Recordkeeping	52
EU-Wet scrubbers	OAR 340-226-0120	--	WESP Operation	See condition 53	Recordkeeping	53
EU-Wet scrubbers-EXAM (APCD)	OAR 340-226-0120	--	O&M	See condition 54	Recordkeeping	54
EU-Wet scrubbers-PSSS	OAR 340-226-0120	--	O&M	See condition 55	Recordkeeping	55

Note: There are three categories of wet scrubbers, described below:

Category	Purpose	Subject to BACT?	Emissions regulated under this permit	Permit Requirements
EXSC, process acid gas wet scrubbers Some EXSC wet scrubbers are equipped with WESPs	Abate acid gas emissions from production tools	Yes	PM, PM_{10}, $PM_{2.5}$ from wet scrubber drift emissions and PM, PM_{10}, $PM_{2.5}$, NOx, CO, VOC, Fluorides, GHG and HAPs from process emissions	BACT, O&M, EAL and WESP requirements, reporting for PSELs
EXAM, process ammonia wet scrubbers	Abate ammonia emissions from production tools	Yes	PM, PM_{10}, $PM_{2.5}$ only from wet scrubber drift emissions	Emissions reporting for PSELs only
PSSS, process safety system wet scrubbers	Ventilate gas storage cabinets and similar areas to protect employees in the event of leaks	Yes	PM, PM_{10}, $PM_{2.5}$ only from wet scrubber drift emissions	Emissions reporting for PSELs only

BACT Requirements

45. **Applicable Requirement** The permittee must meet the following limits, operating requirements or equipment specifications for the listed equipment: [BACT, application no. 034907, received 7/7/2023, OAR 340-224-0070]

45.a. Summary of BACT for EXAM Wet Scrubbers

Table copied from the permit application no.: 034907 received by DEQ on: 7/07/2023, Appendix C BACT Analysis Report, Table 8-24 Summary of Proposed BACT for Wet Scrubbers.

EXAM Wet Scrubber Equipment Tag	Pollutant	Selected BACT
D1C-SC142-3-100 D1C-SC142-4-100 D1C-SC142-5-100 RB1-SC-142-1-100 RB1-SC-142-2-100 RB1-SC-142-3-100 RP1-SC142-1-100 SC-142-1-100 SC-142-2-100 SC-142-3-100 SC-142-4-100 SC-142-5-100 SC142-21-100 SC142-22-100 SC142-23-100 SC142-24-100 SC142-25-100 D1X-SC142-1-11 D1X-SC142-2-11 D1X-SC142-3-11 D1X-SC142-4-11 D1X-SC142-5-00 D1XM2-SC142-1-00 D1XM2-SC142-2-00 D1XM2-SC142-3-00 D1XM2-SC142-4-00 D1XM3-SC142-1-00 D1XM3-SC142-2-00 D1XM3-SC142-3-00 D1XM3-SC142-4-00 D1XM4-SC142-1-00 D1XM4-SC142-2-00	CO	Maintain good work practices in operation of the Fab Plants for BACT including maintaining the wet scrubbers per best management practices
	NOx	
	Fluorides	
	$PM_{2.5}$	
	PM_{10}	
	VOC	
	GHG	Use of NF3 cleans and process chemical use optimization

Notes: Details about each piece of equipment are listed in the PSEL Detail Sheets and identified by the Equipment Tag.

45.b. Summary of BACT for EXSC Wet Scrubbers

Table copied from the permit application no.: 034907 received by DEQ on: 7/07/2023, Appendix C BACT Analysis Report, Table 8-24 Summary of Proposed BACT for Wet Scrubbers.

EXSC Wet Scrubber Equipment Tag		Pollutant	Selected BACT
F20-SC133-1-111 F20-SC133-2-111 F20-SC133-3-111 D1A-SC133-1-00 D1A-SC133-2-00 D1C-SC133-1-100 D1C-SC133-2-100 D1C-SC133-3-100 D1C-SC133-4-100 RB1-SC-133-1-100 RB1-SC-133-2-100 RB1-SC-133-8-100 RB1-SC-133-4-100 RB1-SC-133-6-100 RB1-SC-133-7-100 RA4-SC133-1 RA4-SC133-2 RP1-SC133-1-100 RP1-SC133-2-100 RP1-SC133-3-100 SC-133-1-100 SC-133-2-100 SC-133-3-100 SC-133-4-100 SC-133-5-100 SC-133-6-100	D1X-SC133-1-00 D1X-SC133-2-00 D1X-SC133-3-00 D1X-SC133-4-00 D1X-SC133-5-00 D1XM2-SC133-2-00 D1XM2-SC133-3-00 D1XM2-SC133-4-00 D1XM2-SC133-5-00 D1XM3-SC133-1-00 D1XM3-SC133-2-00 D1XM3-SC133-3-00 D1XM3-SC133-4-00 D1XM3-SC133-5-00 D1XM4-SC133-1-00 D1XM4-SC133-2-00 D1XM4-SC133-3-00 MSB-SC133-1 MSB-SC133-2 MSB-SC133-3 F15-SC7-1-1 F15-SC7-1-2 F15-SC7-1-3 F15-SC7-1-4 F15-SC7-1-5 F15-SC7-1-6	CO	Maintain good work practices in operation of the Fab Plants for BACT including maintaining the wet scrubbers per best management practices
		NOx	
		Fluorides	
		$PM_{2.5}$	
		PM_{10}	
		VOC	
		GHG	Use of NF3 cleans and process chemical use optimization

Notes: Details about each piece of equipment are listed in the PSEL Detail Sheets and identified by the Equipment Tag.

45.c. Summary of BACT for PSSS Wet Scrubbers

Table copied from the permit application no. 034907, received by DEQ on: 7/07/2023, Appendix C BACT Analysis Report, Table 8-22 Summary of Proposed BACT for Wet Scrubbers.

PSSS Wet Scrubber ID Tag	PM_{10}	$PM_{2.5}$
F20-SC-134-1-100	Maintain good work practices in operation of the Fab Plants for BACT including maintaining the wet scrubbers per best management practices	--
D1C-SC134-1-100		--
D1C-SC134-2-100		--
SC-134-1-100		--
SC-134-2-100		--
SC-134-3-100		--
D1C-SC133-1-200		--
RP1-SC134-1-100		--
SC-133-1-200		--
D1X-SC134-1-00		Maintain good work practices in operation of the Fab Plants for BACT including maintaining the wet scrubbers per best management practices
D1X-SC134-2-00		
D1X-SC134-3-00		
D1X-SC134-4-00		
D1XM2-SC134-1-00		
D1XM2-SC134-2-00		
D1XM2-SC134-3-00		
D1XM2-SC134-4-00		
D1XM3-SC134-1-00		
D1XM3-SC134-2-00		
D1XM3-SC134-3-00		
D1XM3-SC134-4-00		
D1XM4-SC134-1-00		
D1XM4-SC134-2-00		
PUB1-SC133-1-00		
PUB1-SC133-2-00		
F15-SC7-1-12		--
F15-SC7-1-7		--
F15-SC7-2-7		"

Notes: Details about each piece of equipment are listed in the PSEL Detail Sheets and identified by the Equipment Tag.
(--) Indicates selected scrubber does not meet BACT applicability for the specific pollutant
(") Indicates "ditto"

Wet Scrubber Testing Requirements

46. Monitoring Requirement The permittee must conduct source tests of EXSC acid gas wet scrubbers and EXAM ammonia wet scrubbers as specified below:

46.a. Existing EXSC and EXAM wet scrubber exhaust systems must be tested once every calendar year, starting the following calendar year after permit issuance. (For example: If the permit is issued in 2024, all existing EXSC and EXAM wet scrubbers must be tested by the end of calendar year 2025 and not less than every calendar year thereafter).

46.b. A newly operational EXSC or EXAM Wet scrubber, as defined below, must be tested no later than the next calendar year in which testing is required by condition 46.a. For the purpose of this condition:

46.b.i. "newly operational Wet scrubber" means a Wet scrubber that has been put into regular service for the first time since the issuance date of this permit, and

46.b.ii. "regular service" means the Wet scrubber is in regular use to treat a process exhaust stream, and excludes the shakedown/testing period prior to being put into regular use.

46.c. All EXSC Wet scrubbers or groups of scrubbers must be tested for exhaust gas concentrations of Fluorides, HF, HCl, NOx and CO and flow, and EXAM Wet scrubbers or groups of scrubbers must be tested for exhaust gas concentrations of Fluorides, HF, NOx and CO and flow.

46.c.i. Testing may be of each individual operating wet scrubber exhaust before the exhaust is combined with other wet scrubber exhausts, or

46.c.ii. If multiple wet scrubbers discharge to the atmosphere through a single exhaust stack, the single exhaust stack may be tested and all operating wet scrubbers that exhaust through that stack will be considered to be tested. Similarly, if multiple wet scrubbers discharge to the atmosphere through shared exhaust stacks, the shared exhaust stacks may be tested and the group of wet scrubbers that exhaust through the stacks will be considered to be tested.

46.d. DEQ may approve an alternate testing deadline from those established in this condition if the permittee provides adequate justification for the extension.

46.e. Wet scrubbers must be operated within their normal wet scrubber solution pH and recirculation flow rate operating ranges. For EXSC wet scrubbers, the wet scrubber solution pH and recirculation flow rate operating ranges are those most recently established under condition 51.

46.f. Test results for Fluorides, which do not include HF, must be reported as F, and results for HF must be reported as HF.

46.g. Source testing must be performed in accordance with condition 91, except that in lieu of the requirements in condition 91.c, the tests must be performed while the production equipment that exhausts to each wet scrubber system is operating at 80 percent or more of the average production rate during the two months preceding the source test.

46.h. Recordkeeping Requirement For each source test the following parameters must be monitored and recorded:

46.h.i. The daily production rate during the test as a percentage of the average production rate during the two months preceding the source test;

46.h.ii. Wet scrubber operating parameters including wet scrubber solution pH and recirculation flow rate, and WESP voltages if applicable; and

46.h.iii. Other facility/process operating parameters identified prior to the test.

46.h.iv. The following need not be submitted to DEQ but must be retained at the site for agency review:

46.h.iv.1. The average production rate during the two months preceding the source test; and

46.h.iv.2. The daily production rate during the test

PM Emission Verification study

47. **Monitoring Requirement** The permittee must perform a Particulate Matter Emission Verification Study as required by this condition.

47.a. By no later than August 15, 2026, the permittee must submit a study plan to DEQ for review and approval. The plan must be submitted to DEQ at least 60 days prior to the beginning of testing. The study plan must be for a Particulate Matter Emission Verification Study, and must include:

47.a.i. PM/PM10/PM2.5 and volumetric flow testing of EXSC wet scrubbers and RCTOs;

47.a.ii. A list of all emission units by EU number (e.g. D1B-VOC-138-5-100, D1XM2-SC133-3-00) to be tested;

47.a.iii. Proposed test method(s) and sampling times and sample volumes;

47.a.iv. Proposed treatment of method detection limits (MDLs);

47.a.v. Methodology to compare source test results to process emission calculations based on process emission factors;

47.a.vi. A proposed timeline for conducting emissions tests; and

47.a.vii. A proposed timeline for submittal of a final report based on the results of the verification study.

47.b. If DEQ approves the Particulate Matter Emission Verification Study plan by December 15, 2026, the approved study and source testing must be completed and a study and source test report submitted no later than December 31, 2027.

47.c. If DEQ does not approve the study plan by December 15, 2026:

47.c.i. a source test plan for the study in condition 47.e must be submitted to DEQ not later than February 15, 2027;

47.c.ii. the study in condition 47.e must be completed and a study report submitted no later than December 31, 2027.

47.d. If required by condition 47.d, the permittee must conduct the following PM study:

47.d.i. The permittee must test at least one of the operational non-WESP-equipped EXSC scrubbers in each group of EXSC scrubbers and at least one of the operational RCTOs (oxidizer outlet only) in each group of RCTOs.

47.d.ii. The Total Particulate Matter reference test method(s) must be ODEQ Method 5 or EPA Methods 5 and 202; or alternative test method(s) approved by DEQ in a submitted test plan.

47.d.iii. A minimum of three sampling runs per scrubber or RCTO is required.

47.e. DEQ may approve alternate deadlines from those established in this condition if the permittee provides adequate justification for the extension.

47.f. Source testing must be performed in accordance with condition 91, except that:

47.f.i. in lieu of the requirements in condition 91.c, the tests must be performed while the production equipment that exhausts to each RCTO or scrubber system is operating at 80 percent or more of the average production rate during the two months preceding the source test; and

47.f.ii. if any requirements in this condition conflict with those in condition 91, the requirements of this condition must be followed.

47.g. The Particulate Matter Emission Verification Study report must include the following:

47.g.i. Source test report(s) for all source tests conducted as part of the study;

47.g.ii. A summary of all source test results;

47.g.iii. Results of calculating PM emission rates from EXSC scrubbers and RCTOs using the permittee's approved emission factors but without taking the effect of WESPs into account (that is, assuming 0% PM removal in all WESPs);

47.g.iv. Source test derived PM emission rates from EXSC scrubbers and RCTOs; and

47.g.v. A comparison of the PM emission rates from conditions 47.h.iii and 47.h.iv.

47.h. **Recordkeeping Requirement** For each source test the following parameters must be monitored and recorded:

47.h.i. The daily production rate during each source test as a percentage of the average production rate during the two months preceding the source test;

47.h.ii. Scrubber solution pH and scrubber solution recirculation flow and oxidizer operating temperature, as applicable, for each source test; and

47.h.iii. Other facility/process operating parameters identified prior to the study;

47.h.iv. The following need not be submitted to DEQ but must be retained at the site for agency review:

47.h.iv.1. The average production rate during the two months preceding the source test; and

47.h.iv.2. The daily production rate during the test.

