

AIR QUALITY PERMIT TO CONSTRUCT APPLICATION CHECKLIST

OWNER OF EQUIPMENT/PROCESS						
COM	PANY NAME:					
COMPANY ADDRESS:						
DDEN	MISES NAME:	LOCATION OF EQUIPMENT/PROCESS				
PREMISES ADDRESS:						
CONTACT INFORMATION FOR THIS PERMIT APPLICATION						
CONT	TACT NAME:					
JOB 1	TITLE:					
	NE 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 packag	ge cover letter describing the proposed project				
	Complete application applicable.)	on forms (Note the number of forms included or NA if not				
	No Form 5 No Form 5 No Form 6 No Form 6 No Form 1	No Form 41 SEP No Form 42 No Form 44				
	Vendor/manufactu	rer specifications/guarantees				
	Evidence of Workr	nan's Compensation Insurance				
	Process flow diagr	ams with emission points				
	•	the location of the proposed source and property boundary				
		ata and all emissions calculations				
		ta Sheets (MSDS) or equivalent information for materials				
	Certificate of Publi from the Public Se	Certificate of Public Convenience and Necessity (CPCN) waiver documentation rom the Public Service Commission (1)				
	use requirements	at the proposed installation complies with local zoning and land				
		r emergency and non-emergency generators installed on or after and rated at 2001 kW or more.				

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

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Air and Radiation Management Administration • Air Quality Permits Program 1800 Washington Blvd • Baltimore, Maryland 21230 (410) 537-3230 • 1-800-633-6101 • www.mde.state.md.us

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

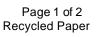
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Air and Radiation Management Administration • **Air Quality Permits Program**

Application for Inciner Permit to Construct ☐ Registration			DO NOT WRITE IN THIS SPACE		
1. Owner of Installation or Company Nan	ne	Date of Application	Date Rec. Local Date Red. State		
Mailing Address		Telephone	Acknowledgement Sent Date		
City	ate	Zip Code			
2A. Premises Name if Different from Abo	Reviewed Name Date				
2B. Incinerator Location if Different From County and Zip Code):	Local State				
3. Owner, Agent or Authorized Company	Returned to Local Jurisdiction Date By				
(Print/Type Name)			Application Returned to Applicant Date By		
(Signature)			Premises Number		
(Mailing Address, City/T					
4A. New Construction Only Begin Date Construction	4B. Existing Initial O	Installation peration Date	1 2 3 4 5 6 Registration Number		
Completed		(14-15)	7 8 9 10 11 12 13		
5. Installation or Contractor (New or Rep	lacement Only)				
(Name or Company Title)					
(Mailing Address, City/Town, State, Zip C	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 De	9. Rated Capacity of Incinerator in lb/hr:				
			16-19		
10. Incinerator Type (Mark only one with Single Chamber Ö Multiple Chamber 20-1		y Burner Ö Other Ö 21 2			
11. Frequency of Burning	12. Amount o	f Waste Burned Per Ope	erating Day:		
Hours/Day Days/Year 25 26 27	Units:	tons lbs. 32-1 32-2	gal.		
13. Method of Charging Waste into Unit: Manual Ö Automatic Ö					

Form number: 10

Revision date: 09/27/2002 TTY Users 1-800-735-2258





14. Type of Waste/Refuse Incinerated. Mark major type with x all others with Check ✓.					
Trash 100% Dry 20% Garbage 34 Refuse 50% Garbage 35 Garbage 36 Animal or Animal Parts 37 Municipal Refuse 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 (ft 3) 42-47					
16. Stack Information: Height Above Ground (ft) Inside Diameter at Top (in) 97-99					
Exit Temperature (°F) Gas Exit Velocity (ft/min) 100-103					
17. Emission Control Devices Gas Cleaning Form AMA-6 Must be Completed for Each Device Used and Attached to this Application.					
None Settling Chamber Simple Cyclone Scrubber Scrubber Scrubber Scrubber 108 109 110 111 112 113 Electrostatic Bag- house burner 116					
Other117-118 Specify Type					
DO NOT WRITE BELOW THIS LINE					
18. Actual Stack Emissions in Pounds per Operating Day Particulate Matter Oxides of Sulfur 125 130 Oxides of Nitrogen 131 136 Carbon Monoxide Volatile Organic Compounds 143 148					
Other Pollutants SpecifyType/Amount					
19. Inventory Date 180 183					
20. Method Used to Determine Emissions Estimate Emission Factor Stack Test Other Particulate matter 184-1 -2 -3 -4 Carbon Monoxide Nitrogen 186-1 -2 -3 -4 Volatile Organics 188-1 -2 -3 -4 Volatile Organics					
21. Premises Information Premises Name					
Census Tract SIC No.					

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