

MARYLAND DEPARTMENT OF THE ENVIRONMENT

**AIR AND RADIATION ADMINISTRATION
APPLICATION FOR A PERMIT TO CONSTRUCT**

DOCKET # 05-18

COMPANY: Joseph Smith and Sons, Inc.

LOCATIONS: 1511 S. Street and 2001 Kenilworth Avenue
Capitol Heights, MD 20743

APPLICATION: Installations comprising of:

- Screening Operations – four large Bivi-Tecs, two small Bivi-Tecs, two large Trommels, and two small Trommels;
- Aluminum Process – one small Trommel;
- Mill Process – one 6050 Mill;
- Water Media Separation Process – two Super Screens;
- Ball Mill Process – one Super Screen and one large Trommel; and
- Auxiliary Equipment – one large Bivi-Tec and one large Trommel.

<u>ITEM</u>	<u>DESCRIPTION</u>
1.	Notice of Application and Opportunity to Request an Informational Meeting
2.	Permit to Construct Application Forms – 5 and 5EP,
3.	Equipment Brochures

**DEPARTMENT OF THE ENVIRONMENT
AIR AND RADIATION ADMINISTRATION**

**NOTICE OF APPLICATION AND
OPPORTUNITY TO REQUEST AN INFORMATIONAL MEETING**

The Maryland Department of the Environment, Air and Radiation Administration (ARA) received applications for a Permit-to-Construct from Joseph Smith and Sons, Inc. on May 1, 2018 for installations comprising of Screening Operations; Aluminum Process; Mill Process; Water Media Separation Process; Ball Mill Process; and Auxiliary Equipment. The installations are located at 1511 S. Street and 2001 Kenilworth Avenue in Capitol Heights, Prince George's County, Maryland.

Copies of the application and other supporting documents are available for public inspection. Ask for Docket #05-18 at the following locations during normal business hours.

Maryland Department of the Environment
Air and Radiation Administration
1800 Washington Boulevard
Baltimore, Maryland 21230

Prince George's County Memorial Library System
Fairmount Heights Branch
5904 Kolb St.
Fairmount Heights
Maryland 20743
Phone Number: (301) 883-2650

Pursuant to the Environment Article, Section 1-603, Annotated Code of Maryland, the Department will hold an informational meeting to discuss the application and the permit review process if the Department receives a written request for a meeting within 10 working days from the date of the second publication of this notice. All requests for an informational meeting should be directed to the attention of Ms. Shannon Heafey, Air Quality Permits Program, Air and Radiation Administration, 1800 Washington Boulevard, Baltimore, Maryland 21230.

Further information may be obtained by calling Ms. Shannon Heafey at 410-537-4433.

George S. Aburn, Jr., Director
Air and Radiation Administration

Screening Process

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

Joseph Smith & Sons, Inc.

Mailing Address

1511 S Street

Street Address

Capitol Heights MD 20743
City State Zip

Telephone Number

(301) 773-1266

Signature

Paul Thap

Paul Thap Information Officer

Print Name and Title

DO NOT WRITE IN THIS BLOCK 2. REGISTRATION NUMBER

County No.

Premises No.

--	--

--	--	--	--	--

1-2

3-6

Registration Class

Equipment No.

--

--	--	--	--	--

7

8-11

Data Year

--	--

12-13

Application Date

4-30-2018

Date

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

Same as 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

C

15

New Construction Begun (MM/YY)

--	--	--	--

16-19

New Construction Completed (MM/YY)

--	--	--	--

20-23

Existing Initial Operation (MM/YY)

1	0	1	2
---	---	---	---

20-23

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

Screening Operations. Aggregate Equipment Inc. is the manufacturer of the Bivi-Tec units. The manufacturer of the Trommels is US Conveyor Technologies. The maximum hourly rate for small units is conservatively estimated at 30 tons/hr. The maximum hourly rate for large units is conservatively estimated at 40 tons/hr.