48. **Monitoring Requirement** The permittee must comply with the following requirements any time maintenance is performed on an EXSC wet scrubber that removes the scrubber from service:

48.a. After any maintenance is performed on an EXSC wet scrubber that removes the scrubber from service and before the wet scrubber is returned to service, the wet scrubber must be inspected to ensure that the wet scrubber control system is properly configured for normal operation.

48.b. A record must be kept of each inspection required by this condition, and must include the date and time of the inspection. The record may be in any format on any media provided it is available to DEQ staff when requested.

48.c. Recordkeeping Requirement The permittee must maintain the records required by this condition and make them available to DEQ staff when requested.

EXSC Wet scrubber Operation and Maintenance

49. **Applicable Requirement** For all Fab operations that are served by an EXSC wet scrubber abatement system, the abatement system must be operated whenever production is occurring in the Fab processes served by the abatement system. The abatement system must be operated in accordance with this condition. [OAR 340-226-0120]

49.a. When operation of the EXSC wet scrubber abatement system is required, the wet scrubber abatement system must be operated without bypassing the wet scrubber abatement system.

49.b. For the purpose of this condition, bypassing means to emit all or part of the exhaust stream directly to atmosphere without treatment by the abatement system.

49.c. Bypassing is not a violation of this condition provided that:

49.c.i. Bypassing is the result of a malfunction; and

49.c.ii. The permittee takes all reasonable steps to end the period of bypassing as quickly as possible.

49.d. Within 15 days of any period of bypassing that lasted more than 60 minutes, submit a written report that contains the following information: [OAR 340-214-0340(1)]

49.e. The date and time of the beginning of bypassing and the duration or best estimate of the time until bypassing will cease;

49.e.i. The equipment involved;

49.e.ii. The reason for bypassing;

49.e.iii. Steps taken to mitigate emissions and corrective action taken, including whether the approved procedures for a planned startup, shutdown, or maintenance activity were followed;

49.e.iv. The magnitude and duration of the increase over normal emission rates or concentrations as determined by continuous monitoring or best estimate (supported by operating data and calculations);

49.e.v. Where applicable, evidence supporting any claim that emissions in excess of technology-based limits were due to any emergency pursuant to OAR 340-214-0360.

50. **Monitoring/Recordkeeping Requirement** The permittee must maintain records for each EXSC wet scrubber abatement system of each period of bypassing, including:

50.a. The date and time of the beginning of bypassing and the duration or best estimate of the time until bypassing will cease;

50.b. The equipment involved;

50.c. The reason for bypassing;

50.d. Steps taken to mitigate emissions and corrective action taken, including whether the approved procedures for a planned startup, shutdown, or maintenance activity were followed;

50.e. The magnitude and duration of the increase over normal emission rates or concentrations as determined by continuous monitoring or best estimate (supported by operating data and calculations);

50.f. Where applicable, evidence supporting any claim that emissions in excess of technology-based limits were due to any emergency pursuant to OAR 340-214-0360;

50.g. The estimated emissions attributable to the bypass, which must be added to the total monthly emissions for purposes of demonstrating compliance with PSELSs.

51. **Applicable Requirement** The permittee must observe the following wet scrubber operation and maintenance requirements for all EXSC wet scrubbers treating acid gas exhaust from process equipment: [OAR 340-226-0120]

51.a. Each EXSC wet scrubber must be operated with a minimum wet scrubber solution pH set point of 7.0, unless an alternate minimum wet scrubber solution pH set point has been demonstrated and approved by DEQ as being equal or more effective;

51.b. Each EXSC wet scrubber must be operated with a minimum wet scrubber solution recirculation rate set equal to the flow rate identified in the Detail Sheets;

Emission Action Levels (EALs)

51.c. The pH emission action level (EAL) for each EXSC wet scrubber is 1.0 pH unit below the wet scrubber solution set point established per condition 51.a;

51.c.i. If the monitored hourly average operating pH of any wet scrubber is at or below the EAL, the permittee must take expeditious action to return the operating pH to the EAL or higher.

51.c.ii. The wet scrubber solution pH falling to or below the EAL is not a violation of this permit condition; however, it is a violation of this permit condition if the permittee fails to expeditiously take action to correct the operating pH.

51.d. The wet scrubber recirculation rate emission action level (EAL) for each EXSC wet scrubber is a recirculation flow rate less than 80% of the recirculation rate established per condition 51.b.;

51.d.i. If the monitored hourly average recirculation rate of any wet scrubber is at or below the EAL, the permittee must take expeditious action to return the recirculation rate to the EAL or higher.

51.d.ii. The wet scrubber solution recirculation rate falling to or below the EAL is not a violation of this permit condition; however, it is a violation of this permit condition if the permittee fails to expeditiously take action to correct the recirculation rate.

EXSC Wet scrubber Monitoring

52. **Monitoring Requirement** The permittee must monitor the following for each EXSC wet scrubber:

52.a. All periods of operation or non-operation. The monitoring required in condition 52.b may be used to show operation and non-operation.

52.b. The following must be monitored for each wet scrubber whenever it is operating:

52.b.i. The wet scrubber solution pH of each EXSC wet scrubber treating acid gas exhaust from process equipment must be continuously monitored and reduced to one hour block averages; and

52.b.ii. The wet scrubber recirculation flow rate must be continuously monitored.

52.c. **Recordkeeping Requirement** The permittee must maintain the following records for each EXSC wet scrubber:

52.c.i. Wet scrubber solution hourly block pH averages;

52.c.ii. Wet scrubber solution recirculation flow rate hourly block averages;

52.c.iii. The wet scrubber solution pH set point;

52.c.iv. The wet scrubber solution recirculation flow rate set point;

52.c.v. pH sensor maintenance, including calibration and other QA activities;

52.c.vi. Dates and times the wet scrubber solution pH falls below the EAL in condition 51.c;

52.c.vii. Dates and times the wet scrubber solution recirculation rate falls below the EAL in condition 51.d

52.c.viii. All excess emissions, recorded in an Excess Emissions and Upset log;

52.c.ix. All upsets or breakdowns of emission control equipment, recorded in an Excess Emissions and Upset log;

52.c.x. Actions taken to restore emission control equipment to normal operation, recorded in an Excess Emissions and Upset log; and

52.c.xi. Records of major maintenance performed on air pollution control equipment.

52.d. Definitions: [OAR 340-200-0020]

52.d.i. "Excess emissions" means emissions in excess of a permit limit or any applicable air quality rule.

52.d.ii. "Upset" or "Breakdown" means any failure or malfunction of any pollution control equipment or operating equipment that may cause excess emissions.

Note: Excess emissions must be reported in accordance with condition 99.

Wet scrubber WESPs

Notes:

- "RCTO WESP" means RCTOs that exhaust to an emissions control system where a WESP is used. RCTO WESP does not include RCTOs that exhaust to an emissions control system where a wet scrubber or wet scrubber system comes before a WESP (see Wet scrubber WESP).
- "Wet scrubber WESP" means any emission control system where a wet scrubber comes before a WESP.

53. **Monitoring Requirement** The permittee must comply with the following conditions pertaining to the operation of the Wet scrubber WESPs:

53.a. Voltage data must be monitored on a continuous basis for each Wet scrubber WESP when in operation. 15-minute block averages of voltage must be recorded for each Wet scrubber WESP.

53.b. Downtime is considered to be when one of the following scenarios is met while the associated Wet scrubber is online and receiving process exhaust, taking into consideration which scenario is applicable:

53.b.i. the WESP is offline,

53.b.ii. when the 15-minute block average voltage is less than 23 kV for Beltran- manufactured Wet Scrubber WESPs or less than 30 kV for Lundberg- manufactured Wet Scrubber WESPs

53.b.iii. the 15-minute block average voltage is less than the value established in the most recent source test for the unit or a similar unit, or

53.b.iv. the block average voltage is less than the minimum voltage guaranteed by the manufacturer to maintain the established removal efficiency.

53.c. For future non-Beltran or non-Lundberg Wet Scrubber WESPs, the voltage downtime indicator must be established within six months of beginning operation of the unit(s) to be based on the first 120 days of operating data. The downtime indicator value must be one of the following, as appropriate:

53.c.i. Equivalent to 15 kV less than the mean for the individual or manufacturer-group of Wet Scrubber WESPs, or

53.c.ii. The minimum voltage guaranteed by the manufacturer to maintain established removal efficiency.

53.d. Voltage readings of less than the minimum required voltage in condition 50.b or 50.c, downtime indicator value and associated downtime are not a violation of this permit, but rather are to be utilized for purposes of emission inventory calculations for PSEL compliance.

53.e. If the permittee installs non-Beltran or non-Lundberg Wet scrubber WESPs, the voltage downtime indicator must be based on the first 120 days of operating data and established within six months of commencing operation of the unit(s). The downtime indicator value must be equivalent to 15 kV less than the mean voltage for the individual or manufacturer-group of Wet scrubber WESPs.

53.f. Recordkeeping Requirement The permittee must maintain the following records:

53.f.i. 15-minute block average voltage of each Wet Scrubber WESP;

53.f.ii. Quality assurance for the transformer rectifier set ("TR set") including an annual zero voltage check;

53.f.iii. Individual Wet Scrubber WESP downtime for each calendar month and the operational status of associated Wet scrubber;

53.f.iv. It is not a violation of this permit to operate a Wet scrubber without the associated WESP. However, during any period when a WESP is not meeting the minimum required voltage, but the associated Wet scrubber is operating and receiving process exhaust, the permittee may not apply the removal efficiency in Condition 85.a and 85.b when calculating emissions.

EXAM Scrubber Monitoring

54. Monitoring/Recordkeeping Requirement The permittee must keep records of all major maintenance performed on the EXAM systems and make the records available to DEQ staff when requested.

PSSS Scrubber Monitoring

55. Monitoring/Recordkeeping Requirement The permittee must keep records of all major maintenance performed on the PSSS systems and make the records available to DEQ staff when requested.

EU-RICE

EU ID	Applicable Requirement	Condition Number	Pollutant/ Parameter	Limit/ Standard	Monitoring Requirements	
					Method	Condition
EU-RICE	BACT	56	CO, NOx, PM_{10}, $PM_{2.5}$, VOC, GHG	See condition 56	Recordkeeping	61
EU-RICE	Voluntary	57	PM_{10}, $PM_{2.5}$	Limit M&R operation on AQ advisory days	Recordkeeping	61
EU-RICE	Voluntary	58	See condition 58	Limit M&R operation	Recordkeeping	61
EU-RICE	40 CFR Part 63, Subpart ZZZZ	59	Operation and Maintenance	See condition 59	Recordkeeping	61
EU-RICE	40 CFR Part 60, Subpart IIII	60	Operation and Maintenance	See condition 60	Recordkeeping	61, 62
EU-RICE	--	--	Variable Load EFs	--	Recordkeeping	62

56. **Applicable Requirement** The permittee must meet the following limits, operating requirements or equipment specifications for the listed equipment: [BACT, application no. 034907, received 7/7/2023, OAR 340-224-0070]

56.a. Summary of BACT for EU-RICE - Existing Diesel-Fired Emergency Generators Installed Before 2010

Table copied from the permit application no.: 034907 received by DEQ on:7/07/2023, Appendix C BACT Analysis Report, Table 9-9, Summary of Proposed BACT for Existing Diesel-Fired Emergency Generators Installed Before 2010.

RICE Equipment Tag		Pollutant	BACT
RA1-ELEC-CPS-GEN01 RA1-ELEC-CPS-GEN02 RA1-ELEC-CPS-GEN03	EPS-GEN01 EPS-GEN02 EPS-GEN03	PM_{10}	Operation Per Manufacturer Specifications
		$PM_{2.5}$	Operation Per Manufacturer Specifications

RA1-ELEC-CPS-GEN04 D1C-CPS-GEN01 D1C-CPS-GEN02 D1C-CPS-GEN03 D1C-EPS-GEN01 D1C-EPS-GEN02 RB1-EPS-GEN01 RP1-EPS-GEN01	EPS-GEN04 EPS-GEN05 EPS-GEN06 RS4-ELEC-EG-4-1 RS6-ELEC-EG-6-1 F15-EG01 F15-EG02 F15-EG03 F15.5-EG01 F15.5-EG02 F20-CPS-1 MAX-EGEN	CO	Operation Per Manufacturer Specifications
		VOC	Operation Per Manufacturer Specifications
		NOx	Operation Per Manufacturer Specifications
		CO_2 (GHG)	Design and Operational Design Efficiency

Notes: Details about each piece of equipment are listed in the PSEL Detail Sheets and identified by the Equipment Tag.

56.b. Summary of BACT for EU-RICE - Existing, Planned and New Additional Diesel-Fired Emergency Generators Installed In or After 2010

Table copied from the permit no.: 034907 received by DEQ on:7/07/2023 Appendix C BACT Analysis Report, Table 9-10, Summary of Proposed BACT for Existing, Planned and New Additional Diesel-Fired Emergency Generators Installed On or After 2010.

