

MARYLAND DEPARTMENT OF THE ENVIRONMENT
 Air and Radiation Management Administration • Air Quality Permits Program
 1800 Washington Boulevard • Baltimore, Maryland 21230
 (410)537-3225 • 1-800-633-6101 • www.mde.maryland.gov

FORM 5EP: Emission Point Data

Complete one (1) Form 5EP for EACH emission point (stack or fugitive emissions) related to the proposed installation.

Applicant Name: _____

1. Emission Point Identification Name/Number

List the applicant assigned name/number for this emission point and use this value on the attached required plot plan:

2. Emission Point Description

Describe the emission point including all associated equipment and control devices:

3. Emissions Schedule for the Emission Point

Continuous or Intermittent (C/I)?		Seasonal Variation Check box if none: <input type="checkbox"/> Otherwise estimate seasonal variation:	
Minutes per hour:		Winter Percent	
Hours per day:		Spring Percent	
Days per week:		Summer Percent	
Weeks per year:		Fall Percent	

4. Emission Point Information

Height above ground (ft):		Length and width dimensions at top of rectangular stack (ft):	Length:	Width:	
Height above structures (ft):					
Exit temperature (°F):		Inside diameter at top of round stack (ft):			
Exit velocity (ft/min):		Distance from emission point to nearest property line (ft):			
Exhaust gas volumetric flow rate (acfm):		Building dimensions if emission point is located on building (ft)	Height	Length	Width

5. Control Devices Associated with the Emission Point

Identify each control device associated with the emission point and indicate the number of devices. **A Form 6 is also required for each control device.** If none check none:

- | | | | |
|---|-----------|--|--|
| <input type="checkbox"/> None | | <input type="checkbox"/> Thermal Oxidizer | No. _____ |
| <input type="checkbox"/> Baghouse | No. _____ | <input type="checkbox"/> Regenerative | |
| <input type="checkbox"/> Cyclone | No. _____ | <input type="checkbox"/> Catalytic Oxidizer | No. _____ |
| <input type="checkbox"/> Elec. Precipitator (ESP) | No. _____ | <input type="checkbox"/> Nitrogen Oxides Reduction | No. _____ |
| <input type="checkbox"/> Dust Suppression System | No. _____ | <input type="checkbox"/> Selective | <input type="checkbox"/> Non-Selective |
| <input type="checkbox"/> Venturi Scrubber | No. _____ | <input type="checkbox"/> Catalytic | <input type="checkbox"/> Non-Catalytic |
| <input type="checkbox"/> Spray Tower/Packed Bed | No. _____ | <input type="checkbox"/> Other | No. _____ |
| <input type="checkbox"/> Carbon Adsorber | No. _____ | Specify: | |
| <input type="checkbox"/> Cartridge/Canister | | | |
| <input type="checkbox"/> Regenerative | | | |

