



SCAQMD BACT Determination

Source Type: Major/LAER
 Application No.: 516708
 Equipment Category: I.C. Engine - Emergency, Compression Ignition
 Equipment Subcategory: PM Filter
 Date: **December 10, 2015**

1. EQUIPMENT INFORMATION

A. MANUFACTURER: Cummins		B. MODEL: QSK50-g4	
C. DESCRIPTION: Diesel fuel, 16 cylinders, turbocharged and aftercooled,			
D. FUNCTION: Drives an emergency electricity generator			
E. SIZE/DIMENSIONS/CAPACITY: 2220 BHP			
COMBUSTION SOURCES			
F. MAXIMUM HEAT INPUT: Gross heat input in btu per hour at the higher heating value of the fuel			
G. BURNER INFORMATION			
TYPE		INDIVIDUAL HEAT INPUT	NUMBER
Make and model of burner		Rated heat input of single burner, in btu/hr	Number of burners
Enter additional burner types, as needed, add extra rows			
H. PRIMARY FUEL: DIESEL		I. OTHER FUEL: Supplementary or standby fuels	
J. OPERATING SCHEDULE: <1 HRS/DAY 1 DAYS/WEEK 26 WKS/YR			
K. EQUIPMENT INFORMATION COMMENTS: Diesel particulate filter installed			

2. COMPANY INFORMATION

A. COMPANY: Los Angeles County Sheriff's Department		B. FAC ID: 068181	
C. ADDRESS: 28380 The Old Road CITY: Saugus STATE: CA ZIP: 91350		D. NAICS CODE: 92214	
E. CONTACT PERSON: Daniel Maloney		F. TITLE: Crafts Operations Manager	
G. PHONE NO.: 661-295-8025		H. EMAIL: E-mail address of contact person	

3. PERMIT INFORMATION

A. AGENCY: SCAQMD	B. APPLICATION TYPE: NEW CONSTRUCTION
C. SCAQMD ENGINEER: Roy Olivares	
D. PERMIT INFORMATION: PC ISSUANCE DATE: 11/15/11 P/O NO.:G15795 PO ISSUANCE DATE: 11/15/2011	
E. START-UP DATE: 11/15/2011	
F. OPERATIONAL TIME: Intermittent--for engine readiness test. Limited to 200 hrs/year which includes no more than 50 hours/year and 4.2 hour/month for maintenance and testing.	

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+VOC	SOx	CO	PM OR PM₁₀	INORGANIC
BACT Limit		4.8 g/bhp-hr		2.6 g/bhp-hr	0.15 g/bhp-hr	
Averaging Time						
Correction						
B. OTHER BACT REQUIREMENTS: The filter was required to reduce toxic risk from diesel particulate emissions, but also reduces PM10, VOC and CO.						
C. BASIS OF THE BACT/LAER DETERMINATION: Achieved in Practice						
D. EMISSION INFORMATION COMMENTS: Compliance with rule 404 and Rule 1470. Engine meets applicable Tier 2 BACT limits. The values in Part A are EPA certification standards based on EPA certification test methods.						

5. CONTROL TECHNOLOGY

A. MANUFACTURER: Johnson Matthey		B. MODEL: CRT(+) ¹² -C-BIEO-CS-24-RT	
C. DESCRIPTION: Diesel Particulate Filter with CRTDM diagnostic module, data logging and alarm system to automatically shut down engine or switch it to power de-rating when backpressure exceeds setting specified by manufacturer. CARB certified.			
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. Click here to enter text. PC ISSUANCE DATE: Click here to enter a date. PO NO.: Click here to enter text. PO ISSUANCE DATE: Click here to enter a date.			
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	___%	___%	___%
NO _x	___%	___%	___%
SO _x	___%	___%	___%
CO	___%	___%	___%
PM	___%	85%	___%
PM ₁₀	___%	___%	___%
Inorganic	___%	___%	___%
G. CONTROL TECHNOLOGY COMMENTS Permit condition to regenerate PM filter whenever warning signal is received from alarm system. For regeneration run engine until exhaust temp exceeds 464 Deg. F and normal backpressure reading. Engine exhaust temp at inlet to PM filter ≥ 464 Deg. F except during cold engine start-up.			

6. DEMONSTRATION OF COMPLIANCE

A. COMPLIANCE DEMONSTRATED BY: Certified Tier 2 engine with CARB verified DPF.
B. DATE(S) OF SOURCE TEST: Not applicable
C. COLLECTION EFFICIENCY METHOD: The method used to determine collection efficiency of the system (e.g., EPA Method 204, mass balance), if applicable. A brief description of the collection efficiency test may be included if there is no applicable method (e.g., OVA measurements, smoke tests)
D. COLLECTION EFFICIENCY PARAMETERS: The quantitative parameters used to verify the method or procedures in Section 6(C). Examples include static pressure measurements, anemometer measurements, and mass balance results.
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): EPA Nonroad Engine Certification Test Methods
H. MONITORING AND TESTING REQUIREMENTS: Every six months inspect integrity of PM filter and if necessary replace 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: 43902	B. CCAT: Click here to enter text.	C. APPLICATION TYPE CODE: 10	
D. RECLAIM FAC? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	E. TITLE V FAC: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	F. SOURCE TEST ID(S): N/A	
G. SCAQMD SOURCE SPECIFIC RULES: 1470, 431.2			
H. HEALTH RISK FOR PERMIT UNIT:			
H1. MICR: 6.3x10-8	H2. MICR DATE: 6/23/11	H3. CANCER BURDEN: 1.06x10-2	H4. CB DATE: 6/23/11
H5: HIA: N/A	H6. HIA DATE: Click here to enter a date.	H7. HIC: 3.95x10-5	H8. HIC DATE: 6/23/11