RICE Equipment Tag		**Pollutant**	**Selected BACT**
RP1-GEN-2 D1D-GEN-7 RS6-GEN-2 D1X-GEN-1A D1X-GEN-1B D1X-GEN-1C D1X-GEN-2A D1X-GEN-2B D1X-GEN-2C D1X-GEN-3A D1X-GEN-3B D1X-GEN-3C D1X-GEN-4A D1X-GEN-4B D1X-GEN-4C D1X-GEN-5A D1X-GEN-5B D1X-GEN-5C D1X-GEN-6A D1X-GEN-6B D1X-GEN-6C D1X-GEN-7A D1X-GEN-7B D1X-GEN-7C D1X2-GEN-6A D1X2-GEN-6B D1X2-GEN-6C D1X2-GEN-7A D1X2-GEN-7B D1X2-GEN-7C	D1X2-GEN-1A D1X2-GEN-1B D1X2-GEN-1C D1X2-GEN-2A D1X2-GEN-2B D1X2-GEN-2C D1X2-GEN-3A D1X2-GEN-3B D1X2-GEN-3C D1X2-GEN-4A D1X2-GEN-4B D1X2-GEN-4C D1X2-GEN-5A D1X2-GEN-5B D1X2-GEN-5C F20-EPS-1 F20-EPS-2 N2-GEN-1A IWW-GEN-1 IWW-GEN-2 IWW-PS-1 H2-GEN-1 D1A-GEN-1 D1A-GEN-2 D1A-GEN-3 D1A-GEN-4 D1A-GEN-5 D1A-GEN-6 D1A-GEN-7 D1A-GEN-8	PM_{10}	Operation Per Manufacturer Specifications
		$PM_{2.5}$	Operation Per Manufacturer Specifications
		CO	3.25 g/hp-hr
		VOC	Operation Per Manufacturer Specifications
		NOx	6.0 g/hp-hr
		CO_2 (GHG)	Design and Operational Energy Efficiency

Notes: Details about each piece of equipment are listed in the PSEL Detail Sheets and identified by the Equipment Tag.

56.c. Summary of BACT for EU-RICE – Fire Pump Engines

Table copied from the permit application no.: 034907 received by DEQ on:7/07/2023, Appendix C BACT Analysis Report, Table 10-1, Summary of Proposed BACT for Fire Pump Engines

RICE Equipment Tag	Pollutant	Emissions Limits
PH #1 PH #2 PH #3 PH #4	PM_{10}	Operation Per Manufacturer Specifications
	$PM_{2.5}$	Operation Per Manufacturer Specifications
	CO	3.25 g/hp-hr
	VOC	Operation Per Manufacturer Specifications
	NOx	6.0 g/hp-hr
	CO_2 (GHG)	Design and Operational Energy Efficiency

Notes: Details about each piece of equipment are listed in the PSEL Detail Sheets and identified by the Equipment Tag.

Note 1 Emission limits do not apply during periods of startup, shutdown or malfunction, but the permittee must minimize the time spent in any of these conditions.

57. **Applicable Requirement** The permittee must limit the operation of emergency RICE, excluding Fire Water Pump engines for maintenance checks and readiness (M&R) testing as specified in this condition. [Voluntary condition] [This condition is enforceable only by the State.]

57.a. This condition applies only to M&R testing; this condition does not limit the use of emergency stationary RICE in emergency situations, which includes curtailment and imminent curtailment. If the permittee operates any emergency stationary RICE, including Fire Water Pump engines, for emergency purposes, the permittee must notify DEQ using the Emergency Engine Operation Notification (EEO) Form, R1009: https://www.oregon.gov/deq/FilterPermitsDocs/R1009.pdf; or on a form or by a method approved by DEQ.

57.b. For the purpose of this permit condition, the following terms apply:

57.b.i. "Advisory" means an announcement by DEQ, the City of Hillsboro or Washington County advising that activities that emit $PM_{2.5}$ and/or smoke should be curtailed. Such activities include but are not limited to burning wood for home heating or open burning of yard debris.

57.b.ii. "Advisory day" means the day that an advisory applies to.

57.c. On days when an air quality advisory is received for $PM_{2.5}$ and/or smoke that follows a day with no advisory:

57.c.i. If the advisory is received by the Facility Contact at email **cs.or.td.air.compliance.team@intel.com** before 6:00 am of the advisory day, the permittee may not operate any RICE, excluding Fire Water Pump engines, for M&R testing on the advisory day.

57.d. For advisories given on a day that follows an advisory day:

57.d.i. Second consecutive advisory day: the permittee may not operate any emergency RICE, excluding fire water pump engines, for M&R testing.

57.d.ii. Third, fourth, etc. consecutive advisory day: the permittee will refrain from operating emergency RICE for M&R testing if the M&R testing schedule allows; however, if M&R testing must be conducted, no more than 5 emergency RICE may be tested on a single day, and only one RICE may be operated at a time for M&R testing. Fire water Pump engines are allowed to operate for M&R testing if scheduled during an advisory.

57.d.iii. If advisories continue beyond five consecutive days, the permittee may request, and DEQ may approve, M&R testing of more than 5 RICE per day. Fire water Pump engines are allowed to operate for M&R testing if scheduled during an advisory.

57.d.iii.1. A request to test more than 5 RICE per day must include a description of the reasonable measures the permittee will take to minimize $PM_{2.5}$ emissions.

57.d.iii.2. If the permittee submits a written request to test under this provision and DEQ does not respond, the request shall be deemed approved 2 business days after the request was submitted.

57.e. Following one or more days with advisories, the permittee may resume normal M&R testing on the first day with no advisory; however, the permittee will make an effort to ensure that there have been no advisories issued before resuming normal M&R testing.

58. **Applicable Requirement** The permittee must operate all emergency stationary reciprocating internal combustion engines (RICE) in accordance with the requirements below: [40 CFR 63.6640(f)]

58.a. The permittee must maintain records of when each emergency stationary RICE is operated, and the reasons for operation, as required by Condition 61.

58.b. There is no time limit on the use of emergency stationary RICE in emergency situations.

58.c. Operation of emergency stationary RICE for the purpose of maintenance checks and readiness testing (M&R testing) must be limited as follows: [See Note 1, below]

58.c.i. for M&R testing, each emergency generator RICE may be operated for no more than 25 hours per year; [BACT, see Note 2, below]

58.c.ii. for M&R testing, each fire pump RICE may be operated for no more than 50 hours per year; [BACT, see Note 3, below]

58.c.iii. for M&R testing, a maximum of 10 emergency generator RICE may be operated in any single day at the Ronler Acres Campus; and

58.c.iv. for M&R testing, emergency generator and fire pump RICE may only be operated during daytime between the hours of 8am to 6pm.

Note 1: Condition 58.c. is in lieu of the maintenance and readiness testing limit of 100 hours per year specified in 40 CFR 63.6640(f). Condition 58.c may not be revised without first reviewing the air quality analysis, and if necessary, conducting an air quality analysis to demonstrate that the change will continue to be protective of the short-term $PM_{2.5}$ ambient air quality standard. [OAR 340-226-0120(1)]

Note 2: Condition 58.c.i. is a BACT limit.
History: Original BACT determination, 30 hr/yr, Amendment to Major NSR permit 34-2681-ST-01 application no. 28014, application received 12/31/2014, amended 5/19/2015.
Revised to 25 hr/yr, Permit 34-2681-ST-01, application no. 034907, received 7/07/2023 amended 9/6/2023.

Note 3: Condition 58.c.ii. is a BACT limit.
History: BACT determination, Amendment to Major NSR permit 34-2681-ST-01 application no. 28014, application received 12/31/2014, amendment received 5/19/2015.

59. **Applicable Requirement** Starting no later than October 19, 2013, any stationary spark ignition (SI) RICE are subject to the following management practices, or Starting no later than May 3, 2013, any stationary compression ignition (CI) RICE are subject to the following management practices: [40 CFR Part 63 Subpart ZZZZ]

59.a. The permittee must install a non-resettable hour meter if one is not already installed;

59.b. Change the oil and filter every 500 hours of operation or annually, whichever comes first, unless an oil analysis program is performed as described in 40 CFR 63.6625(i) and (j);

59.c. For Compression Ignition RICE, inspect the air cleaner every 1,000 hours of operation or annually, whichever comes first; or

59.d. For Spark Ignition RICE inspect the spark plugs every 1,000 hours of operation or annually, whichever comes first, and replace as necessary;

59.e. Inspect all hoses and belts every 500 hours of operation or annually, whichever comes first, and replace as necessary;

59.f. Operate and maintain the stationary RICE according to the manufacturer's emission-related operation and maintenance instructions; or

59.g. Develop and follow a maintenance plan which must provide to the extent practicable for the maintenance and operation of the engine in a manner consistent with good air pollution control practice for minimizing emissions; and

59.h. If it is not possible to shut down the engine in order to perform the management practice requirements on the schedule required in 59.b through 59.g because the emergency engine(s) is operating during an emergency, the management practice can be delayed until the emergency is over. The management practice should be performed as soon as practicable after the emergency has ended.

60. The permittee must comply with the following requirements of 40 CFR Part 60 Subpart IIII-Standards of Performance for Stationary Compression Ignition (CI) Internal Combustion Engines (ICE) for all Emergency CI RICE that commence construction, modification or reconstruction after the dates specified in 40 CFR Part 60.4200(a) (see Detail Sheets). The following conditions state the NSPS requirements. If more stringent requirements are imposed elsewhere in this permit (e.g., BACT limits), the permittee must comply with the more stringent limits. [40 CFR 60.4200(a)(2)]

60.a. Emission Standards:

60.a.i. Generator engines must comply with the emission standards for new nonroad CI engines in 40 CFR 60.4202, for all pollutants, for the same model year and maximum engine power. [40 CFR 60.4205(6)]

60.a.ii. Fire pump engines must comply with the emission standards in 40 CFR 60, Subpart IIII, Table 4, for all pollutants. [40 CFR 60.4205(c)]

60.b. Fuel Requirements:

60.b.i. The permittee must use diesel fuel that meets the fuel requirements in 40 CFR 60.4207.

60.c. Monitoring Requirements:

60.c.i. The permittee must install a non-resettable hour meter on each emergency engine prior to startup of the engine. [40 CFR 60.4209(a)]

60.d. Operation and Maintenance Requirements:

60.d.i. The permittee must comply by purchasing engines certified to the emission standards in Condition 60.a, as applicable, for the same model year and maximum engine power or National Fire Protection Association (NFPA) nameplate engine power. The engines must be installed and configured according to the manufacturer's emission-related

specifications, except as permitted in Condition 60.d.v. [40 CFR 60.421 l(c)]

60.d.ii. The permittee must operate and maintain stationary engines that achieve the emission standards as required in Condition 60.a over the entire life of the engines. [40 CFR 60.4206]

60.d.iii. The permittee must do all of the following, except as permitted under Condition 60.d.v.: [40 CFR 60.421l(a)]

60.d.iii.1. Operate and maintain the engines and control devices according to the manufacturer's emission-related written instructions;
60.d.iii.2. Change only those emission-related settings that are permitted by the manufacturer; and
60.d.iii.3. Meet the requirements of 40 CFR part 1068, as they apply to the permittee.

60.d.iv. The permittee must operate the emergency stationary engines according to the following operational limitations: [40 CFR 60.421l(f)]

60.d.iv.1. There is no time limit on the use of emergency stationary engines in emergency situations. [40 CFR 60.421l(f)(l)]

60.d.iv.2. The permittee may operate the emergency stationary engines for the purposes specified in Condition 60.d.iv.3. for a maximum of 100 hours per calendar year. Any operation for non-emergency situations as allowed by Condition 60.d.iv.4 counts as part of the 100 hours per calendar year allowed by this Condition. (40 CFR 60.4211(f)(2)]

60.d.iv.3. Emergency stationary engines may be operated for maintenance checks and readiness testing, provided that the tests are recommended by federal, state or local government, the manufacturer, the vendor, the regional transmission organization or equivalent balancing authority and transmission operator, or the insurance company associated with the engine. The permittee may petition the Administrator for approval of additional hours to be used for maintenance checks and readiness testing, but a petition is not required if the permittee maintains records indicating that federal, state or local standards require maintenance and testing of emergency engines beyond 100 hours per calendar year.

60.d.iv.4. Emergency stationary engines may be operated for up to 50 hours per calendar year in non-emergency situations. The 50 hours of operation in non-emergency situations are counted as part of the 100 hours per calendar year for maintenance and testing and emergency demand response provided in Condition 60.d.iv. The 50 hours per calendar year for non-emergency situations cannot be used for peak shaving or non-emergency demand response, or to generate income for a facility to an electric grid or otherwise supply power as part of a financial arrangement with another entity.

60.d.v. If not installing, configuring, operating and maintaining the engines and control devices according to the manufacturer's emission-related written instructions, or changing emission-related settings in a way that is not permitted by the manufacturer, the permittee must demonstrate compliance as described in 40 CFR 60.4211(g).

60.e. Recordkeeping Requirements:

60.e.i. The permittee must keep records of the operation of the engine in emergency and non-emergency service that are recorded through the non-resettable hour meter. The permittee must record the time of operation of the engine and the reason the engine was in operation during that time. [40 CFR 60.4214(b)]

60.e.ii. For an engine equipped with a diesel particulate filter, the permittee must keep records of any corrective action taken after the backpressure monitor has notified the permittee that the high backpressure limit of the engine is approached.

Other Requirements:

60.f. The permittee must comply with any other requirements of 40 CFR Part 60 Subpart IIII applicable to emergency stationary engines that are not specifically listed in Condition 60.

National Emissions Standards for Hazardous Air Pollutants

60.g. For engines subject to NSPS Subpart IIII, the permittee must comply with all applicable requirements of NSPS Subpart IIII for emergency ICE in order to comply with the requirements of 40 CFR Part 63 Subpart ZZZZ-NESHAP for Stationary Reciprocating ICE. [40 CFR 63.6590(c)]

General Provisions

60.h. The permittee must comply with the applicable General Provisions in 40 CFR 60.1 through 60.19 as identified in Table 8 of 40 CFR Part 60 Subpart IIII. [40 CFR 60.4218]

61. Monitoring and Recordkeeping

The permittee must keep the following records for emergency generator or fire pump RICE:

61.a. For each emergency generator or fire pump RICE, record the following each time it is operated:

61.a.i. Date of operation;

61.a.ii. Time of engine start (clock time);

61.a.iii. Time of engine stop (clock time);

61.a.iv. Elapsed time from engine start to engine stop;

61.a.v. Reason for operation.

