



Part B, Section 1, SCAQMD BACT Determination

Source Type: **Major/LAER**
 Application No.: **560283, 560285**
 Equipment Category: **Furnace, Heating**
 Equipment Subcategory: **Aluminum, ≤ 900°F**
 Date: **September 15, 2016**

1. EQUIPMENT INFORMATION

A. MANUFACTURER: Custom		B. MODEL: Aluminum	
C. DESCRIPTION: Aluminum forging furnace			
D. FUNCTION: Furnace heats aluminum billets prior and during forging process			
E. SIZE/DIMENSIONS/CAPACITY: 32'-9" x 11'-10.5" x 6'-2.5"			
COMBUSTION SOURCES			
F. MAXIMUM HEAT INPUT: 5.0 MMBtu/hr			
G. BURNER INFORMATION			
	TYPE	INDIVIDUAL HEAT INPUT	NUMBER
	ECLIPSE WINNOX	5.0 MMBtu/hr	1
H. PRIMARY FUEL: NATURAL GAS		I. OTHER FUEL: N/A	
J. OPERATING SCHEDULE: Hours 24 Days 7 Weeks 52			
K. EQUIPMENT COST:			
L. EQUIPMENT INFORMATION COMMENTS:			

2. COMPANY INFORMATION

A. COMPANY: Carlton Forge Works		B. FAC ID: 22911	
C. ADDRESS: 7743 E. Adams St. CITY: Paramount STATE: CA ZIP: 90723		D. NAICS CODE: 33211	
E. CONTACT PERSON: Armando Bautista		F. TITLE:	
G. PHONE NO.: (562) 633-1131		H. EMAIL: abautista@cfworks.com	

3. PERMIT INFORMATION

A. AGENCY: SCAQMD	B. APPLICATION TYPE: MODIFICATION
C. SCAQMD ENGINEER: Monica Fernandez-Neild	
D. PERMIT INFORMATION: PC ISSUANCE DATE: 5/27/14 P/O NO.: G42717,-8 PO ISSUANCE DATE: 9/19/2016	
E. START-UP DATE: 8/1/2014	
F. OPERATIONAL TIME: 2+ years	

4. EMISSION INFORMATION

A. BACT EMISSION LIMITS AND AVERAGING TIMES:						
	VOC	NOx	SOx	CO	PM OR PM₁₀	INORGANIC
BACT Limit		30 PPMV	NATURAL GAS			NATURAL GAS
Averaging Time		1 HOUR				
Correction		@ 3% O ₂				
B. OTHER BACT REQUIREMENTS:						
C. BASIS OF THE BACT/LAER DETERMINATION: Achieved in Practice/New Technology						
D. EMISSION INFORMATION COMMENTS: The BACT requirements are based on Part D of the BACT Guidelines. No more stringent, achieved in practice, requirements were found in EPA, CARB, or SCAQMD BACT listings or elsewhere.						

5. CONTROL TECHNOLOGY

A. MANUFACTURER: Eclipse Winnox		B. MODEL: Low NOx	
C. DESCRIPTION: Low NOx burner			
D. SIZE/DIMENSIONS/CAPACITY:			
E. CONTROL EQUIPMENT PERMIT INFORMATION: APPLICATION NO. 560283,-5 PC ISSUANCE DATE: 5/27/14 PO NO.: G42717, -8 PO ISSUANCE DATE: 9/9/2016			
F. REQUIRED CONTROL EFFICIENCIES: Minimum efficiencies of the system control equipment as required by permit, or the most stringent rule requirement. The control or destruction efficiency is determined across the control device (e.g. inlet-outlet). Collection or capture efficiency is based at each point of contaminant collection in the system. Enter each contaminant that applies. Add rows as needed.			
CONTAMINANT	OVERALL CONTROL EFFICIENCY	CONTROL DEVICE EFFICIENCY	COLLECTION EFFICIENCY
VOC	___%	___%	___%
NOx	___%	___%	___%
SOx	___%	___%	___%
CO	___%	___%	___%
PM	___%	___%	___%
PM ₁₀	___%	___%	___%
INORGANIC	___%	___%	___%
G. CONTROL TECHNOLOGY COMMENTS Enter comments for additional information regarding Control Technology.			

6. DEMONSTRATION OF COMPLIANCE

A. COMPLIANCE DEMONSTRATED BY: Method 100.1 Source Test
B. DATE(S) OF SOURCE TEST: 10/5/2014 and 10/19/2014
C. COLLECTION EFFICIENCY METHOD: N/A
D. COLLECTION EFFICIENCY PARAMETERS: N/A
E. SOURCE TEST/PERFORMANCE DATA: <10 PPMV NOx @3% O2 for both furnaces, and <143 PPMV CO @3% O2 (CO was measured well below 20% of full scale and was increased to 20% of scale or 40 ppmvd and corrected to 3% O2
F. TEST OPERATING PARAMETERS AND CONDITIONS:
G. TEST METHODS (SPECIFY AGENCY): SCAQMD Method 100.1
H. MONITORING AND TESTING REQUIREMENTS:
I. DEMONSTRATION OF COMPLIANCE COMMENTS:

7. ADDITIONAL SCAQMD REFERENCE DATA

A. BCAT:		B. CCAT:		C. APPLICATION TYPE CODE: 50	
D. RECLAIM FAC? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		E. TITLE V FAC: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		F. SOURCE TEST ID(S):	
G. SCAQMD SOURCE SPECIFIC RULES:					
H. HEALTH RISK FOR PERMIT UNIT					
H1. MICR:		H2. MICR DATE:		H3. CANCER BURDEN:	
H4. CB DATE:		H5. HIA:		H6. HIA DATE:	
H7. HIC:		H8. HIC DATE:			