

Update on Amendments to Air Toxics New Source Review (NSR) Rule

CARE Program Cumulative Impacts Working Group July 6, 2009

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Presentation Outline

- 1. Background on Air Toxics NSR
- 2. Draft amendments to Air Toxics NSR rule
- 3. OEHHA risk assessment guideline revisions
- 4. Rule development schedule



BAAQMD Toxics NSR Program

➢ Began in 1987

- Program requirements established in District Reg. 2, Rule 5 adopted in 2005
- ➢ Goals
 - Avoid significant increases in health risks from TAC emissions from stationary source projects
 - Provide net health risk benefits when existing sources are replaced or modified

Applicability

- Diesel engines
- Gasoline dispensing facilities
- Soil-vapor extraction systems
- Furnaces, boilers, various other combustion sources
- Many other types of sources including refinery processes, storage tanks, coffee roasters, crematories, furniture strippers, asphalt plants, etc.

Slide #3



BAAQMD Toxics NSR Program

Health Risk Screening Analysis (HRSA)

- 1. Determine air concentrations by dispersion modeling
- 2. Evaluate surrounding land use
- 3. Calculate exposures for nearby residents, off-site workers, and other members of the public
- 4. Use toxicity values to calculate health risks

Existing Standards

- Best Available Control Technology for Toxics (T-BACT)
 - \blacktriangleright Cancer risk = 1.0 in a million
 - \blacktriangleright Chronic HI = 0.2
- Project Risk Limits
 - \succ Cancer risk = 10.0 in a million
 - \blacktriangleright Chronic and Acute HI = 1.0



➢ OEHHA guidelines followed

Cancer risk

Exposure x Potency = Cancer risk (expressed as a probability)

- ➢ Non-cancer risk
 - Exposure / Reference Exposure Level (REL) = Hazard Index
- > Incremental, single-tiered, approach used
 - 1. Screening analysis
 - Maximum incremental increase in risk due to project emissions
 - Project Risk Limits



New Source Review Approaches for Regulating Criteria Pollutants and Toxic Air Contaminants





MANAGEMENT Draft Air Toxics NSR Amendments

- To address cumulative impacts, establish more stringent NSR standards for new/modified sources located in Priority Communities under the CARE Program
- Increase stringency by a factor of two
- ≻ T-BACT
 - Cancer risk = 0.5 in a million
 - Chronic HI = 0.1
- Project Risk Limits
 - Cancer risk = 5.0 in a million
 - Chronic and Acute HI = 0.5
- Add new cumulative health risk tracking provision in Priority Communities



OEHHA Risk Assessment Guideline Revisions

- OEHHA is revising risk assessment procedures to provide a greater degree of health protection to children
 - Revised Reference Exposure Levels (RELs)
 - Revised cancer risk assessment guidelines
 - Age-dependent adjustment factors
- May not need to include "sensitive receptor" provision in Reg. 2, Rule 5
- > May affect socioeconomic impact analysis
 - Dependent on number and type of facilities affected by more stringent risk standards



Rule Development Schedule

Draft regulatory concept issued in March 2009 ➢ Outreach Cumulative Impacts Working Group briefings > CARE Task Force briefing Industry group briefings ► Public workshop expected in late July 2009 Consideration of adoption late in 2009 or early in 2010