61.b. Each month, for each emergency generator or fire pump RICE, record the following:

61.b.i. the total time of operation for maintenance checks and readiness testing (M&R testing) during that month; and

61.b.ii. the total time of operation for maintenance checks and readiness testing (M&R testing) during the most recent 12-month period

61.c. Each day that emergency RICE are operated, record the total number of emergency RICE operated that day.

61.d. The date and time an advisory is received, and the date that the advisory applies to.

61.e. Maintenance records for each emergency RICE.

62. Monitoring Requirement The permittee must perform the following monitoring if Variable Load Emission Factors are to be used to calculate emissions from the following engine/generator combinations:

- Cummins QSK95-G9 diesel engines with both Cummins generator set models C30000D6e and C3500D6e
- Cummins QSK78-G12 diesel engines with Cummins generator set model DQLE

62.a. The approved emission factors are listed in condition 83 and are available per load condition, specifically no load (0%), 25%, 50%, 75% and 100% operation.

62.b. Intel must maintain records of minutes of operation at each load.

62.c. When an operating load condition is between the load brackets shown in the table, Intel must use the highest emission factor for each pollutant that brackets that operating load for that operating duration to ensure conservative emissions calculations.

62.d. This approval includes the assumptions that all particulate matter (PM) is equivalent to $PM_{2.5}$ (i.e., PM = PM_{10} = $PM_{2.5}$), and those engines equipped with Diesel Particulate Filters (DPF) may utilize the DPF removal efficiency applied to PM, CO, VOC and PM HAP.

EU-VOCUNC

EU ID	Applicable Requirement	Condition Number	Pollutant/ Parameter	Limit/ Standard	Monitoring Requirements	
					Method	Condition
EU-VOCunc	BACT	63	VOC	See condition 63	Recordkeeping	64

63. Applicable Requirement The permittee must meet the following limits, operating requirements or equipment specifications for the listed equipment: [BACT, application no. 034907, received 7/7/2023, OAR 340-224-0070]

63.a. Summary of BACT for EU-VOCUNC, BACT for Isopropyl Alcohol Usage, General Ventilation

Table copied from the permit application 034907 received 7/7/2023, Appendix C BACT Analysis Report, Table 13-7, Summary of Proposed BACT for Isopropyl Alcohol Usage, General Ventilation

Unit	Pollutant	Selected BACT
VOC-from IPA usage	VOC	VOC emissions from the General Ventilation Systems stemming from IPA usage shall be controlled through good operating practices.

64. **Monitoring Requirement** The permittee must monitor uncontrolled VOC emissions as specified in this condition.

64.a. For the purpose of this permit, uncontrolled VOC emissions means emissions of VOCs that are not directed to VOC abatement devices, but are used in or to clean and maintain manufacturing processes and operations that directly support manufacturing processes, such as but not limited to boilers, abatement equipment and wastewater treatment. Uncontrolled VOC emissions do not include emissions from categorically insignificant activities.

64.b. Monitor the monthly use of all products that contain more than 1 percent VOC by weight and contribute to uncontrolled VOC emissions as defined in this condition.

64.c. Recordkeeping Requirement The permittee must maintain the following records pertaining to uncontrolled VOC emissions:

64.c.i. The identification of all products that contain more than 1 percent VOC by weight and contribute to uncontrolled VOC emissions as defined in this condition;

64.c.ii. The monthly use of all such products; and

64.c.iii. The VOC content of all such products.

EU-COOLING TOWERS

EU ID	Applicable Requirement	Condition Number	Pollutant/ Parameter	Limit/ Standard	Monitoring Requirements	
					Method	Condition
EU-COOLING TOWERS	Categorically Insignificant Activity	65	PM_{10}, $PM_{2.5}$	n/a	n/a	n/a
EU-COOLING TOWERS	BACT	66	PM_{10}, $PM_{2.5}$	Drift Eliminators and TDS Control	n/a	n/a

65. **Applicable Requirement** Cooling Towers are classified as Categorically Insignificant Activities. [OAR 340-200-0020(24)(zz)]

65.a. PSELs do not include emissions from Categorically Insignificant Activities. [OAR 340-222-0035(5)]

65.b. Emissions from Categorically Insignificant Activities must be considered when determining Major NSR/PSD or Type A State NSR applicability under OAR chapter 340, division 224 [OAR 340-222-0035(5)].

65.c. BACT applies to the Cooling Towers [OAR 340-224-0070(2)]

66. **Applicable Requirement** The permittee must meet the following limits, operating requirements or equipment specifications for the listed equipment: [BACT, application no. 034907, received 7/7/2023, OAR 340-224-0070]

66.a. Summary of BACT for Cooling Towers

Table copied from the permit application 034907 received 7/7/2023, Appendix C BACT Analysis Report, Table 11-1 Summary of Proposed BACT for Cooling Towers

Equipment Tag	Pollutant	Proposed BACT
All cooling towers	PM_{10} and $PM_{2.5}$	Drift elimination with drift rate specification and TDS control per manufacturer specifications.

Notes: Details about each piece of equipment are listed in the PSEL Detail Sheets and identified by the Equipment Tag.

EU-PAVED ROADS

EU ID	Applicable Requirement	Condition Number	Pollutant/ Parameter	Limit/ Standard	Monitoring Requirements	
					Method	Condition
EU-PAVED ROADS	Categorically Insignificant Activity	68	PM_{10}, $PM_{2.5}$	n/a	n/a	n/a
EU-PAVED ROADS	BACT	69	PM_{10}, $PM_{2.5}$	Good Housekeeping and Sweeping	Recordkeeping	n/a

67. **Applicable Requirement** Paved Roads and Parking Lots are classified as Categorically Insignificant Activities. [OAR 340-200-0020(24)(rr)]

67.a. PSELs do not include emissions from Categorically Insignificant Activities. [OAR 340-222-0035(5)]

67.b. Emissions from Categorically Insignificant Activities must be considered when determining Major NSR/PSD or Type A State NSR applicability under OAR chapter 340, division 224 [OAR 340-222-0035(5)].

67.c. BACT applies to the Paved Roads and Parking Lots [OAR 340-224-0070(2)]

68. **Applicable Requirement** The permittee must meet the following limits, operating requirements or equipment specifications for the listed equipment: [BACT, application no. 034907, received 7/7/2023, OAR 340-224-0070]

68.a. Summary of BACT for Paved Roads and Parking Lots

Table copied from the permit application no.: 034907 received by DEQ on:7/07/2023, Appendix C BACT Analysis Report, Table 12-1 Summary of Proposed BACT for Paved Roads and Parking Lots.

Unit	Pollutant	Selected BACT
Paved Roads and Parking Lots	PM_{10} and $PM_{2.5}$	Good housekeeping practices to include limiting vehicle speeds and sweeping as needed

EU-OTHER

EU ID	Equipment Type	Applicable Requirement	Condition Number	Pollutant/ Parameter	Limit/ Standard	Monitoring Requirements	
						Method	Condition
EU-OTHER	Specialty Exhaust (EXSP)	BACT	70	PM10, PM2.5	Maintain filter system per manufacturer's recommendations	Recordkeeping	71
EU-OTHER	Lime Silo (LIME)	BACT	70	PM10, PM2.5	Maintain filter system per manufacturer's recommendations	Recordkeeping	71

69. **Applicable Requirement** The permittee must operate and maintain the arsenic Specialty Exhaust and Lime Silo filter systems in accordance with the manufacturer's recommendations. [BACT, application no. 034907, received 7/7/2023, OAR 340-224-0070]

69.a. BACT for specialty exhaust (EXSP) is the requirement to use HEPA filters for PM10 and PM2.5

69.b. BACT for Lime Silos (LIME) is the requirement to use filters for PM10 and PM2.5

70. **Monitoring and Recordkeeping Requirement** The permittee must perform inspections of the EXSP filters and Lime Silo filter bags at least once per calendar quarter.

70.a. The permittee must use a maintenance plan or checklist that includes directions to maintenance staff on when filters and filter bags must be replaced. The directions for replacement may be based on the filter or filter bag manufacturer's recommendations, and must be updated if the manufacturer or manufacturer's recommendations change;

70.b. Inspections of EXSP filters must include checking the pressure drop across the filters; and

70.c. Inspections of the Lime Silo filter bags must include observation for any visible leaks.

70.d. Recordkeeping Requirement The permittee must keep records of all maintenance performed on the Specialty Exhaust filtration systems or Lime Silos and make the records available to DEQ staff when requested.

NESHAP – SUBPART WWWWWW – STANDARDS FOR PLATING AND POLISHING OPERATIONS

71. The permittee must comply with all applicable provisions of 40 CFR 63 Subpart WWWWWW, adopted herein by reference. (Note – refer to 40 CFR 63 Subpart WWWWWW and/or Subpart A for definitions of terminology stated in these associated conditions).

71.a. The permittee must be in compliance with the applicable provisions of this subpart for each existing affected source it operates, including the applicable management practices and equipment standards at all times;

71.b. If the permittee installs a new Subpart WWWWWW affected source, the source must be in compliance with the subpart upon startup;

71.c. For each electrolytic process plating tank without cyanide that contains plating and polishing metal HAP and operates at a pH of <12, the permittee must comply with one of the three control options below and implement the applicable management practices in Condition 72.d, as practicable [40 CFR 63.11507(a)]:

71.c.i. Use a wetting agent/fume suppressant in the bath of the affected tank as follows:

71.c.i.1. Initially add the wetting agent/fume suppressant in the amounts recommended by the manufacturer for the specific type of electrolytic process;
71.c.i.2. Add wetting agent/fume suppressant in proportion to the other bath chemistry ingredients that are added to replenish the bath, as in the original make-up of the bath, or in proportions such that the bath contents are returned to that of the original make- up of the bath;
71.c.i.3. If a wetting agent/fume suppressant is included in the electrolytic process bath chemicals used in the affected tank, it is not necessary to add additional wetting agent/fume suppressants to the tank to comply with this rule;
71.c.i.4. The permittee must state in the annual compliance certification that wetting agent/fume suppressant has been added according to the manufacturer's specifications and operating instructions [OAR 340-216-0066(3)(c)]; OR

71.c.ii. Capture and exhaust emissions from the affected electrolytic tank(s) to EXSC wet scrubbers in compliance with permit condition 49 and the following:

71.c.ii.1. Operate all capture and control devices according to the manufacturer's specifications and operating instructions;
71.c.ii.2. The manufacturer's specifications and operating instructions must be kept at the facility at all times in a location where they can be easily accessed by the operators;
71.c.ii.3. Following malfunction or failure of the control equipment, the permittee must take immediate corrective action to return the equipment to normal operation;
71.c.ii.4. The permittee must state in the annual compliance certification that emissions from the affected electrolytic tank(s) were captured and routed to EXSC wet scrubbers [OAR340-216-0066(3)(c)]; OR

71.c.iii. The permittee must cover the tank surface and must demonstrate compliance according to the following:

71.c.iii.1. For batch electrolytic process tanks, a tank cover must be operated with the cover in place for at least 95 percent of the electrolytic process operating time;
71.c.iii.2. For continuous electrolytic process tanks at least 75 percent of the surface of the tank must be covered whenever the electrolytic process tank is in operation;
71.c.iii.3. The permittee must state in the annual compliance certification that the tank has been operated with the cover in place 95 percent of the batch electrolytic process operating time and that at least 75 percent of the surface of the tank is covered for continuous electrolytic process tanks. [OAR340-216-0066(3)(c)]

71.d. For each plating tank subject to 40 CFR 63 Subpart WWWWWW, the permittee must implement the following applicable management practices as practicable, and these management practices must be implemented during all times that the plating tank or process is in operation [40 CFR 63.11507(g)]:

71.d.i. Minimize bath agitation when removing any parts processed in the tank, as practicable except when necessary to meet part quality requirements;

71.d.ii. Maximize draining of bath solution back into the tank by extending drip time when removing parts from the tank; using drain boards/drip shields; or withdrawing parts slowly from the tank;

71.d.iii. Optimize the design of barrels, racks, and parts to minimize dragout of bath solution (such as by using slotted barrels and tilted racks, or by designing parts with flow-through holes to allow the tank solution to drip back into the tank);

71.d.iv. Use tank covers whenever practicable;

71.d.v. Minimize or reduce heating of process tanks;

71.d.vi. Perform regular repair, maintenance, and preventive maintenance of racks, barrels, and other equipment;

71.d.vii. Minimize bath contamination, such as through the prevention or quick recovery of dropped parts, use of distilled/de-ionized water, water filtration, pre-cleaning of parts to be plated, and thorough rinsing of pre- treated parts to be plated;

71.d.viii. Maintain quality control of chemicals, and other bath ingredient concentrations in the tanks;

71.d.ix. Practice good housekeeping such as regular sweeping/vacuuming, and periodic wash-downs;

71.d.x. Minimize spills and overflow of tanks;

71.d.xi. Use squeegee rolls in continuous or reel-to-reel plating tanks; and

71.d.xii. Perform regular inspections to identify leaks and other opportunities for pollution prevention.

40 CFR 63 Subpart WWWWWW Recordkeeping and Reporting requirements

72. **Recordkeeping and Reporting requirements**. The permittee must maintain the following records and make the following notifications, as applicable [40 CFR§63.11509]:

72.a. The records specified in 40 CFR §63.10(b)(2)(i) through (iii) and (xiv) of the Subpart A General Provisions;

72.b. Upon commencement of commercial operation of the affected sources subject to 40 CFR 63 Subpart WWWWWW, the permittee must submit the Initial Notification which includes a description of the compliance method used for each affected source to the EPA and DEQ [40 CFR §63.11509(a)(2) and (4)].

72.c. A copy of an Initial Notification and Notification of Compliance Status that were submitted and all documentation supporting those notifications.

72.d. For process units or operations subject to 40 CFR 63 Subpart WWWWWW, the occurrence and duration of each startup or shutdown when the startup or shutdown causes the source to exceed any applicable emission limitation in the relevant emission standards.

