



## Part B, Section 1, SCAQMD BACT Determination

Source Type: **Major/LAER**  
 Application No.: **499293/551284**  
 Equipment Category: **Food Oven**  
 Equipment Subcategory: **Snack Food**  
 Date: **March 8, 2017**

### 1. EQUIPMENT INFORMATION

A. MANUFACTURER: Maxon		B. MODEL: C1 120-28 RGX (E)	
C. DESCRIPTION: Natural gas-fired food oven to bake corn meal cheese puffs			
D. FUNCTION: Food oven equipped with 1.6 MMBtu/hr burner to bake Frito Lay cheese puffs. The combustion air is recirculated in the oven with a 0.5 HP blower to distribute the heat before exhausting to atmosphere.			
E. SIZE/DIMENSIONS/CAPACITY: Cheese Puff production line capable of frying or baking cheese puffs. Oven is conveyORIZED and equipped with one Maxon low NOx burner.			
<b>COMBUSTION SOURCES</b>			
F. MAXIMUM HEAT INPUT: 1.6 MMBtu/hr			
G. BURNER INFORMATION			
	TYPE	INDIVIDUAL HEAT INPUT	NUMBER
	MAXON CYCLOMAX	1.6 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: Frito-Lay, Inc.		B. FAC ID: 000346	
C. ADDRESS: 9535 Archibald Ave. CITY: Rancho Cucamonga STATE: CA ZIP: 91730		D. NAICS CODE: 311919	
E. CONTACT PERSON: Bob Biasci		F. TITLE: Technical Director	
G. PHONE NO.: (909) 941-6203		H. EMAIL: bob.biacsi@pepsico.com	

### 3. PERMIT INFORMATION

A. AGENCY: SCAQMD	B. APPLICATION TYPE: MODIFICATION
C. SCAQMD ENGINEER: Michael Solis	
D. PERMIT INFORMATION: PC ISSUANCE DATE: 9/15/09 P/O NO.: G4333 PO ISSUANCE DATE: 9/15/2009	
E. START-UP DATE: 4/15/2008	
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<sub>2</sub>, % CO<sub>2</sub>, 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 <sub>10</sub>	INORGANIC
BACT Limit		25 PPMV		75 PPMV		
Averaging Time		1 HOUR		1 HOUR		
Correction		@ 3% O <sub>2</sub>		@ 3% O <sub>2</sub>		

B. OTHER BACT REQUIREMENTS: Method 100.1 Source Test every 5 years pursuant to Permit Condition D28.9

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

D. EMISSION INFORMATION COMMENTS: Emissions guaranteed by manufacturer per application package



I. DEMONSTRATION OF COMPLIANCE COMMENTS:

**7. ADDITIONAL SCAQMD REFERENCE DATA**

A. BCAT: 000255	B. CCAT: <a href="#">Click here to enter text.</a>	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): PR09058	
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: