



AIR QUALITY PERMIT TO CONSTRUCT APPLICATION CHECKLIST

OWNER OF EQUIPMENT/PROCESS	
COMPANY NAME:	
COMPANY ADDRESS:	
LOCATION OF EQUIPMENT/PROCESS	
PREMISES NAME:	
PREMISES ADDRESS:	
CONTACT INFORMATION FOR THIS PERMIT APPLICATION	
CONTACT NAME:	
JOB TITLE:	
PHONE NUMBER:	
EMAIL ADDRESS:	
DESCRIPTION OF EQUIPMENT OR PROCESS	

Application is hereby made to the Department of the Environment for a Permit to Construct for the following equipment or process as required by the State of Maryland Air Quality Regulation, COMAR 26.11.02.09.

Check each item that you have submitted as part of your application package.

- Application package cover letter describing the proposed project
- Complete application forms (Note the number of forms included or NA if not applicable.)

No. _____ Form 5	No. _____ Form 11
No. _____ Form 5T	No. _____ Form 41
No. _____ Form 5EP	No. _____ Form 42
No. _____ Form 6	No. _____ Form 44
No. _____ Form 10	
- Vendor/manufacturer specifications/guarantees
- Evidence of Workman's Compensation Insurance
- Process flow diagrams with emission points
- Site plan including the location of the proposed source and property boundary
- Material balance data and all emissions calculations
- Material Safety Data Sheets (MSDS) or equivalent information for materials processed and manufactured.
- Certificate of Public Convenience and Necessity (CPCN) waiver documentation from the Public Service Commission ⁽¹⁾
- Documentation that the proposed installation complies with local zoning and land use requirements ⁽²⁾

⁽¹⁾ Required for emergency and non-emergency generators installed on or after October 1, 2001 and rated at 2001 kW or more.

⁽²⁾ Required for applications subject to Expanded Public Participation Requirements.

APPLICATION FOR FUEL BURNING EQUIPMENT

Information Regarding Public Outreach

For Air Quality Permit to Construct applications subject to public review, applicants should consider the following information in the initial stages of preparing a permit application.

If you are not sure at the time you are applying for a permit whether public review of your application is required or for information on steps you can take to engage the surrounding community where your planned project will be located, please contact the Air Quality Permits Program at 410-537-3225 and seek their advice.

Communicating and engaging the local community as early as possible in your planning and development process is an important aspect of your project and should be considered a priority. Environmental Justice or "EJ" is a movement to inform, involve, and engage communities impacted by potential and planned environmental projects by affording citizens opportunities to learn about projects and discuss any concerns regarding impacts.

Although some permit applications are subject to a formal public review process prescribed by statute, the Department strongly encourages you to engage neighboring communities separate from and well ahead of the formal permitting process. Sharing your plans by way of community meetings, informational outreach at local gatherings or through local faith-based organizations can initiate a rewarding and productive dialogue that will reduce anxiety and establish a permanent link with your neighbors in the community.

All parties benefit when there is good communication. The Department can assist applicants in developing an outreach plan that fits the needs of both the company and the public.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Blvd ▪ Baltimore, Maryland 21230
(410) 537-3230 ▪ 1-800-633-6101 ▪ www.mde.state.md.us

Air and Radiation Management Administration ▪ Air Quality Permits Program

APPLICATION FOR PROCESSING/MANUFACTURING EQUIPMENT

Permit to Construct [] Registration Update [] Initial Registration []

1A. Owner of Equipment/Company Name

Mailing Address

Street Address

City State Zip

Telephone Number

()

Signature

Print Name and Title

Date

1B. Equipment Location and Telephone Number (if different from above)

Street Number and Street Name

City/Town State Zip Telephone Number

Premises Name (if different from above)

3. Status (A= New, B= Modification to Existing Equipment, C= Existing Equipment)

Status grid with columns: New Construction Begun (MM/YY), New Construction Completed (MM/YY), Existing Initial Operation (MM/YY)

4. Describe this Equipment: Make, Model, Features, Manufacturer (include Maximum Hourly Input Rate, etc.)

5. Workmen's Compensation Coverage

Company Binder/Policy Number Expiration Date

NOTE: Before a Permit to Construct may be issued by the Department, the applicant must provide the Department with proof of worker's compensation coverage as required under Section 1-202 of the Worker's Compensation Act.