5. Workmen's Compensation Coverage 3998666RT

10/15/2018

Binder/Policy Number

Expiration Date

Company Chesapeake Employers Insurance Co

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 0

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



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

Name Same as above Title _____
Company _____
Mailing Address/Street _____
City/Town _____ State _____ Telephone (____) _____

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

The major products processed at this scrap material facility are sheet metal, auto parts, and automobiles. Bivi-tec units are used to separate problematic metal materials that pose a clogging risk. Trommels consist of a perforated rotating drum used to rotate solid material through a series of screens, separating the material based on sizes. Four (4) large Bivi-tecs, two (2) large Trommels, two (2) small Bivi-tecs, and two (2) small Trommels are incorporated in the Screening Operations. See figure 4a and 4b for process flow diagrams.

9. Control Devices Associated with this Equipment

None

X

24-0Simple/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

N/A - electrically powered

OIL-1000 GALLONS

26-31

SULFUR %

32-33

GRADE

34

NATURAL GAS-1000 FT³

35-41

LP GAS-100 GALLONS

42-45

GRADE

COAL-TONS

46-52

SULFUR %

53-55

ASH%

56-58

WOOD-TONS

59-63

MOISTURE %

64-65

OTHER FUELS

ANNUAL AMOUNT CONSUMED

(Specify Type)

66-1

OTHER FUEL

ANNUAL AMOUNT CONSUMED

(Specify Type)

66-2

(Specify Units of Measure)

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

11. Operating Schedule (for this Equipment)

Continuous Operation

X

67-1

Batch Process

67-2

Hours per Batch

68-69

Batch per Week

Hours per Day

2

4

70-71

Days Per Week

7

72

Days per Year

3

6

5

73-75

Seasonal Variation in Operation:

No Variation

X

76

Winter Percent

2

5

77-78

Spring Percent

2

5

79-80

Summer Percent

2

5

81-82

Fall Percent

2

5

83-84

(Total Seasons= 100%)



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

Y

Only fugitive emissions emitted, therefore no stack information

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? **N** (Y or N)

INPUT RATE

NAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PER YEAR	UNITS
1. Non-ferrous scrap	N/A	40	tons/hr	350,400	tons/yr
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

TOTAL

14. Output Materials (for this equipment)

Process/Product Stream

OUTPUT RATE

NAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PER YEAR	UNITS
1. Non-ferrous scrap	N/A	40	tons/hr	350,400	tons/yr
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

TOTAL

15. Waste Streams- Solid and Liquid

OUTPUT RATE

NAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PER YEAR	UNITS
1. None	N/A	N/A	N/A	N/A	N/A
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

TOTAL



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

Emissions vary based on where equipment is located; worst case emissions are presented for the entire process line.

Particulate Matter						Oxides of Sulfur						Oxides of Nitrogen					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
99-104						105-110						111-116					
Carbon Monoxide						Volatile Organic Compounds						PM-10					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
177-122						123-128						129-134					

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

Particulate Matter						Oxides of Sulfur						Oxides of Nitrogen					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
135-139						140-144						145-149					
Carbon Monoxide						Volatile Organic Compounds						PM-10					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
150-154						155-159						160-164					

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

TSP	SOX	NOX	CO	VOC	PM10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
165	166	167	168	169	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	Reviewed by State	
Date By	Date By	

19. Inventory Date	Month/Year	Equipment Code	SCC Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
171-174	175-177	178-185	

20. Annual Operating Rate	Maximum Design Hourly Rate	Permit to Operate Month	Transaction Date (MM/DD/YR)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
186-192	193-199	200-201	202-207

Staff Code	VOC Code	SIP Code	Regulation Code	Confidentiality
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
208-210	211 212	213 214	215-218	219
Point Description				
<input type="text"/>				
220-238				
Action				
<input type="text"/>				
239				



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 Air and Radiation Management Administration • Air Quality Permits Program
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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: Joseph Smith & Sons, Inc.

