

# SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

## Title V Permit Summary

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| AQMD Facility ID: 69598                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Company Name: Delgado Brothers Co. |                                                                                                                                                                                                                                                                                                    |                                     |
| Equipment Location: 611-647 East 59 <sup>th</sup> Street, Los Angeles, CA 90001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                                                                                                                                                                                                                                                                                    | SIC Code: 2499                      |
| Permit Revision #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Revision Date:                     | Facility Permit Section(s) Affected:                                                                                                                                                                                                                                                               |                                     |
| Application #(s): 505373                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    | Application Submittal Date(s): 01/14/2010                                                                                                                                                                                                                                                          |                                     |
| AQMD Contact Person: Hamed Mandilawi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    | Phone #: (909) 396-3275                                                                                                                                                                                                                                                                            | E-Mail Address: hmandilawi@aqmd.gov |
| Project Description: This is an existing facility applying for a Title V permit renewal that is engaged in the business of picture frame manufacturing. The facility operates six spray machines, two spray booths, three ovens, and other supporting equipment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                                                                                                                                                                                                                                                                                    |                                     |
| Permit Type: <input type="checkbox"/> Initial Title V Permit <input type="checkbox"/> Significant Revision<br><input checked="" type="checkbox"/> Permit Renewal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                                                                                                                                                                                                                                                                                    |                                     |
| Permit Features: <input checked="" type="checkbox"/> Federally Enforceable Emission Cap For Exemption From Certain NESHAP Requirements <input type="checkbox"/> Permit Shield Applies<br><input type="checkbox"/> Permit Contains Conditions Allowing Emission Trading <input type="checkbox"/> Alternative Operating Scenario<br><input type="checkbox"/> Permit Streamlines Overlapping or Outdated Requirements <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Source Out of Compliance With Applicable Requirements and/or Operating Under a Variance                                                                                                                                                                                                                                                       |                                    |                                                                                                                                                                                                                                                                                                    |                                     |
| Toxic Air Contaminant Emissions (TAC) - Annual Reported Emissions for Reporting Year: 2009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    | <input checked="" type="checkbox"/> No TACs Reported<br><input type="checkbox"/> <u>The Following TACs Were Reported:</u> <span style="float: right;"><u>Emissions (lbs/yr):</u></span>                                                                                                            |                                     |
| Health Risk From Toxic Air Contaminants: <input type="checkbox"/> Health Risk Reduction Plan in Force (AQMD Rule 1402) (date): _____<br><input type="checkbox"/> Health Risk Assessment Required for this Permit Action (AQMD Rule 1401)<br><input checked="" type="checkbox"/> Facility is Subject to Review by the Air Toxics Information and Assessment Act (AB2588)<br><input type="checkbox"/> Facility Determined to be Exempt from AB2588 Requirements<br><input checked="" type="checkbox"/> AQMD is Tracking Status of Facility under AB2588<br><input type="checkbox"/> Health Risk Assessment Submitted to AQMD and Is Being Reviewed<br><input type="checkbox"/> Final Facility Health Risk Approved (date) _____<br>Cancer Risk = <u>in one million</u><br>Acute Hazard Index = _____<br>Chronic Hazard Index = _____ |                                    |                                                                                                                                                                                                                                                                                                    |                                     |
| Criteria Pollutant Emissions Annual Reported Emissions (tons/year) for Reporting Year: 2009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    | <input checked="" type="checkbox"/> NOx <u>0</u> <input checked="" type="checkbox"/> PM <u>0</u><br><input checked="" type="checkbox"/> CO <u>0</u> <input checked="" type="checkbox"/> SOx <u>0</u><br><input checked="" type="checkbox"/> VOC <u>1.114</u> <input type="checkbox"/> Other: _____ |                                     |
| Compliance History: <input checked="" type="checkbox"/> Citizen Complaints Filed in Last Two Calendar Years ( 0 )<br><input checked="" type="checkbox"/> Notices to Comply Issued in Last Two Calendar Years ( 1 )<br><input checked="" type="checkbox"/> Notices of Violation Issued in Last Two Calendar Years ( 0 )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                                                                                                                                                                                                                                    |                                     |
| Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    |                                                                                                                                                                                                                                                                                                    |                                     |