



Section I – South Coast AQMD BACT/LAER Determination

Source Type: **Major/LAER**
 Application No.: **585124**
 Equipment Category: **Thermal Fluid Heater**
 Equipment Subcategory: **Natural Gas**
 Date: **February 5, 2021**

1. EQUIPMENT INFORMATION

A. MANUFACTURER: Sigma Thermal	B. MODEL: HC2-6.0-H-SF	
C. DESCRIPTION: Hot oil heater		
D. FUNCTION: Owens Corning Roofing and Asphalt is a manufacturer asphalt roofing shingles and operates a thermal fluid heater circulating hot oil through hollow agitators in a closed mixing vessel to heat limestone filler which is blended with asphalt prior to application on shingles.		
E. SIZE/DIMENSIONS/CAPACITY:		
COMBUSTION SOURCES		
F. MAXIMUM HEAT INPUT: 4.5 MM Btu/hr		
G. BURNER INFORMATION: MAXON M-PAKT, MODEL: MPBD4RSFNNA		
TYPE	INDIVIDUAL HEAT INPUT	NUMBER
Low NOX	4.5 MM Btu/hr	one
Enter additional burner types, as needed, add extra rows		
H. PRIMARY FUEL: Natural Gas	I. OTHER FUEL: N/A	
J. OPERATING SCHEDULE: Hours 24 Days 7 Weeks 52		
K. EQUIPMENT COST: N/A		
L. EQUIPMENT INFORMATION COMMENTS: Exhaust system consisting of one 200 HP exhaust fan.		

2. COMPANY INFORMATION

A. COMPANY: Owens Corning Roofing and Asphalt, LLC	B. FAC ID: 35302
C. ADDRESS: 1501 N. Tamarind Ave. CITY: Compton STATE: CA ZIP: 90222	D. NAICS CODE: 324121
E. CONTACT PERSON: Tim Hellem	F. TITLE: EH&S Leader
G. PHONE NO.: (424) 296-6039	H. EMAIL: tim.hellem@owenscorning.com

3. PERMIT INFORMATION

A. AGENCY: South Coast AQMD	B. APPLICATION TYPE: NEW CONSTRUCTION
C. SCAQMD ENGINEER: Gregory Jacobson	
D. PERMIT INFORMATION: PC ISSUANCE DATE: 12/20/16 P/O NO.: G48769 PO ISSUANCE DATE: 10/17/2017	
E. START-UP DATE: 10/17/2017	
F. OPERATIONAL TIME: 2+ 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 (% O₂, % CO₂, 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		9 ppm		100		
Averaging Time		60 min		60 min		
Correction		3% O ₂ on a dry basis		3% O ₂ on a dry basis		

B. OTHER BACT REQUIREMENTS: Burner emissions only.

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

D. EMISSION INFORMATION COMMENTS:

5. CONTROL TECHNOLOGY

A. MANUFACTURER: Manufacturer of the equipment		B. MODEL: Model name and number	
C. DESCRIPTION:			
D. SIZE/DIMENSIONS/CAPACITY:			
E. CONTROL EQUIPMENT PERMIT INFORMATION: APPLICATION NO. Click here to enter text. PC ISSUANCE DATE: PO NO.: Click here to enter text. PO ISSUANCE DATE: Click here to enter a date.			
F. REQUIRED CONTROL EFFICIENCIES: .			
CONTAMINANT	OVERALL CONTROL EFFICIENCY	CONTROL DEVICE EFFICIENCY	COLLECTION EFFICIENCY
VOC	___%	___%	___%
NO _x	___%	___%	___%
SO _x	___%	___%	___%
CO	___%	___%	___%
PM	___%	___%	___%
PM ₁₀	___%	___%	___%
INORGANIC	___%	___%	___%
G. CONTROL TECHNOLOGY COMMENTS			

6. DEMONSTRATION OF COMPLIANCE

A. COMPLIANCE DEMONSTRATED BY: Source Test (R18252)
B. DATE(S) OF SOURCE TEST: 12/13/17 & 12/15/17
C. COLLECTION EFFICIENCY METHOD: N/A
D. COLLECTION EFFICIENCY PARAMETERS: N/A
E. SOURCE TEST/PERFORMANCE DATA:N/A
F. TEST OPERATING PARAMETERS AND CONDITIONS:.
G. TEST METHODS (SPECIFY AGENCY): N/A
H. MONITORING AND TESTING REQUIREMENTS:
I. DEMONSTRATION OF COMPLIANCE COMMENTS: Enter comments for additional information for Demonstration of Compliance.

7. ADDITIONAL SCAQMD REFERENCE DATA

A. BCAT: 000340	B. CCAT: Click here to enter text.	C. APPLICATION TYPE CODE: 60	
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): R18252	
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.