Part B, Section 1 - SCAQMD BACT Determination

Source Type: **Major/LAER**

Application No.: **504556**

Equipment Category: **I.C. Engine**

Equipment Subcategory: **Emergency Fire Pump, Compression Ignition**

Date: **February 1, 2019**

1. EQUIPMENT INFORMATION

A. MANUFACTURER: Clarke	B. MODEL: JU6H-UFAD58
C. DESCRIPTION: Emergency Fire Pump powered by a compression ignition turbocharged internal combustion engine.	
D. FUNCTION: Fire pump will be used to provide emergency water supply for fire suppression at this site which operates a gasoline, diesel, and jet fuel storage facility.	
E. SIZE/DIMENSIONS/CAPACITY: 183 BHP, four cycle, lean burn, 6 cylinders	
COMBUSTION SOURCES	
F. MAXIMUM HEAT INPUT:	
G. BURNER INFORMATION:	

TYPE	INDIVIDUAL HEAT INPUT	NUMBER
Enter additional burner types, as needed, add extra rows	Rated heat input of single burner, in btu/hr	Number of burners

H. PRIMARY FUEL: DIESEL	I. OTHER FUEL: Supplementary or standby fuels
J. OPERATING SCHEDULE: Hours 24 HRS//DAY 7 DAYS/WEEK 52 WKS/YR	
K. EQUIPMENT COST: Enter sum of all Cost Factors in Table 6 of SCAQMD BACT Guidelines	
L. EQUIPMENT INFORMATION COMMENTS:	

2. COMPANY INFORMATION

A. COMPANY: SFPP. LP	B. FAC ID: 800278
C. ADDRESS: 20410 S. Wilmington Ave. CITY: Carson STATE: CA ZIP: 90810	D. NAICS CODE: 424710
E. CONTACT PERSON: Marty Vice	F. TITLE: Area Manager
G. PHONE NO.: 310-635-1011	H. EMAIL: VICEM@KINDERMORGAN.COM

3. PERMIT INFORMATION

A. AGENCY: SCAQMD	B. APPLICATION TYPE: NEW CONSTRUCTION
C. SCAQMD ENGINEER: Linda Dejbakhsh	
D. PERMIT INFORMATION: PC ISSUANCE DATE: Click here to enter a date. P/O NO.: G10138 PO ISSUANCE DATE: 9/29/2010	
E. START-UP DATE: 5/25/2010	
F. OPERATIONAL TIME: 8 years	

4. EMISSION INFORMATION

A. BACT EMISSION LIMITS AND AVERAGING TIMES: List all criteria contaminant or precursor emission limits, including facility limits, on the permit(s) that affects the equipment. Include units, averaging times and corrections ($\%O_2$, $\%CO_2$, dry, etc). For VOC, values must include if the concentration is reported as methane, hexane or any other compound. VOC mass emissions should include the molecular weight-to-carbon ratio, if applicable.

	VOC	NOX	SOX	CO	PM OR PM_{10}	INORGANIC
BACT Limit		3.0 G/BHP-HR		2.6 G/BHP-HR	0.15 G/BHP-HR	
Averaging Time						
Correction		15 % O_2		15 % O_2	15% O_2	

B. OTHER BACT REQUIREMENTS: Tier 3 emission limits. NOx limit is actually NOx + ROG

C. BASIS OF THE BACT/LAER DETERMINATION: Achieved in Practice/New Technology

D. EMISSION INFORMATION COMMENTS: Enter any additional comments regarding Emissions Information.

5. CONTROL TECHNOLOGY

A. MANUFACTURER: Manufacturer of the equipment	B. MODEL:

C. DESCRIPTION

D. SIZE/DIMENSIONS/CAPACITY: An appropriate size parameter such as rated heat input, usable volume, rated filter efficiency, and/or one more characteristic dimensions.

E. CONTROL EQUIPMENT PERMIT INFORMATION:

APPLICATION NO. PC ISSUANCE DATE: Click here to enter a date.
PO NO.: PO ISSUANCE DATE: Click here to enter a date.

F. REQUIRED CONTROL EFFICIENCIES: Tier 4 Final standards

CONTAMINANT	OVERALL CONTROL EFFICIENCY	CONTROL DEVICE EFFICIENCY	COLLECTION EFFICIENCY
VOC	___%	___%	___%
NOx	___%	___%	___%
SOx	___%	___%	___%
CO	___%	___%	___%
PM	___%	___%	___%
PM_{10}	___%	___%	___%
INORGANIC	___%	___%	___%

G. CONTROL TECHNOLOGY COMMENTS)

6. DEMONSTRATION OF COMPLIANCE

A. COMPLIANCE DEMONSTRATED BY: Manufacturer's certification to Tier 3 emission standards.

B. DATE(S) OF SOURCE TEST: 11/4/09

C. COLLECTION EFFICIENCY METHOD: N/A

D. COLLECTION EFFICIENCY PARAMETERS: N/A

E. SOURCE TEST/PERFORMANCE DATA: Enter source test results for each criteria contaminant or precursor (mass emissions, concentrations or efficiencies) if they differ from the requirements previously listed. As previously requested in Section 4, identify any corrections or averaging times

F. TEST OPERATING PARAMETERS AND CONDITIONS: List any important operating conditions maintained during the source test or normal operations. Examples include, but may not be limited to, pressure differentials across control devices, feed rates, firing rates, temperatures, flow rates, or other parameters used to evaluate the level of operation of the equipment during the test or operations that may affect emissions from the equipment.

G. TEST METHODS (SPECIFY AGENCY): Identify the primary source test methods used and identify the agency (e.g., CARB Method 425).

H. MONITORING AND TESTING REQUIREMENTS: Include any monitoring or testing requirements and their frequency that will be enforced to maintain emission levels reported for the BACT Determination.
I. DEMONSTRATION OF COMPLIANCE COMMENTS: Enter comments for additional information for Demonstration of Compliance.

7. ADDITIONAL SCAQMD REFERENCE DATA

A. BCAT: 044000	B. CCAT: Click here to enter text.	C. APPLICATION TYPE CODE: 10
D. RECLAIM FAC? YES ☒ NO ☐	E. TITLE V FAC: YES ☒ NO ☐	F. SOURCE TEST ID(S):
G. SCAQMD SOURCE SPECIFIC RULES: Click here to enter text.		
H. HEALTH RISK FOR PERMIT UNIT		

H1. MICR: Click here to enter text.	H2. MICR DATE: Click here to enter a date.	H3. CANCER BURDEN: Click here to enter text.	H4. CB DATE: Click here to enter a date.
H5: HIA: Click here to enter text.	H6. HIA DATE: Click here to enter a date.	H7. HIC: Click here to enter text.	H8. HIC DATE: Click here to enter a date.