72.e. An annual certification of compliance report prepared according to 40 CFR§63.11509(c)(1) through (7), prepared no later than January 31 of the year immediately following the reporting period and kept in a readily accessible location for inspector review. These reports do not need to be submitted unless a deviation from the requirements of this subpart has occurred during the reporting year, in which case, the annual compliance report must be submitted to EPA and DEQ postmarked or delivered no later than January 31 of the year immediately following the reporting period, along with the deviation report. The deviation report must identify all deviations that occurred during the year along with the corrective action taken.

Note: The annual certification of compliance must also include the information required by conditions 72.c.i.4, 72.c.ii.4 or 72.c.iii.3, as applicable.

72.f. The occurrence and duration of each malfunction of operation (i.e. process equipment) or the required air pollution control and monitoring equipment. [OAR 340-216-0066(3)(c)]

72.g. All required maintenance performed on the air pollution control and monitoring equipment. [OAR 340-216-0066(3)(c)]

72.h. The records required to show continuous compliance with each management practice as applicable. [40 CFR §63.11509(e)(3)]

INSIGNIFICANT ACTIVITIES

73. DEQ acknowledges that insignificant emissions units (IEUs) identified by rule as either categorically insignificant activities or aggregate insignificant emissions [OAR 340-200-0020] exist at facilities required to obtain an Oregon Title V Operating Permit. IEUs must comply with all applicable requirements. In general, the requirements that could apply to IEUs are incorporated as follows:

73.a. OAR 340-208-0110 (20% opacity)

73.b. OAR 340-226-0210 (0.14 gr/dscf for non-fugitive, non-fuel burning equipment installed before April 17, 2015)

73.c. OAR 340-226-0210 (0.10 gr/dscf for non-fugitive, non-fuel burning equipment installed on or after April 17, 2015)

73.d. OAR 340-208-0610 (0.1 gr/dscf for fuel burning equipment except for equipment burning natural gas and liquified petroleum gas) [This condition is enforceable only by the State.]

73.e. OAR 340-226-0310 (process weight limit for process equipment)

73.f. OAR 340-228-0210 (0.14 gr/dscf corrected to 12% CO_2 or 50% excess air for fuel burning equipment installed before April 17, 2015).

73.g. OAR 340-228-0210 (0.10 gr/dscf corrected to 12% CO_2 or 50% excess air for fuel burning equipment installed on or after April 17, 2015).

Unless otherwise specified in this permit or an applicable requirement, DEQ is not requiring any testing, monitoring, recordkeeping, or reporting for the applicable emissions limits and standards that apply to IEUs. However, if testing were performed for compliance purposes, the permittee would be required to use the test methods identified in the definitions of "opacity" and "particulate matter" in OAR 340-208-0010 and perform the testing in accordance with DEQ's Source Sampling Manual.

AMBIENT MONITORING

Summary - Monitoring must be conducted for hourly NO2 and PM2.5 concentrations at or near the fence line of the Ronler Acres campus, at a location representative of that which the modeling shows to be the location of greatest impact from the permittee's NO2 and PM2.5 emissions. Monitoring must be done for a minimum of three years, beginning not later than April 1, 2028, and must be done in accordance with DEQ's requirements. Monitoring data must be made available to the public and updated on a reasonable frequency.

74. **Applicable Requirement** The permittee must conduct ambient air quality monitoring as specified in this condition: [OAR 340-224-0070(1)(b)]

74.a. By April 1, 2027, submit a proposed monitoring plan to DEQ for approval. The plan must include the following:

74.a.i. A designated contact person or persons with contact information;

74.a.ii. Monitoring must be for hourly NO_2 concentrations and hourly $PM_{2.5}$ concentrations, using EPA-approved continuous federal reference methods or federal equivalence methods;

74.a.iii. The starting date and ending date for the monitoring;

74.a.iv. The proposed monitoring location or locations;

74.a.v. An explanation of why the proposed monitoring location or locations was/were chosen;

74.a.vi. A description of the monitoring site or sites, including enclosure, enclosure elevation above ground, height above ground of the sampling point, and provisions for site and power supply security;

74.a.vii. A description of the monitoring equipment with manufacturer(s) name and model numbers;

74.a.viii. A Quality Assurance/Quality Control Plan that covers all aspects of continuous monitoring and data analysis needed to ensure data validity and accuracy;

74.a.ix. A detailed description of how data will be made available to the public and the schedule on which monitoring data that has been validated per the approved monitoring plan will be updated; and

74.a.x. A schedule for submitting data to DEQ.

74.b. Monitoring must be done for a minimum of three years, **beginning not later than: April 1, 2028**, and must be done in accordance with this condition and the monitoring plan approved by DEQ.

PLANT SITE EMISSION LIMITS

75. Applicable Requirement The permittee must not exceed the following plant site emission limits for any 12 consecutive month period: [OAR 340-222-0040 through OAR 340-222-0043]

Pollutant	Plant Site Emission Limit (tons/12 mo)	Netting Basis (tons/12 mo)	Unassigned Emissions (tons/12 mo)	Emission Reduction Credit (tons/12 mo)
PM	68	0	0	0
PM_{10}	61	61	0	0
$PM_{2.5}$	59	59	0	0
SO_2	35	14	0	0
NO_x	413	413	0	0
CO	598	598	0	0
VOC	351	351	0	0
Fluorides	12.5	12.5	0	0
GHG*	1,725,560 tons**	1,725,560 tons**	0	0
Any individual HAP	9	n/a	n/a	n/a
Aggregate of all HAPs	21	n/a	n/a	n/a

* CO2e basis

** Equivalent to 1,565,428 metric tons; short tons x 0.9072 = metric tons

75.a. Plant Site Emission Limits include aggregate insignificant emissions of 2,756 tpy for GHG, 0.3 tpy for Fluorides, and 1.0 tpy for the other pollutants.

75.b. Monitoring for the Plant Site Emission Limits is included in condition 79.

75.c. The permittee may only use Unassigned Emissions after any necessary construction (OAR 340-218-0190) and permit revision applications (OAR 340-218-0120 through 340-218-0180) have been approved by DEQ. [OAR 340-222-0055]

75.d. Any unassigned emissions that are greater than the SER will be reduced to the SER when this permit is renewed unless used before that date. [OAR 340-222-0055]

75.e. Accounting months may be used in lieu of calendar months.

75.f. The GHG emissions calculations are based on the Global Warming Potentials (GWPs) specified in 40 C.F.R. part 98, subpart A, Table A–1-Global Warming Potentials, 79 FR 72779, Dec. 11, 2014, originally published in 40 CFR Part 98, 2015 Revisions to the Greenhouse Gas Reporting Rule and Final Confidentiality Determinations for New or Substantially Revised Data Elements; Final Rule (73750 Federal Register / Vol. 78, No. 238 / Thursday, December 11, 2014).[1]

Netting Basis Reset

76. Applicable Requirement This Major NSR/PSD permit (application no. 034907 received 7/7/2023) establishes revised Netting Basis for PM_{10}, $PM_{2.5}$, CO, NOx, VOC, Fluorides and GHG at their respective PTEs. The Netting Basis for PM_{10}, $PM_{2.5}$, CO, NOx, VOC, Fluorides and GHG must be reset as required by this condition and OAR 340-222-0046(3)(d) (netting basis), and OAR 340-222-0051(1), (2) and (3) (actual emissions).

The permittee's netting basis for PM_{10}, $PM_{2.5}$, CO, NOx, VOC, Fluorides and GHG will be reduced when actual emissions are reduced according to OAR 340-222-0051(3); [OAR 340-222-0046(3)(d)]

76.a. The netting basis for PM_{10}, $PM_{2.5}$, CO, NOx, VOC, Fluorides and GHG will be reset to actual emissions as follows and as required by OAR 340-222-0051(3)(a): [OAR 340-222-0051(3)(a)]

76.a.i. Except as provided in condition 64.a.iii, 10 years after the date this permit is issued, or an earlier time if requested by the source in a permit application involving public notice, DEQ will reset actual emissions to equal the highest actual emission rate during any consecutive 12-month period during the ten year period, any shorter period if requested by the source, or any longer period if extended under condition 77.a.iii.

76.a.ii. Any emission reductions achieved due to enforceable permit conditions based on OAR 340-226-0110 and 0120 (highest and best practicable treatment and control) are not included in the reset calculation required in condition 77.a.i.

76.a.iii. DEQ may extend the date of resetting by five additional years upon satisfactory demonstration by the source that construction is ongoing or normal operation has not yet been achieved.

76.b. The PM_{10}, $PM_{2.5}$, CO, NOx, VOC, Fluorides or GHG netting basis or PSEL (or both) that was set based on PTE must be excluded from the tests in OAR 340-224-0025(2) until the netting basis is reset. [OAR 340-224-0025(2)(b)(C) (major modification)]

77. Monitoring Requirement The permittee must monitor the actual monthly emissions of all pollutants for which a PSEL has been established from the date this permit is issued. This monitoring is required for the purpose of resetting the netting basis as required by condition 77.

77.a. Recordkeeping Requirement The permittee must maintain records of actual monthly emissions of all pollutants for which a PSEL has been established from the date this permit is issued.

[1] For the previous permit, issued on 1/22/2016, the GHG emissions calculations are based on the Global Warming Potentials (GWP) specified in 40 CFR Part 98, 2013 Revisions to the Greenhouse Gas Reporting Rule and Final Confidentiality Determinations for New or Substantially Revised Data Elements; Final Rule (71904 Federal Register / Vol. 78, No. 230 / Friday, November 29, 2013). GWP values used in the 1/22/2016 permit may differ from those used for this permit.

Plant Site Emission Limits Monitoring. [OAR 340-218-0050(3)(a) and (b)]

78. Monitoring Requirement Compliance with the PSEL is determined for each 12-consecutive month period based on the following calculations in conditions 80 through 90 performed for each pollutant listed in condition 76 (Plant Site Emission Limits):

78.a. The term "detail sheets" refers to the emissions detail sheets associated with this permit.

78.b. The detail sheets may be updated by DEQ, and the most recent version must be used for the emission calculations specified in this condition.

78.c. The permittee may request approval of updated emission factors in writing and may use the updated emission factors upon approval in writing by DEQ.

78.d. For the purpose of emissions monitoring, emissions of PM=PM_{10}=$PM_{2.5}$, except where different values or calculations are specified (such as Wet scrubbers).

BOILERS

79. Calculate monthly emissions for each boiler or group of boilers used during the reporting year.

BOILERS PM, PM10, PM2.5, CO, NOx, SO2 and VOC

79.a. Calculate emissions of PM, PM_{10}, $PM_{2.5}$, CO, NOx, SO_2 and VOC as follows:

79.a.i. Monthly emissions = Monthly natural gas usage x EF x appropriate unit conversions, where EF means the pollutant-specific emission factor used in the Detail Sheets for EU-Boilers, or an approved updated emission factor.

BOILERS HAPs

79.b. Calculate monthly emissions of HAPs as specified in condition 80.a.i.

BOILERS GHG

79.c. Calculate GHG emissions as specified in condition 89.

79.d. Calculate the rolling 12-month emissions by summing the emissions for the most recent month with the emissions for the preceding 11 months.

79.e. Recordkeeping Requirement Keep records of the monthly emissions and the rolling 12-month emissions for each month.

HEATERS

80. Calculate monthly emissions for each heater or group of heaters used during the reporting year.

HEATERS PM, PM10, PM2.5, CO, NOx, SO2 and VOC

80.a. Calculate emissions of PM, PM_{10}, $PM_{2.5}$, CO, NOx, SO_2 and VOC as follows:

80.a.i. Monthly emissions = Monthly natural gas usage x EF x appropriate unit conversions, where EF means the pollutant-specific emission factor used in the Detail Sheets for EU-Heaters, or an approved updated emission factor.

HEATERS HAPs

80.b. Calculate monthly emissions of HAPs as specified in condition 81.a.i.

HEATERS GHG

80.c. Calculate GHG emissions as specified in condition 89.

80.d. Calculate the rolling 12-month emissions by summing the emissions for the most recent month with the emissions for the preceding 11 months.

80.e. Recordkeeping Requirement Keep records of the monthly emissions and the rolling 12-month emissions for each month.

TMXW

81. Calculate monthly emissions for each TMXW device or group of devices used during the reporting year.

TMXW PM, PM10, PM2.5, CO, SO2 and VOC

81.a. Calculate emissions of PM, PM_{10}, $PM_{2.5}$, CO, SO_2 and VOC as follows:

81.a.i. Monthly emissions = Monthly natural gas usage x EF x (1-RE) x appropriate unit conversions, where EF means the pollutant-specific emission factor used in the Detail Sheets for EU-TMXW, or an approved updated emission factor, and RE means the pollutant-specific removal efficiency.

TMXW NOx

81.b. Calculate emissions of NOx using Option 1 or 2 below:

Option 1 Monthly emissions = The sum of the following for all chemicals used in, or that exhaust to, TMXW systems:
Monthly chemical usage rate x EF x (1-RE) x appropriate unit conversions, where EF means the pollutant-specific emission factor approved by DEQ, and RE means the pollutant-specific removal efficiency. (Note: This EF includes combustion NOx).

Option 2 Monthly emissions = Monthly hours of operation x stack tested hourly emission rate for the representative set of TMXW abatement devices

TMXW HAPs

81.c. Calculate monthly emissions of HAPs as follows:

81.c.i. Monthly emissions = Monthly natural gas usage x EF x appropriate unit conversions, where EF means the pollutant-specific emission factor used in the Detail Sheets for EU-TMXW, or an approved updated emission factor.

TMXW GHG

81.d. Calculate GHG emissions as specified in condition 89.

81.e. Calculate the rolling 12-month emissions by summing the emissions for the most recent month with the emissions for the preceding 11 months.

81.f. Recordkeeping Requirement Keep records of the monthly emissions and the rolling 12-month emissions for each month.