6A. Number of Pieces of Identical Equipment Units to be Registered/Permitted at this Time

6B. Number of Stack/Emission Points Associated with this Equipment

DO NOT WRITE IN THIS BLOCK
2. REGISTRATION NUMBER
County No. Premises No.
Registration Class Equipment No.
Data Year Application Date

7. Person Installing this Equipment (if different from Number 1 on Page 1)

Name _____ Title _____

Company _____

Mailing Address/Street _____

City/Town _____ State _____ Telephone (____) _____

8. Major Activity, Product or Service of Company at this Location

9. Control Devices Associated with this Equipment

None

24-0

Simple/Multiple Cyclone

24-1

Spray/Adsorb Tower

24-2

Venturi Scrubber

24-3

Carbon Adsorber

24-4

Electrostatic Precipitator

24-5

Baghouse

24-6

Thermal/Catalytic Afterburner

24-7

Dry Scrubber

24-8

Other

Describe _____

24-9

10. Annual Fuel Consumption for this Equipment

OIL-1000 GALLONS

26-31

SULFUR %

32-33

GRADE

34

NATURAL GAS-1000 FT³

35-41

LP GAS-100 GALLONS

42-45

COAL - TONS

46-52

SULFUR %

53-55

ASH%

56-58

WOOD-TONS

59-63

MOISTURE %

64-65

OTHER FUELS

66-1

ANNUAL AMOUNT CONSUMED

(Specify Units of Measure)

OTHER FUEL

66-2

ANNUAL AMOUNT CONSUMED

(Specify Units of Measure)

1=Coke 2= COG 3=BFG 4=Other

11. Operating Schedule (for this Equipment)

Continuous Operation

67-1

Batch Process

67-2

Hours per Batch

68-69

Batch per Week

Hours per Day

70-71

Days Per Week

72

Days per Year

73-75

Seasonal Variation in Operation:

No Variation

76

Winter Percent

77-78

Spring Percent

79-80

Summer Percent

81-82

Fall Percent

83-84

(Total Seasons= 100%)



12. Equivalent Stack Information- is Exhaust through Doors, Windows, etc. Only? (Y/N)

85

If not, then

Height Above Ground (FT)

86-88

Inside Diameter at Top

89-91

Exit Temperature (°F)

92-95

Exit Velocity (FT/SEC)

96-98

NOTE:

Attach a block diagram of process/process line, indicating new equipment as reported on this form and all existing equipment, including control devices and emission points.

13. Input Materials (for this equipment only)

Is any of this data to be considered confidential? (Y or N)

	NAME	CAS NO. (IF APPLICABLE)	PER HOUR	INPUT RATE		UNITS
				UNITS	PER YEAR	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

TOTAL

14. Output Materials (for this equipment)

Process/Product Stream

	NAME	CAS NO. (IF APPLICABLE)	PER HOUR	OUTPUT RATE		UNITS
				UNITS	PER YEAR	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

TOTAL

15. Waste Streams- Solid and Liquid

	NAME	CAS NO. (IF APPLICABLE)	PER HOUR	OUTPUT RATE		UNITS
				UNITS	PER YEAR	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

TOTAL



16. Total Stack Emissions (for this equipment only) in Pounds Per Operating Day

Particulate Matter

99-104

Oxides of Sulfur

105-110

Oxides of Nitrogen

111-116

Carbon Monoxide

177-122

Volatile Organic Compounds

123-128

PM-10

129-134

17. Total Fugitive Emissions (for this equipment only) in Pounds Per Operating Day

Particulate Matter

135-139

Oxides of Sulfur

140-144

Oxides of Nitrogen

145-149

Carbon Monoxide

150-154

Volatile Organic Compounds

155-159

PM-10

160-164

Method Used to Determine Emissions (1= Estimate 2= Emission Factor 3= Stack Test 4= Other)

TSP

165

SOX

166

NOX

167

CO

168

VOC

169

PM10

170

AIR AND RADIATION MANAGEMENT ADMINISTRATION USE ONLY

18. Date Rec'd. Local

Date Rec'd. State

Return to Local Jurisdiction

Date _____ By _____

Reviewed by Local Jurisdiction

Date _____ By _____

Reviewed by State

Date _____ By _____

19. Inventory Date

Month/Year

171-174

Equipment Code

175-177

SCC Code

178-185

20. Annual

Operating Rate

186-192

Maximum Design

Hourly Rate

193-199

Permit to Operate

Month

200-201

Transaction Date

(MM/DD/YR)

202-207

Staff Code

208-210

VOC Code

211 212

SIP Code

213 214

Regulation Code

215-218

Confidentiality

219

Point Description

220-238

Action

A: Add
C: Change

239