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:
Fugitive Emissions generated by Large Bivi-tec units. See Figure 4a.

2. Emission Point Description

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

Fugitive particulate matter (PM) emissions generated by large Bivi-tec units. Emissions presented represent the max PM per unit.

3. Emissions Schedule for the Emission Point

Continuous or Intermittent (C/I)?	C	Seasonal Variation Check box if none: <input checked="" type="checkbox"/> Otherwise estimate seasonal variation:	
Minutes per hour:	60	Winter Percent	
Hours per day:	24	Spring Percent	
Days per week:	7	Summer Percent	
Weeks per year:	52	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 checked="" type="checkbox"/> None | <input type="checkbox"/> Thermal Oxidizer | No. _____ |
| <input type="checkbox"/> Baghouse | <input type="checkbox"/> Regenerative | |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Catalytic Oxidizer | No. _____ |
| <input type="checkbox"/> Elec. Precipitator (ESP) | <input type="checkbox"/> Nitrogen Oxides Reduction | No. _____ |
| <input type="checkbox"/> Dust Suppression System | <input type="checkbox"/> Selective | <input type="checkbox"/> Non-Selective |
| <input type="checkbox"/> Venturi Scrubber | <input type="checkbox"/> Catalytic | <input type="checkbox"/> Non-Catalytic |
| <input type="checkbox"/> Spray Tower/Packed Bed | <input type="checkbox"/> Other | No. _____ |
| <input type="checkbox"/> Carbon Adsorber | Specify: | |
| <input type="checkbox"/> Cartridge/Canister | | |
| <input type="checkbox"/> Regenerative | | |

[illegible]

Form Number MDE/ARMA/PER.05EP Revised: 03/01/2016
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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: Joseph Smith & Sons, Inc.

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:
Fugitive Emissions generated by the large trommel associated with the screening operations. See Figure 4a.

2. Emission Point Description

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

Fugitive particulate matter (PM) emissions generated by the large trommel unit. Emissions presented represent the max PM per unit.

3. Emissions Schedule for the Emission Point

Continuous or Intermittent (C/I)?	C	Seasonal Variation Check box if none: <input checked="" type="checkbox"/> Otherwise estimate seasonal variation:	
Minutes per hour:	60	Winter Percent	
Hours per day:	24	Spring Percent	
Days per week:	7	Summer Percent	
Weeks per year:	52	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 checked="" type="checkbox"/> None | <input type="checkbox"/> Thermal Oxidizer | No. _____ |
| <input type="checkbox"/> Baghouse | <input type="checkbox"/> Regenerative | |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Catalytic Oxidizer | No. _____ |
| <input type="checkbox"/> Elec. Precipitator (ESP) | <input type="checkbox"/> Nitrogen Oxides Reduction | No. _____ |
| <input type="checkbox"/> Dust Suppression System | <input type="checkbox"/> Selective | <input type="checkbox"/> Non-Selective |
| <input type="checkbox"/> Venturi Scrubber | <input type="checkbox"/> Catalytic | <input type="checkbox"/> Non-Catalytic |
| <input type="checkbox"/> Spray Tower/Packed Bed | <input type="checkbox"/> Other | No. _____ |
| <input type="checkbox"/> Carbon Adsorber | Specify: _____ | |
| <input type="checkbox"/> Cartridge/Canister | | |
| <input type="checkbox"/> Regenerative | | |

[illegible]

Form Number MDE/ARMA/PER.05EP Revised: 03/01/2016
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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: Joseph Smith & Sons, Inc.

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:
Fugitive Emissions generated by small Bivi-tec units. See Figure 4a.

2. Emission Point Description

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

Fugitive particulate matter (PM) emissions generated by small Bivi-tec units. Emissions presented represent the max PM per unit.