RICE

82. Calculate monthly emissions for each RICE used during the reporting year.

RICE PM, PM10, PM2.5, CO, NOx, SO2 and VOC

82.a. Calculate monthly emissions of from each RICE using Option 1 or Option 2. Only one calculation option may be used in any calendar year:

Option 1

82.a.i. Monthly emissions = Monthly hours of operation x EF x (1-RE) x appropriate unit conversions, where

- EF means the pollutant-specific emission factor used in the Detail Sheets for EU-RICE; the Variable Load emission factors referred to in condition 83.a.ii; or other approved updated emission factor; and
- RE means the pollutant specific removal efficiency if so equipped.

82.a.ii. DEQ has approved the use of the Variable Load Emission Factors (EFs) specified in the Detail Sheets for EU-RICE. These Emergency Generator Variable Load Emission Factors are for the following engine types coupled with the associated Cummins Power System generator sets:

- Cummins QSK95-G9 diesel engines with both Cummins generator set models C30000D6e and C3500D6e
- Cummins QSK78-G12 diesel engines with Cummins generator set model DQLE

82.a.iii. The approved emission factors are now available per load condition, specifically no load (0%), 25%, 50%, 75% and 100% operation.

82.a.iv. In order to accurately track emissions across these load profiles, Intel must maintain records of minutes of operation at each load. When an operating load condition is between the load brackets shown in the table, Intel must use the highest emission factor for each pollutant that brackets that operating load for that operating duration to ensure conservative emissions calculations.

82.a.v. This approval includes the assumptions that all particulate matter (PM) is equivalent to $PM_{2.5}$ (i.e., PM = PM_{10} = $PM_{2.5}$), and

82.a.vi. These EFs are uncontrolled values; those engines (to be identified clearly) with Diesel Particulate Filters (DPF) can utilize the filter pollutant-specific removal efficiency as specified in the Detail Sheets for EU-RICE.

Option 2

82.a.vii. The permittee may propose to base emissions calculations on the amount of fuel used. This option may only be used if the method and emission factors are approved by DEQ.

82.a.viii. Monthly emissions = Monthly fuel usage x EF x (1-RE) x appropriate unit conversions, where EF means the pollutant-specific emission factor approved by DEQ and RE means the pollutant-specific removal efficiency, if equipped with a DPF.

RICE HAPs

82.b. Calculate monthly emissions of HAPs as specified in condition 83.a.

RICE GHG

82.c. Calculate GHG emissions as specified in condition 89.

82.d. Calculate the rolling 12-month emissions by summing the emissions for the most recent month with the emissions for the preceding 11 months.

82.e. Recordkeeping Requirement Keep records of the following:

82.e.i. The calculation option used for each RICE; and

82.e.ii. Monthly emissions and the rolling 12-month emissions for each month.

WET SCRUBBERS

83. Calculate monthly emissions for each wet scrubber or wet scrubber system used during the reporting year.

WET SCRUBBERS FLUORIDES

83.a. Calculate monthly emissions of Fluorides from each wet scrubber or wet scrubber system, using Option 1 or Option 2.

Option 1

83.a.i. Monthly emissions = Monthly production rate x EF x appropriate unit conversions, where EF means the pollutant-specific emission factor approved by DEQ.

Option 2

83.a.ii. Calculate emissions of Fluorides as follows:

83.a.iii. Monthly emissions = The sum of the following for all chemicals used in production processes that generate Fluorides and exhaust to wet scrubbers:

Monthly chemical usage rate x EF x (1-RE) x appropriate unit conversions, where EF means the pollutant-specific emission factor approved by DEQ, and RE means the pollutant-specific removal efficiency).

83.a.iv. Only one calculation option may be used in any month, and the selected option must be used for the entire month.

83.a.iv.1. Upon issuance of this permit, the permittee may select which option will be used. Thereafter, the permittee may change options at any time provided that DEQ approves the change.

83.a.iv.2. A request to change options must be submitted in writing, and must include the reason for the requested change.

83.a.iv.3. The permittee may not implement the change until DEQ approves the change.

WET SCRUBBERS HAPs

83.b. Calculate monthly emissions of HAPs from each wet scrubber or wet scrubber system, using Option 1 or Option 2.

Option 1.

83.b.i. Monthly emissions = Monthly production rate x EF x (1-RE) appropriate unit conversions, where EF means the pollutant-specific emission factor approved by DEQ.

Option 2

83.b.ii. Monthly emissions = The sum of the following for all chemicals used in production processes that generate HAP emissions and exhaust to wet scrubbers:

Monthly chemical usage rate x EF x (1-RE) x appropriate unit conversions, where EF means the pollutant-specific emission factor approved by DEQ, and RE means the pollutant-specific removal efficiency).

83.b.iii. For each individual HAP, only one calculation option may be used in any month, and the selected option must be used for the entire month.

83.b.iii.1. Upon issuance of this permit, the permittee may select which option will be used. Thereafter, the permittee may change options at any time provided that DEQ approves the change.

83.b.iii.2. A request to change options must be submitted in writing, and must include the reason for the requested change.

83.b.iii.3. The permittee may not implement the change until DEQ approves the change.

WET SCRUBBERS SO2 and VOC

83.c. Calculate emissions of SO_2, and VOC as follows:

Process Emissions

83.c.i. Monthly emissions = Monthly chemical usage rate x EF x appropriate unit conversions, where:

EF means the emission factor used in the Detail Sheets for EU-Wet scrubbers or as approved in writing by DEQ, and

Natural Gas Combustion Emissions

83.c.ii. Monthly emissions = Monthly natural gas usage x EF x appropriate unit conversions, where EF means the pollutant-specific emission factor used in the Detail Sheets for EU-Wet Scrubbers, or an approved updated emission factor.

WET SCRUBBERS PM, PM10, PM2.5

83.d. Calculate emissions of PM, PM10, PM2.5 as follows:

Process Emissions

83.d.i. Monthly emissions = Monthly chemical usage rate x EF x appropriate unit conversions x [(1-(RE x Monthly WESP Uptime percentage)] Where:

83.d.i.1. EF means the emission factor used in the Detail Sheets for EU-Wet Scrubbers, or as approved by DEQ and

83.d.i.2. RE means the WESP removal efficiency as established in condition 77.a and 77.b

Natural Gas Combustion Emissions

83.d.ii. Monthly emissions = Monthly natural gas usage x EF x appropriate unit conversions, where EF means the pollutant-specific emission factor used in the Detail Sheets for EU-Wet

Scrubbers, or an approved updated emission factor.

Note: Wet scrubber drift loss emissions are accounted for in condition 84.d.

WET SCRUBBERS WESP

84. Wet scrubber WESP Testing, Monitoring and Recordkeeping [OAR 340-216-0066(3)(c)]

84.a. The permittee may utilize a 90% removal efficiency during any time that the wet scrubber WESPs shown above, or any identical WESPs, are operated and the 15-minute block average voltages are at or above the levels specified in Condition 53. The permittee may use a manufacturer removal efficiency guarantee or conduct particulate source testing in accordance with a DEQ approved source test plan, of the wet scrubber WESP to establish a different removal efficiency, as approved in writing by DEQ, for purposes of emission calculations.

84.b. If future wet scrubber WESPs are installed and are not identical to those listed above, the permittee may use manufacturer removal efficiency guarantee or conduct representative testing (at least one WESP for the group of identical WESPs) within 60 days of reaching maximum design capacity, but no later than the end of the calendar year following the calendar year of installation after the WESP became operational to establish and utilize a higher removal efficiency.

84.c. EXSC wet scrubbers equipped with wet electrostatic precipitators (WESP) for added particulate control are listed below and in the Detail Sheets:

Wet scrubber ID	WESP ID	Manufacturer
D1X-SC133-1-00	D1X-WSP133-1-30	Lundberg
D1X-SC133-2-00	D1X-WSP133-2-30	Lundberg
D1X-SC133-3-00	D1X-WSP133-3-30	Lundberg/ to be determined
D1X-SC133-5-00	D1X-WSP133-5-30	Beltran
D1XM2-SC133-2-00	D1XM2-WSP133-2-30	Lundberg
D1XM2-SC133-3-00	D1XM2-WSP133-3-30	Lundberg
D1XM2-SC133-4-00	D1XM2-WSP133-4-30	Lundberg
D1XM2-SC133-5-00	D1XM2-WSP133-5-30	Lundberg
D1XM3-SC133-1-00	D1XM3-WSP133-1-30	Lundberg
D1XM3-SC133-2-00	D1XM3-WSP133-2-30	Lundberg
D1XM3-SC133-3-00	D1XM3WSP133-3-30	Lundberg
D1XM3-SC133-4-00	D1XM3-WSP133-4-30	Lundberg/ to be determined
D1XM3-SC133-5-00	D1XM3-WSP133-5-30	Lundberg/ to be determined
RA4-SC133-1	RA4-WSP133-1-30	Lundberg/ to be determined
RA4-SC133-2	RA4-WSP133-2-30	Lundberg/ to be determined

WET SCRUBBERS CO, NOx

84.d. Calculate monthly emissions of CO and NOx using Option 1 or Option 2.

Option 1 - This option includes both combustion and process emissions of CO and NOx with EFs derived from source testing.

84.d.i. Monthly emissions = Monthly production rate x EF x appropriate unit conversions, where EF means the pollutant-specific emission factor approved by DEQ.

Option 2 – This option has separate calculations for combustion and process emissions of CO and NOx.

84.d.ii. Calculate monthly emissions of NOx and CO from Natural Gas combustion, plus emissions from each individual NOx and/or CO generating input using Option 2a or Option 2b:

Emissions from Natural Gas Combustion

Monthly emissions = Monthly natural gas usage x EF x appropriate unit conversions, where EF means the pollutant-specific emission factor used in the Detail Sheets for EU-Wet scrubbers, or an approved updated emission factor.

Plus

Emissions from each Individual NOx and/or CO Generating Input

Option 2a

Monthly emissions = Monthly chemical usage rate x EF x appropriate unit conversions, where EF means the pollutant-specific emission factor approved by DEQ; or

Option 2b

Monthly emissions = Monthly production rate x EF x appropriate unit conversions, where EF means the pollutant-specific emission factor approved by DEQ;

84.d.iii. Only one calculation option may be used in any month, and the selected option must be used for the entire month.

84.d.iii.1. Upon issuance of this permit, the permittee may select which option will be used. Thereafter, the permittee may change options at any time provided that DEQ approves the change.

84.d.iii.2. A request to change options must be submitted in writing, and must include the reason for the requested change.

84.d.iii.3. The permittee may not implement the change until DEQ approves the change.

Drift loss PM, PM10 and PM2.5

Drift Loss Emissions

84.e. Calculate monthly emissions of PM, PM_{10} and $PM_{2.5}$ from wet scrubber drift loss as:

84.e.i. Monthly PM wet scrubber drift loss = (8.46 tons per year)/12.

84.e.ii. Monthly PM_{10} wet scrubber drift loss = (2.24 tons per year)/12.

84.e.iii. Monthly $PM_{2.5}$ wet scrubber drift loss = (0.011 tons per year)/12.

Note: Drift loss emissions are totals for EXSC, EXAM and PSSS wet scrubbers

84.f. If the permittee makes changes that change wet scrubber drift loss emissions, DEQ may approve revised emissions estimates, and the permittee may use the revised emissions estimates upon written approval by DEQ.

Total Emissions of PM, PM10 and PM2.5

84.g. Calculate total monthly emissions of PM, PM_{10} and $PM_{2.5}$ from each wet scrubber or wet scrubber system by summing the Process Emissions, Natural Gas Combustion Emissions and Drift Loss Emissions for PM, PM_{10} and $PM_{2.5}$, as appropriate.

GHG

84.h. Calculate GHG emissions as specified in condition 89.

84.i. Calculate the rolling 12-month emissions by summing the emissions for the most recent month with the emissions for the preceding 11 months.

84.j. **Recordkeeping Requirement** Keep records of the following:

84.j.i. For each month, which reporting option was used for Fluorides, HAPs, CO and NOx;

84.j.ii. If Option 1 was used, production data, emission factors used and monthly emissions

84.j.iii. If Option 2 was used, natural chemical usage, production data, emission factors used and monthly emissions and the rolling 12-month emissions for each month.

84.j.iv. Calculate total monthly emissions from each wet scrubber or wet scrubber system by summing the process, combustion and drift loss emissions as appropriate.

84.j.v. Calculate the rolling 12-month emissions by summing the emissions for the most recent month with the emissions for the preceding 11 months.

RCTOs

85. Calculate monthly emissions for each RCTO or RCTO system used during the reporting year.

RCTOs CO and SO2

85.a. Calculate monthly emissions of: CO and SO_2 as follows:

Monthly emissions = Monthly natural gas usage rate x EF x appropriate unit conversions, where EF means the pollutant-specific emission factor in the detail sheets, or an approved updated emission factor.

RCTOs NOx

85.b. Calculate monthly emissions of NOx from each RCTO or RCTO system, using Option 1 or Option 2 as appropriate:

Option 1, for use with RCTOs that **do not discharg**e to a NOx abatement system

85.b.i. Monthly emissions = Monthly natural gas usage rate x EF x appropriate unit conversions), where
EF means the pollutant-specific emission factor in the detail sheets, or an approved updated emission factor.

Option 2, for use with RCTOs that **do discharge** to a NOx abatement system

85.b.ii. Monthly emissions = [(Monthly natural gas usage rate x abated EF x NOx abatement uptime x appropriate unit conversions)

Plus
(Monthly natural gas usage rate x unabated EF x (1- NOx abatement uptime) x appropriate unit conversions)],
where
EF means the pollutant-specific emission factor in the detail sheets, or approved updated emission factor; and
NOx abatement uptime for each RCTO or RCTO system is calculated as:
(time each month that the RCTO or RCTO system is connected to the associated NOx abatement system and the NOx abatement system is operating) divided by (total time each month that the RCTO or RCTO system is online and receiving process exhaust).

