

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 Incinerators

Permit to Construct Registration

		DO NOT WRITE IN THIS SPACE
1. Owner of Installation or Company Name	Date of Application	Date Rec. Local _____ Date Red. State _____
Mailing Address	Telephone	Acknowledgement Sent Date _____ By _____
City _____ State _____ Zip Code _____		Reviewed Name _____ Date _____
2A. Premises Name if Different from Above		Local _____ State _____
2B. Incinerator Location if Different From Above (give Street Address, City, County and Zip Code):		Returned to Local Jurisdiction Date _____ By _____
3. Owner, Agent or Authorized Company Official		Application Returned to Applicant Date _____ By _____
_____ (Print/Type Name)		Premises Number [][] [][][][] 1 2 3 4 5 6 Registration Number [] [][][][] [][] 7 8 9 10 11 12 13
_____ (Signature)		
_____ (Mailing Address, City/Town, State, Zip Code)		
4A. New Construction Only Begin _____ Date Construction Completed _____	4B. Existing Installation Initial Operation Date _____ (14-15)	
5. Installation or Contractor (New or Replacement Only)		
_____ (Name or Company Title)		
_____ (Mailing Address, City/Town, State, Zip Code, Telephone Number)		
6. Equipment Manufacturer	Manufacturer's Serial or Catalog No.	7. Total Number of Incinerators of Identical Design and Capacity at this Location: _____
8. Major Activity at this Location-Auto Dealer, Hospital, Apartment House, etc.		9. Rated Capacity of Incinerator in lb/hr: _____ 16-19
10. Incinerator Type (Mark only one with X)		
Single Chamber <input type="checkbox"/> 20-1 Multiple Chamber <input type="checkbox"/> 20-2 Auxiliary Burner <input type="checkbox"/> 21 Other <input type="checkbox"/> 22 _____ Specify		
11. Frequency of Burning Hours/Day [][] Days/Year [][][]	12. Amount of Waste Burned Per Operating Day: _____	
23 24 25 26 27	Units: tons [] lbs. [] gal. [] 32-1 32-2 32-3	
13. Method of Charging Waste into Unit: Manual <input type="checkbox"/> Automatic <input type="checkbox"/>		



14. Type of Waste/Refuse Incinerated. Mark major type with **X** -- all others with Check .

Trash 100% Dry 33 Refuse 20% Garbage 34 Refuse 50% Garbage 35 Garbage 36 Animal or Animal Parts 37 Municipal Refuse 38 Infectious/ Pathological 39

Does this waste contain
Carcinogenic or Toxic Material? Y/N Industrial Process Waste 40 _____ Other 41 _____

15. Total Annual Auxiliary Fuels Used

Oil _____ (gallons) _____ Natural Gas _____ (ft³)
42-47 (Grade) 48 49-55
LP Gas _____ (gallons) Other _____ specify fuel & units required
56-59 90-92

16. Stack Information: Height Above Ground (ft) _____ Inside Diameter at Top (in) _____
94-96 97-99
Exit Temperature (°F) _____ Gas Exit Velocity (ft/min) _____
100-103 104-107

17. Emission Control Devices

Gas Cleaning Form AMA-6 Must be Completed for Each Device Used and Attached to this Application.

None 108 Settling Chamber 109 or Baffles Simple Cyclone 110 Multiple Cyclone 111 Scrubber 112 Venturi Scrubber 113 Electrostatic Precipitator 114 Bag- house 115 After- burner 116
Other _____ 117-118 Specify Type

DO NOT WRITE BELOW THIS LINE

18. Actual Stack Emissions in Pounds per Operating Day

Particulate Matter 119 124 Oxides of Sulfur 125 130 Oxides of Nitrogen 131 136
Carbon Monoxide 137 142 Volatile Organic Compounds 143 148

Other Pollutants Specify _____ Type/Amount

19. Inventory Date
180 183

20. Method Used to Determine Emissions

	Estimate	Emission Factor	Stack Test	Other		Estimate	Emission Factor	Stack Test	Other
Particulate matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxides of Sulfur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	184-1	-2	-3	-4		185-1	-2	-3	-4
Oxides of Nitrogen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carbon Monoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	186-1	-2	-3	-4		187-1	-2	-3	-4
Volatile Organics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	188-1	-2	-3	-4					

21. Premises Information

Premises Name _____

Census Tract 243 248 SIC No. 249 252 MD Grid East 253 256 MD Grid North 257 259

Owner Private 260-0 Local 260-1 State 260-2 Federal 260-3

Date Completed _____
Completed By _____