3. Emissions Schedule for the Emission Point

Continuous or Intermittent (C/I)?	C	Seasonal Variation Check box if none: <input checked="" type="checkbox"/> Otherwise estimate seasonal variation:	
Minutes per hour:	60	Winter Percent	
Hours per day:	24	Spring Percent	
Days per week:	7	Summer Percent	
Weeks per year:	52	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 checked="" type="checkbox"/> None | <input type="checkbox"/> Thermal Oxidizer | No. _____ |
| <input type="checkbox"/> Baghouse | <input type="checkbox"/> Regenerative | |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Catalytic Oxidizer | No. _____ |
| <input type="checkbox"/> Elec. Precipitator (ESP) | <input type="checkbox"/> Nitrogen Oxides Reduction | No. _____ |
| <input type="checkbox"/> Dust Suppression System | <input type="checkbox"/> Selective | <input type="checkbox"/> Non-Selective |
| <input type="checkbox"/> Venturi Scrubber | <input type="checkbox"/> Catalytic | <input type="checkbox"/> Non-Catalytic |
| <input type="checkbox"/> Spray Tower/Packed Bed | <input type="checkbox"/> Other | No. _____ |
| <input type="checkbox"/> Carbon Adsorber | Specify: | |
| <input type="checkbox"/> Cartridge/Canister | | |
| <input type="checkbox"/> Regenerative | | |

[illegible]Page 2 of 2
Recycled Paper

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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: Joseph Smith & Sons, Inc.

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:
Fugitive Emissions generated by the small trommel used as part of the screening operations. See Figure 4b.

2. Emission Point Description

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

Fugitive particulate matter (PM) emissions generated by the small trommel unit. Emissions presented represent the max PM per unit.

3. Emissions Schedule for the Emission Point

Continuous or Intermittent (C/I)?	C	Seasonal Variation Check box if none: <input checked="" type="checkbox"/> Otherwise estimate seasonal variation:	
Minutes per hour:	60	Winter Percent	
Hours per day:	24	Spring Percent	
Days per week:	7	Summer Percent	
Weeks per year:	52	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 checked="" type="checkbox"/> None | <input type="checkbox"/> Thermal Oxidizer | No. _____ |
| <input type="checkbox"/> Baghouse | <input type="checkbox"/> Regenerative | |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Catalytic Oxidizer | No. _____ |
| <input type="checkbox"/> Elec. Precipitator (ESP) | <input type="checkbox"/> Nitrogen Oxides Reduction | No. _____ |
| <input type="checkbox"/> Dust Suppression System | <input type="checkbox"/> Selective | <input type="checkbox"/> Non-Selective |
| <input type="checkbox"/> Venturi Scrubber | <input type="checkbox"/> Catalytic | <input type="checkbox"/> Non-Catalytic |
| <input type="checkbox"/> Spray Tower/Packed Bed | <input type="checkbox"/> Other | No. _____ |
| <input type="checkbox"/> Carbon Adsorber | Specify: | |
| <input type="checkbox"/> Cartridge/Canister | | |
| <input type="checkbox"/> Regenerative | | |

[illegible]

Form Number MDE/ARMA/PER.05EP Revised: 03/01/2016
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Aluminum Process

MARYLAND DEPARTMENT OF THE ENVIRONMENT

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(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

Joseph Smith & Sons, Inc.

Mailing Address

1511 S Street

Street Address

Capitol Heights MD 20743
City State Zip

Telephone Number

(301) 773-1266

Signature

Paul Sharp

Paul Sharp Information Officer

Print Name and Title

Date

4/30/2018

Date

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

Same as 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

C

15

New Construction
Begun (MM/YY)

16-19

New Construction
Completed (MM/YY)

20-23

Existing Initial
Operation (MM/YY)

1 0 1 2

20-23

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

Aluminum separating process. The manufacturer of the Trommels is US Conveyor Technologies. The maximum hourly rate for small units is conservatively estimated at 30 tph.