RCTOs VOC

85.c. Calculate monthly emissions of VOC from each RCTO or RCTO system, using Option 1 or Option 2.

Option 1

85.c.i. Monthly emissions = The sum of the following for all VOCs used in production processes that exhaust to RCTOs:
The total monthly amount of each VOC and VOC precursor used x EF x (1-DRE for the RCTO or RCTO system) x appropriate unit conversions,
where
DRE is the destruction and removal efficiency of the RCTO or RCTO system as determined by the most recent source test, and
EF means the emission factor approved by DEQ.

Option 2

85.c.ii. Monthly emissions = Monthly production rate x EF x appropriate unit conversions, where EF means the emission factor based on source testing and approved by DEQ.

85.c.iii. Only one calculation option may be used in any month, and the selected option must be used for the entire month.
85.c.iii.1. Upon issuance of this permit, the permittee may select which option will be used. Thereafter, the permittee may change options at any time provided that DEQ approves the change.
85.c.iii.2. A request to change options must be submitted in writing, and must include the reason for the requested change.
85.c.iii.3. The permittee may not implement the change until DEQ approves the change.

RCTOs VOHAPs (volatile organic HAPs)

85.d. Calculate monthly emissions of VOHAPs from each RCTO or RCTO system, using Option 1 or Option 2.

Option 1

85.d.i. Monthly emissions = The sum of the following for all VOHAPs used in production processes that exhaust to RCTOs:
The total monthly amount of each VOHAP or VOHAP precursor used x EF x (1-DRE for the RCTO or RCTO system) x appropriate unit conversions, where DRE is the destruction and removal efficiency of the RCTO or RCTO system as determined by the most recent source test, and EF means the VOHAP-specific emission factor approved by DEQ.

Option 2

85.d.ii. Monthly emissions = Monthly production rate x EF x appropriate unit conversions, where EF means the VOHAP-specific emission factor based on source testing and approved by DEQ.

85.d.iii. Only one calculation option for each individual VOHAP may be used in any month, and the selected option must be used for the entire month.

85.d.iii.1. Upon issuance of this permit, the permittee may select which option will be used. Thereafter, the permittee may change options at any time provided that DEQ approves the change.

85.d.iii.2. A request to change options must be submitted in writing, and must include the reason for the requested change.

85.d.iii.3. The permittee may not implement the change until DEQ approves the change.

RCTOs Combustion HAPs

85.e. Calculate monthly emissions of combustion HAPs as specified in condition 86.f.iii.

RCTOs PM, PM_{10} and $PM_{2.5}$

85.f. Calculate monthly emissions of PM, PM_{10} and $PM_{2.5}$ as follows:

Process Emissions

85.f.i. Monthly emissions = Monthly chemical usage rate x EF x appropriate unit conversions x [1-(RE x Monthly WESP operating uptime percentage)], where: EF means the emission factor used in the Detail Sheets for EU-RCTOs or as approved by DEQ, and RE means the WESP removal efficiency as established in condition 86.g.

Natural Gas Combustion Emissions

85.f.ii. Calculate monthly emissions of PM, PM_{10} and $PM_{2.5}$ from natural gas combustion in RCTOs.

85.f.iii. Monthly emissions = Monthly natural gas usage x EF x appropriate unit conversions, where EF means the pollutant-specific emission factor used in the Detail Sheets for EU-RCTOs, or as approved by DEQ.

Total Emissions of PM, PM_{10} and $PM_{2.5}$

85.f.iv. Calculate total monthly emissions of PM, PM_{10} and $PM_{2.5}$ from each RCTO or RCTO system by summing the Process Emissions and Natural Gas Combustion Emissions for PM, PM_{10} and $PM_{2.5}$, as appropriate.

RCTO with WESP

85.g. The permittee may utilize an 83% removal efficiency during any time the RCTO WESPs shown below, or any identical RCTO WESPs, are operated with 15-minute block average voltages that are at or above the levels specified in condition 38. The permittee may conduct particulate source testing in accordance with a DEQ approved source test plan, of RCTO WESP to establish a different removal efficiency, as approved in writing by DEQ, for purposes of emissions calculations.

RCTO ID	WESP ID	Manufacturer
D1XM1-VOC138-5-20	D1X-WSP138-5-20	Beltran
D1XM1-VOC138-6-20	D1X-WSP138-6-20	Beltran
D1XM1-VOC138-7-20	D1X-WSP138-7-20	Beltran

85.h. If future RCTO WESPs are installed and are not identical to those listed in condition 86.g, the permittee may use manufacturer removal efficiency guarantee or conduct representative testing (at least one WESP for the group of identical WESPs) within 60 days of reaching maximum design capacity, but no later than the end of the calendar year following the calendar year of installation after the WESP becomes operational to establish and utilize a higher removal efficiency. Prior to Department approval of the new removal efficiency, the permittee must employ the most current removal efficiency for the applicable WESPs.

RCTOs GHG

85.i. Calculate GHG emissions as specified in condition 89.

85.j. Calculate the rolling 12-month emissions by summing the emissions for the most recent month with the emissions for the preceding 11 months.

85.k. Recordkeeping Requirement Keep monthly records of the following:

85.k.i. Which VOC reporting option was used;

85.k.ii. Natural gas usage;

85.k.iii. Production rate;

85.k.iv. Identification and amount of each VOC used;

85.k.v. Emissions of CO, NOx, SO_2, VOC, PM, PM_{10} and $PM_{2.5}$.

UNCONTROLLED VOC

86. Calculate monthly emissions of uncontrolled VOC, where uncontrolled VOC means VOC usage that is not routed to a VOC or wet scrubber abatement system.

86.a. Monthly emissions = The sum of the following for all VOCs used in production processes that do not exhaust to a VOC abatement device:
(The total monthly amount of each VOC used minus any of that VOC that is shipped offsite) x EF x appropriate unit conversions, where EF means the VOC-specific emission factor approved by DEQ.

86.b. Calculate the rolling 12-month emissions by summing the emissions for the most recent month with the emissions for the preceding 11 months.

86.c. **Recordkeeping Requirement** Keep monthly records of the following:

86.c.i. The identification and amount of each uncontrolled VOC used;

86.c.ii. The following information for any VOC shipped offsite, when applicable for that month:

86.c.ii.1. Amount shipped offsite;
86.c.ii.2. How the amount was determined; and
86.c.ii.3. Destination of the VOC shipped offsite; and

86.c.iii. The identification and amount of each uncontrolled VOC emitted, taking into account any VOC shipped offsite.

EU-Other

87. Calculate monthly emissions from Lime Silos and Specialty Exhaust as:

87.a. Lime Silo Emissions

87.a.i. Monthly PM emissions = (0.44 tons per year)/12.

87.a.ii. Monthly PM_{10} emissions = (0.44 tons per year)/12.

87.a.iii. Monthly $PM_{2.5}$ emissions = (0.44 tons per year)/12.

87.a.iv. If the permittee makes changes that alter the Lime silo emissions, DEQ may approve revised emissions estimates, and the permittee may use the revised emissions estimates upon approval by DEQ.

87.b. Specialty Exhaust Emissions

For the purpose of this permit only, it is not necessary to monitor or report emissions from this EU because emissions of arsine and arsenic are less than 0.0001 ton per year and will not materially affect emissions reporting results.

GREENHOUSE GAS CALCULATION PROCEDURE

88. The following procedure must be used to calculate GHG emissions:

88.a. Not later than March 31 of each year, calculate emissions of GHG for the preceding year for each applicable emissions unit using the protocols specified in OAR 340 Division 215;

88.b. For each applicable emissions unit, estimate the monthly GHG emissions for the preceding year by apportioning the annual GHG emissions as follows:

$$\text{GHG estimate for month X} = \text{annual GHG emissions} \times \frac{\text{production parameter value for month X}}{\text{total annual production parameter value}}$$

Where “production parameter” is defined as the parameter that best represents GHG emissions from each applicable emissions unit, such as but not limited to production rate, fuel usage rate, or hours of operation.

88.c. Calculate the rolling 12-month emissions by summing the emissions for each month with the emissions for the preceding 11 months.

88.d. Recordkeeping Requirement **Keep records of the following:**

88.d.i. The annual facility-wide GHG emissions for each applicable emissions unit;

88.d.ii. The estimated monthly GHG emissions for each emissions unit;

88.d.iii. The rolling 12-month facility total GHG emissions, using the estimated monthly GHG emissions.

89. Calculate the facility-wide monthly and rolling 12-month facility-wide emissions of PM, PM_{10}, $PM_{2.5}$, NOx, CO, VOC, GHG and Fluorides by summing the monthly and rolling 12-month emissions calculated in conditions 80 through 89.

89.a. Recordkeeping Requirement **Keep monthly records of the following:**

89.a.i. Monthly facility-wide emissions of PM, PM_{10}, $PM_{2.5}$, NOx, CO, VOC, GHG and Fluorides;

89.a.ii. Rolling 12-month facility-wide emissions of PM, PM_{10}, $PM_{2.5}$, NOx, CO, VOC, GHG and Fluorides; and

89.a.iii. Rolling 12-month facility-wide emissions of individual HAPs over 0.1 tpy and total HAPs.

TESTING REQUIREMENTS

90. **Monitoring Requirement** Unless otherwise specified in this permit, the permittee must conduct all testing in accordance with DEQ's Source Sampling Manual. [OAR 340-212-0120]

90.a. Unless otherwise specified in this permit or by a state or federal regulation, the permittee must submit a source test plan to DEQ at least 30 days prior to the date of the test. The test plan must be prepared in accordance with the Source Sampling Manual and address any planned variations or alternatives to prescribed test methods. A test method modification/variance or substitution of an alternative test method must be pre-approved by DEQ. The permittee should be aware that if significant variations are requested, it may require more than 30 days for DEQ to grant approval and may require EPA approval in addition to approval by DEQ.

90.b. Only regular operating staff may adjust the processes or emission control device parameters during a compliance source test and within two (2) hours prior to the tests. Any operating adjustments made during a compliance source test, which are a result of consultation during the tests with source testing personnel, equipment vendors, or consultants, may render the source test invalid.

90.c. Unless otherwise specified by permit condition or DEQ approved source test plan, all compliance source tests must be performed as follows:

90.c.i. At least 90% of the design capacity for new or modified equipment;

90.c.ii. At least 90% of the maximum operating rate for existing equipment; or

90.c.iii. At 90 to 110% of the normal maximum operating rate for existing equipment.

90.c.iv. For purposes of this permit, the normal maximum operating rate is defined as the 90th percentile of the average hourly operating rates during a 12 month period immediately preceding the source test. Data supporting the normal maximum operating rate must be included with the source test report.

90.d. Each source test must consist of at least three (3) test runs and the emissions results must be reported as the arithmetic average of all valid test runs unless an alternative method is included and approved in

the stack test. If for reasons beyond the control of the permittee a test run is invalid, DEQ may accept two (2) test runs for demonstrating compliance with the emission limit or standard.

90.e. Source test reports prepared in accordance with DEQ's Source Sampling Manual must be submitted to DEQ within 60 days of completing any required source test, unless a different time period is approved in the source test plan submitted prior to the source test.

Tested Pollutant	Reference Test Method(1)
NO_X	EPA Method 7E or EPA Method 320 / ASTM D6348-12
CO	EPA Method 10 or EPA Method 320 / ASTM D6348-12
VOC	EPA Method 25A
HF	EPA Method 26A or EPA Method 320 / ASTM D6348-12
HCl	EPA Method 26A or EPA Method 320 / ASTM D6348-12
Fluorides	EPA Method 13B
Opacity	EPA Method 9

Note (1) - Substitution of alternative test method(s) must be pre-approved by DEQ.

MONITORING REQUIREMENTS

The monitoring conditions in this section are based on OAR 340-218-0050(3)(a); unless otherwise specified.

General Monitoring Requirements

91. The permittee must not knowingly render inaccurate any required monitoring device or method. [OAR 340-218-0050(3)(a)(E)]

92. Permittee must use the same methods to determine compliance as those used to determine actual emissions for fee purposes and can be no less rigorous than the requirements of OAR 340-218-0080. [OAR 340-218-0050(3)(a)(F)]

93. Monitoring requirements must commence on the date of permit issuance unless otherwise specified in the permit or an applicable requirement. [OAR 340-218-0050(3)(a)(G)]

RECORDKEEPING REQUIREMENTS

The recordkeeping conditions in this section are based on OAR 340-218-0050(3)(b); unless otherwise specified.

GENERAL RECORDKEEPING REQUIREMENTS

94. The permittee must maintain the following general records of testing required by this permit: [OAR 340-218-0050(3)(b)(A)]

94.a. the date, place as defined in the permit, and time of sampling or measurements;

94.b. the date(s) analyses were performed;

94.c. the company or entity that performed the analyses;

94.d. the analytical techniques or methods used;

94.e. the results of such analyses;

94.f. the operating conditions as existing at the time of sampling or measurement; and

94.g. the records of quality assurance for continuous monitoring systems (including but not limited to quality control activities, audits, calibration drift checks).

95. Unless otherwise specified by permit condition, the permittee must make every effort to maintain 100 percent of the records required by the permit. If information is not obtained or recorded for legitimate reasons (e.g., the monitor or data acquisition system malfunctions due to a power outage), the missing record(s) shall not be considered a permit deviation provided the amount of data lost does not exceed 10% of the averaging periods in a reporting period or 10% of the total operating hours in a reporting period, if no averaging time is specified. Upon discovering that a required record is missing, the permittee must document the reason for the missing record. In addition, any missing record that can be recovered from other available information shall not be considered a missing record. [340-212-0160, OAR 340-214-0110, and 340-218-0050(3)(b)]

96. Recordkeeping requirements must commence on the date of permit issuance unless otherwise specified in the permit or an applicable requirement. [OAR 340-218-0050(3)(b)(C)]

97. Unless otherwise specified, the permittee must retain records of all required monitoring data and support information for a period of at least five (5) years from the date of the monitoring sample, measurement, report, or application. Support information includes all calibration and maintenance records and all original strip-chart recordings for continuous monitoring instrumentation, and copies of all reports required by the permit. All existing records required by the previous Air Contaminant Discharge Permit must also be retained for five (5) years from the date of the monitoring sample, measurement, report, or application. [OAR 340-218-0050(b)(B)]

GENERAL REPORTING REQUIREMENTS

The reporting conditions in this section are based on OAR 340-218-0050(3)(c); unless otherwise specified.

