



## Part B, Section 1 - SCAQMD BACT Determination

Source Type: **Major/LAER**  
 Application No.: **535483, 535485, 544857 & 544859**  
 Equipment Category: **Storage Tank**  
 Equipment Subcategory: **External Floating Roof**  
 Date: **February 1, 2019**

### 1. EQUIPMENT INFORMATION

A. MANUFACTURER: Custom		B. MODEL: Custom	
C. DESCRIPTION: Domed external floating roof, welded shell, Nos. 15, 2625, 2640 & 2643			
D. FUNCTION: Phillips 66 Company is a refinery which owns and operates external floating roof storage tanks for crude oil, gas oil, mixed naphtha and wastewater storage.			
E. SIZE/DIMENSIONS/CAPACITY: A/N 535483: 117' Dia. x 40' H., 79,000 BBL (3,318,000 Gal.) Mixed Naphtha A/N 535485: 165' Dia. x 48' H., 165,252 BBL (6,940,584 Gal.) Gas Oil A/N 544857: 260' Dia. x 65' H., 615,000 BBL (25,830,000 Gal.) Crude Oil A/N 544859: 44' Dia. x 51' H., 14,000 BBL (588,000 Gal.) Wastewater			
<b>COMBUSTION SOURCES</b>			
F. MAXIMUM HEAT INPUT: N/A			
G. BURNER INFORMATION			
TYPE		INDIVIDUAL HEAT INPUT	
N/A		Number of burners	
H. PRIMARY FUEL: N/A		I. OTHER FUEL: N/A	
J. OPERATING SCHEDULE: Hours 24 Days 7 Weeks 52			
K. EQUIPMENT COST:			
L. EQUIPMENT INFORMATION COMMENTS: Storage tanks are equipped with geodesic dome cover, double-deck floating roof, category A metallic shoe primary seal, category A rim-mounted secondary seal and guide pole gasketed sliding cover with wiper unslotted.			

### 2. COMPANY INFORMATION

A. COMPANY: Phillips 66 Company		B. FAC ID: 171109	
C. ADDRESS: 1520 E. Sepulveda Blvd. CITY: Carson STATE: CA ZIP: 90745		D. NAICS CODE: 324110	
E. CONTACT PERSON: Marshall Waller		F. TITLE: Env. Engineer	
G. PHONE NO.: (310) 522-8039		H. EMAIL:	

**3. PERMIT INFORMATION**

A. AGENCY: SCAQMD	B. APPLICATION TYPE: NEW CONSTRUCTION
C. SCAQMD ENGINEER: Thomas Truppi	
D. PERMIT INFORMATION: PC ISSUANCE DATE: 8/30/13 P/O NO.: G17750, G17751, G51127 & G51128 PO ISSUANCE DATE: 3/15/2018	
E. START-UP DATE: 4/4/2016	
F. OPERATIONAL TIME: 2+ years	

**4. EMISSION INFORMATION**

A. BACT EMISSION LIMITS AND AVERAGING TIMES:						
	<b>VOC</b>	<b>NOx</b>	<b>SOx</b>	<b>CO</b>	<b>PM OR PM<sub>10</sub></b>	<b>INORGANIC</b>
BACT Limit						
Averaging Time						
Correction						
B. OTHER BACT REQUIREMENTS:						
C. BASIS OF THE BACT/LAER DETERMINATION: Achieved in Practice/New Technology						
D. EMISSION INFORMATION COMMENTS:						

## 5. CONTROL TECHNOLOGY

A. MANUFACTURER: Custom		B. MODEL: Custom	
C. DESCRIPTION: Use of Geodesic Dome Cover, Floating Roof Pontoon (Double Deck), Primary Seal with Category A Metallic Shoe, Secondary Seal with Category A wiper type, and Guidepole with gasketed sliding cover with wiper unslotted.			
D. SIZE/DIMENSIONS/CAPACITY: N/A			
E. CONTROL EQUIPMENT PERMIT INFORMATION: APPLICATION NO. same PC ISSUANCE DATE: same PO NO.:same PO ISSUANCE DATE: same			
F. REQUIRED CONTROL EFFICIENCIES: .			
CONTAMINANT	OVERALL CONTROL EFFICIENCY	CONTROL DEVICE EFFICIENCY	COLLECTION EFFICIENCY
VOC	___%	___%	___%
NOx	___%	___%	___%
SOx	___%	___%	___%
CO	___%	___%	___%
PM	___%	___%	___%
PM <sub>10</sub>	___%	___%	___%
INORGANIC	___%	___%	___%
G. CONTROL TECHNOLOGY COMMENTS			

## 6. DEMONSTRATION OF COMPLIANCE

A. COMPLIANCE DEMONSTRATED BY: Maintenance, Inspection and Recordkeeping
B. DATE(S) OF SOURCE TEST: An appropriate size parameter such as rated product throughput, usable volume, and/or one more characteristic dimensions.
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: N/A
G. TEST METHODS (SPECIFY AGENCY): N/A
H. MONITORING AND TESTING REQUIREMENTS: Monitoring monthly throughput permitted limit. This requirement is included for information only; it is not related to the dome cover BACT requirement.
I. DEMONSTRATION OF COMPLIANCE COMMENTS: Enter comments for additional information for Demonstration of Compliance.

**7. ADDITIONAL SCAQMD REFERENCE DATA**

A. BCAT: 248919	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): N/A	
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.