5. Workmen's Compensation Coverage

3998666RT Binder/Policy Number

10/15/2018

Expiration Date

Company Chesapeake Employers Insurance Co

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 1

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



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

Name Same as above Title _____
Company _____
Mailing Address/Street _____
City/Town _____ State _____ Telephone (____) _____

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

The major products processed at this scrap material facility are sheet metal, auto parts, and automobiles. Each Trommel consists of a perforated rotating drum used to rotate solid material through a series of screens, separating the material based on sizes ranging from 3.5 inches to 1.5 inches. One (1) small Trommel is involved in the Aluminum Process (see Figure 12).

9. Control Devices Associated with this Equipment

None

X

24-0Simple/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

N/A - electrically powered

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

ANNUAL AMOUNT CONSUMED

(Specify Type)

66-1

OTHER FUEL

ANNUAL AMOUNT CONSUMED

(Specify Type)

66-2

(Specify Units of Measure)

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

11. Operating Schedule (for this Equipment)

Continuous Operation

X

67-1

Batch Process

67-2

Hours per Batch

68-69

Batch per Week

Hours per Day

2

4

70-71

Days Per Week

7

72

Days per Year

3

6

5

73-75

Seasonal Variation in Operation:

No Variation

X

76

Winter Percent

2

5

77-78

Spring Percent

2

5

79-80

Summer Percent

2

5

81-82

Fall Percent

2

5

83-84

(Total Seasons= 100%)



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

Y
85

Only fugitive emissions emitted, therefore no stack information

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? **N** (Y or N)

INPUT RATE

NAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PER YEAR	UNITS
1. Non-ferrous scrap	N/A	30	tons/hr	262,800	tons/yr
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

TOTAL

14. Output Materials (for this equipment)

Process/Product Stream

OUTPUT RATE

NAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PER YEAR	UNITS
1. Non-ferrous scrap	N/A	30	tons/hr	262,800	tons/yr
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

TOTAL

15. Waste Streams- Solid and Liquid

OUTPUT RATE

NAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PER YEAR	UNITS
1. None	N/A	N/A	N/A	N/A	N/A
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

TOTAL



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

Emissions vary based on where equipment is located; worst case emissions for aluminum process presented.

Particulate Matter <table border="1"><tr><td></td><td></td><td></td><td></td><td>N</td><td>A</td></tr></table> 99-104					N	A	Oxides of Sulfur <table border="1"><tr><td></td><td></td><td></td><td></td><td>N</td><td>A</td></tr></table> 105-110					N	A	Oxides of Nitrogen <table border="1"><tr><td></td><td></td><td></td><td></td><td>N</td><td>A</td></tr></table> 111-116					N	A
				N	A															
				N	A															
				N	A															
Carbon Monoxide <table border="1"><tr><td></td><td></td><td></td><td></td><td>N</td><td>A</td></tr></table> 177-122					N	A	Volatile Organic Compounds <table border="1"><tr><td></td><td></td><td></td><td></td><td>N</td><td>A</td></tr></table> 123-128					N	A	PM-10 <table border="1"><tr><td></td><td></td><td></td><td></td><td>N</td><td>A</td></tr></table> 129-134					N	A
				N	A															
				N	A															
				N	A															

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

Particulate Matter <table border="1"><tr><td></td><td></td><td></td><td>2</td><td>1</td><td>6</td></tr></table> 135-139				2	1	6	Oxides of Sulfur <table border="1"><tr><td></td><td></td><td></td><td></td><td>N</td><td>A</td></tr></table> 140-144					N	A	Oxides of Nitrogen <table border="1"><tr><td></td><td></td><td></td><td></td><td>N</td><td>A</td></tr></table> 145-149					N	A
			2	1	6															
				N	A															
				N	A															
Carbon Monoxide <table border="1"><tr><td></td><td></td><td></td><td></td><td>N</td><td>A</td></tr></table> 150-154					N	A	Volatile Organic Compounds <table border="1"><tr><td></td><td></td><td></td><td></td><td>N</td><td>A</td></tr></table> 155-159					N	A	PM-10 <table border="1"><tr><td></td><td></td><td></td><td>5</td><td>1</td><td>8</td></tr></table> 160-164				5	1	8
				N	A															
				N	A															
			5	1	8															