98. **Excess Emissions Reporting** The permittee must report all excess emissions as follows: [OAR 340-214-0300 through 340-214-0360]

98.a. Immediately (not later than 9:00 am on the first business day following the date on which an excess emission occurred-business days are Monday through Friday, excluding holidays observed by DEQ) notify DEQ of an excess emission event by phone, e-mail, or facsimile; and

98.b. Within 15 days of the excess emissions event, submit a written report that contains the following information: [OAR 340-214-0340(1)]

98.b.i. The date and time of the beginning of the excess emissions event and the duration or best estimate of the time until return to normal operation;

98.b.ii. The date and time the owner or operator notified DEQ of the event;

98.b.iii. The equipment involved;

98.b.iv. Whether the event occurred during planned startup, planned shutdown, scheduled maintenance, or as a result of a breakdown, malfunction, or emergency;

98.b.v. Steps taken to mitigate emissions and corrective action taken, including whether the approved procedures for a planned startup, shutdown, or maintenance activity were followed;

98.b.vi. The magnitude and duration of each occurrence of excess emissions during the course of an event and the increase over normal rates or concentrations as determined by continuous

monitoring or best estimate (supported by operating data and calculations);

98.b.vii. The final resolution of the cause of the excess emissions; and

98.b.viii. Where applicable, evidence supporting any claim that emissions in excess of technology-based limits were due to any emergency pursuant to OAR 340-214-0360.

98.c. In the event of any excess emissions which are of a nature that could endanger public health and occur during non-business hours, weekends, or holidays, the permittee must immediately notify DEQ by calling the Oregon Accident Response System (OARs). The current number is 1-800-452-0311.

98.d. If startups, shutdowns, or scheduled maintenance may result in excess emissions, the permittee must submit startup, shutdown, or scheduled maintenance procedures used to minimize excess emissions to DEQ for prior authorization, as required in OAR 340-214-0310 and 340-214-0320. New or modified procedures must be received by DEQ in writing at least 72 hours prior to the first occurrence of the excess emission event. The permittee must abide by the approved procedures and have a copy available at all times.

98.e. The permittee must continue to maintain a log of all excess emissions in accordance with OAR 340-214-0340(3). However, the permittee is not required to submit the detailed log with the semi-annual and annual monitoring reports. The permittee is only required to submit a brief summary listing the date, time, and the affected emissions units for each excess emission that occurred during the reporting period. [OAR 340-218-0050(3)(c)]

99. Permit Deviations Reporting: The permittee must promptly report deviations from permit requirements that do not cause excess emissions, including those attributable to upset conditions, as defined in the permit, the probable cause of such deviations, and any corrective actions or preventive measures taken. "Prompt" means within 15 days of the deviation. Deviations that cause excess emissions, as specified in OAR 340-214-0300 through 340-214-0360 must be reported in accordance with Condition 99. [OAR 340-218-0050(3)(c)(B)]

100. The permittee must submit any required source test report within 45 days after the source test; unless otherwise approved in the source test plan. [OAR 340-218-0050(3)(c)(C) and 340-212-0120]

101. All required reports must be certified by a responsible official consistent with OAR 340-218-0040(5); [OAR 340-218-0050(3)(c)(D)]

102. Reporting requirements are in effect on the date of permit issuance unless otherwise specified in the permit. [OAR 340-218-0050(3)(c)(E)]

Addresses of regulatory agencies are the following, unless otherwise instructed:

DEQ – Northwest Region Air Quality Permit Coordinator
700 NE Multnomah St., Suite 600
Portland, OR 97232

Phone: (503) 229-5582
nwraqpermits@deq.oregon.gov

DEQ – Air Quality Division
Operations - Northwest Region
700 NE Multnomah St., Suite 600
Portland, OR 97232

Phone: (503) 229-5263
nwraqpermits@deq.oregon.gov

Air Operating Permits
US Environmental Protection Agency
Mail Stop OAQ-108
1200 Sixth Avenue
Seattle, WA 98101

R10_Air_Permits@epa.gov

ANNUAL REPORTS

103. The permittee must report GHG emissions to DEQ as required by OAR 340, Division 215.

104. The permittee must submit three (3) copies of reports required by this condition, completed on forms approved by DEQ. [OAR 340-218-0050(3)(c)(A) and 340-218-0080(6)(d)]]

104.a. < reserved for Title V requirement >;

104.b. The annual report is due on March 31st and must consist of the following:

104.b.i. < reserved for Title V requirement >

104.b.ii. The emission fee report. [OAR 340-220-0100]

104.b.iii. A summary of the Excess Emissions and Upset log (per conditions 34.b, 45.c and 86.e). [OAR 340-214-0340]

104.b.iv. The annual certification that the risk management plan is being properly implemented, if applicable (condition 9, OAR 340-244-0230). [OAR 340-218-0080(7)]

104.b.v. The type and amount of fuel combusted.

104.b.vi. The calculated 12-month rolling emission rates for

PM, PM_{10}, $PM_{2.5}$, SO_2,
CO, NOx, VOC, Fluorides,
GHG, combined HAPs and individual HAPs,

for each month of the previous year. Emissions must be calculated using the methods described in the conditions referenced by Condition 79 (PSEL monitoring).

Note: reporting for individual HAPs is only required for pollutants with emission rates of 0.1 or more tons/yr

104.b.vii. A summary of the physical changes, additions, and/or process modifications as well as pollution prevention project(s) performed to offset emission increases associated with these changes/modifications, pre-approved pursuant to Condition 18. In addition, the permittee must identify and summarize any change with an associated emission increase of five (5) or more tons of VOC or one (1) or more tons of any HAP on a yearly basis.

104.b.viii. Summary of complaints relating to air quality received by permittee during the year.

104.b.ix. List major maintenance performed on pollution control equipment.

104.b.x. There are no applicable Subpart Dc specific reporting requirements for affected facilities that are exclusively fired with the fuels listed in Condition 23.b.

104.b.xi. A summary of construction activities during the reporting period, including:

104.b.xi.1. the installation completion date and description of any equipment listed as "planned" in the Detail Sheets;

104.b.xi.2. The installation completion date and description of any pollution control devices approved by DEQ but not listed as "planned" in the Detail Sheets, including the NOx abatement pilot system. Intel will comment on this

104.b.xii. A list of the results of all source tests conducted during the reporting period.

105. < reserved for Title V requirement >

106. < reserved for Title V requirement >

NON-APPLICABLE REQUIREMENTS

107. State and Federal air quality requirements (e.g., rules and regulations) currently determined not applicable to the permittee are listed below along with the reason for the non-applicability: [OAR 340-218-0110]

Applicable Requirement	Reason Code
OAR Chapter 340:	
Division 202	
all rules	**i**
Division 206	
0040	**i**
0050	**c**
0060	**i**
0070	**i**
Division 208	
0570	**e**
Division 210:	
0100-0120	**b**
Division 214:	
0210-0220	**c**
Division 218:	
0050(4)	**b**
0050(8)	**h**
0090	**b**
0100	**b**
Division 222	
0042	**c**
Division 226:	
0400	**h**
Division 228:	
0100	**f**
0120	**f**
0200	**e**
0300	**b**
0400-0639	**b**
Appendix A	**b**
Division 230:	
all rules	**e**
Division 232:	
0050	**e**
0080-0230	**b**
Division 234:	
all rules	**b**
Division 236:	
all rules	**b**
Division 238:	
0080	**e**
0090	**i**
0100	**e**
Division 240:	
all rules	**d**
Division 242:	
0500-0520	**e**
0600-0630	**b**
Division 244:	
0232-0252	**e**
Division 250	
all rules	**i,k**
Division 252	
all rules	**b,k**
Division 256:	
0130	**b**
0140	**b**
0200-0470	**b**
Division 258:	**b**
0120 through 0310	**b**
0400	**b**
Division 260:	
0030	**b**
Division 262	
all rules	**b**
Division 264	
0100-0120	**d**
0140-0170	**d**
Division 266	
all rules	**b,h**
40 CFR:	
Part 55	**b**
Part 57	**b**
Part 60, except subparts A, Dc, IIII and appendices	**b**
Part 61, except subpart A, M, and appendices	**b**
Part 63, except subparts A, ZZZZ, WWWWWW and appendices	**b**
Part 72 through 76	**b**
Part77	**b**
Part78	**b**
Part 82, except subpart F and appendices	**b**
Part 85 through 89	**b**

	Reason Codes Definitions from Review Report Tables:
a	This pollutant is not emitted by the facility
b	The facility is not in this source category
c	The facility is not in a special control/nonattainment area
d	The facility is not in this county
e	The facility does not have this emissions unit
f	The facility does not use this fuel type
g	The rule does not apply because no changes have been made at the facility that would trigger these procedural requirements
h	This method/procedure is not used by the facility
i	This rule applies only to DEQ and regional authorities
j	There are no emissions units with add-on control devices or the pre-controlled potential emissions are less than 100 tons per year or the emissions units with add-on control devices and pre-controlled emissions greater than 100 tons per year are subject to emissions standards promulgated after November of 1990
k	Other

ACDP ADMINISTRATIVE REQUIREMENTS

Permit Renewal	The completed application package for a Title V permit is due not more than 120 days after the issuance date of this permit. Two (2) copies of the application must be submitted to the DEQ Permit Coordinator.
Permit Modification	Application for a modification of this permit must be submitted not less than 60 days prior to the source modification. A special activity fee must be submitted with an application for the permit modification. The fees and two (2) copies of the application must be submitted to the Business Office of the Department.
Permit Coordinator Address	All reports, notices, and applications (without associated fees) should be directed to the Permit Coordinator of the Department's Northwest Regional Office. The address is as follows:
	DEQ – Northwest Region Air Quality Permit Coordinator 700 NE Multnomah Street, Suite: 600 Portland, OR 97232 Phone: (503) 229-5582 nwraqpermits@deq.oregon.gov
Department Contacts - Internet	Information about air quality permits and the Department's regulations may be obtained from the DEQ web page at www.deq.state.or.us.
Department Contacts - General	All inquiries about this permit should be directed to the Department's Northwest Regional Office. The address and phone number are as follows:
	DEQ – Northwest Region Air Quality Permit Program 700 NE Multnomah Street, Suite: 600 Portland, OR 97232 Phone: (503) 229-5582 nwraqpermits@deq.oregon.gov

ACDP FEES

Annual Compliance Fee	There is no annual compliance fee for this permit. The permittee must pay Title V fees under OAR 340 Division 220.
Change of Ownership or Company Name Fee	The non-technical permit modification fee specified in OAR 340-216-0020, Table 2, Part 3(a) is due with an application for changing the ownership or the name of the company.
Special Activity Fees	The special activity fees specified in OAR 340-216-0020, Table 2, Part 3 (b through i) are due with an application to modify the permit.
Where to Submit Fees	Fees and any associated permit modification application must be submitted to: Department of Environmental Quality DEQ-Financial Services/Business Office 700 NE Multnomah Street, Suite: 600 Portland OR 97232-410 Phone: (503) 229-5656

ACDP GENERAL CONDITIONS AND DISCLAIMERS

Permitted Activities	This permit allows the permittee to discharge air contaminants from processes and activities related to the air contaminant source(s) listed on the first page of this permit until this permit expires, is modified, or is revoked.
Other Regulations	In addition to the specific requirements listed in this permit, the permittee must comply with all other legal requirements enforceable by the Department.
Conflicting Conditions	In any instance in which there is an apparent conflict relative to conditions in this permit, the most stringent conditions apply.
Masking of Emissions	The permittee must not cause or permit the installation of any device or use any means designed to mask the emissions of an air contaminant that causes or is likely to cause detriment to health, safety, or welfare of any person or otherwise violate any other regulation or requirement.
Department Access	The permittee must allow the Department's representatives access to the plant site and pertinent records at all reasonable times for the purposes of performing inspections, surveys, collecting samples, obtaining data, reviewing and copying air contaminant emissions discharge records and conducting all necessary functions related to this permit in accordance with ORS 468-095.
Permit Availability	The permittee must have a copy of the permit available at the facility (one at each campus) at all times.
Open Burning	The permittee may not conduct any open burning except as allowed by OAR 340 Division 264.
Asbestos	The permittee must comply with the asbestos abatement requirements in OAR 340, Division 248 when conducting any demolition, renovation, repair, construction, and maintenance activities at the facility.
Property Rights	The issuance of this permit does not convey any property rights in either real or personal property, or any exclusive privileges, nor does it authorize any injury to private property or any invasion of personal rights, nor any infringement of federal, state, or local laws or regulations.
Termination, Revocation, or Modification	The Commission may modify or revoke this permit pursuant to OAR 340-216-0060(3) and (4).

ALL GENERAL AIR QUALITY PERMITTING INQUIRIES SHOULD BE DIRECTED TO:

DEQ – Northwest Region Air Quality Permit Program
700 NE Multnomah Street, Ste. 600
Portland, OR 97232

Phone: (503) 229-5582
nwraqpermits@deq.oregon.gov

Attachment 10: Emission Inventory

Attachment 10 is included as separate files
Intel is submitting two versions of the Emission Inventory
one Non-CBI and the other one which contains
Confidential Business Information and cannot be shared
with the public