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

TSP <table border="1"><tr><td>2</td></tr></table> 165	2	SOX <table border="1"><tr><td>NA</td></tr></table> 166	NA	NOX <table border="1"><tr><td>NA</td></tr></table> 167	NA	CO <table border="1"><tr><td>NA</td></tr></table> 168	NA	VOC <table border="1"><tr><td>NA</td></tr></table> 169	NA	PM10 <table border="1"><tr><td>2</td></tr></table> 170	2
2											
NA											
NA											
NA											
NA											
2											

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 <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> 171-174					Equipment Code <table border="1"><tr><td></td><td></td><td></td></tr></table> 175-177				SCC Code <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 178-185								

20. Annual Operating Rate <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 186-192								Maximum Design Hourly Rate <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 193-199									Permit to Operate Month <table border="1"><tr><td></td><td></td></tr></table> 200-201			Transaction Date (MM/DD/YR) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 202-207						

Staff Code <table border="1"><tr><td></td><td></td><td></td></tr></table> 208-210				VOC Code <table border="1"><tr><td></td><td></td></tr></table> 211 212			SIP Code <table border="1"><tr><td></td><td></td></tr></table> 213 214			Regulation Code <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> 215-218					Confidentiality <table border="1"><tr><td></td></tr></table> 219	

Point Description <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 220-238																	Action <table border="1"><tr><td></td></tr></table> 239 A: Add C: Change	

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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: Joseph Smith & Sons, Inc.

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:
Fugitive Emissions generated by the small trommel involved in aluminum processing. See Figure 12.

2. Emission Point Description

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

Fugitive particulate matter (PM) emissions is the max generated by the small trommel involved in aluminum processing.

3. Emissions Schedule for the Emission Point

Continuous or Intermittent (C/I)?	C	Seasonal Variation Check box if none: <input checked="" type="checkbox"/> Otherwise estimate seasonal variation:	
Minutes per hour:	60	Winter Percent	
Hours per day:	24	Spring Percent	
Days per week:	7	Summer Percent	
Weeks per year:	52	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 checked="" type="checkbox"/> None | <input type="checkbox"/> Thermal Oxidizer | No. _____ |
| <input type="checkbox"/> Baghouse | <input type="checkbox"/> Regenerative | |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Catalytic Oxidizer | No. _____ |
| <input type="checkbox"/> Elec. Precipitator (ESP) | <input type="checkbox"/> Nitrogen Oxides Reduction | No. _____ |
| <input type="checkbox"/> Dust Suppression System | <input type="checkbox"/> Selective | <input type="checkbox"/> Non-Selective |
| <input type="checkbox"/> Venturi Scrubber | <input type="checkbox"/> Catalytic | <input type="checkbox"/> Non-Catalytic |
| <input type="checkbox"/> Spray Tower/Packed Bed | <input type="checkbox"/> Other | No. _____ |
| <input type="checkbox"/> Carbon Adsorber | Specify: | |
| <input type="checkbox"/> Cartridge/Canister | | |
| <input type="checkbox"/> Regenerative | | |

[illegible]Page 2 of 2
Recycled Paper

6050 Mill Process

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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

Joseph Smith & Sons, Inc.

Mailing Address

2001 Kenilworth Avenue

Street Address

Capitol Heights MD 20743
City State Zip

Telephone Number

(301) 773-1266

Signature

Paul Thorp

Print Name and Title

Paul Thorp Information Officer

Date

4-30-2018

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

Same as 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

C

15

New Construction
Begun (MM/YY)

16-19

New Construction
Completed (MM/YY)

20-23

Existing Initial
Operation (MM/YY)

0 8 1 4

20-23

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

The 6050 Hammermill is used to grind and reduce a wide range of metal materials to uniform sizes. The manufacturer of the Hammermill is US American Pulverizer and the maximum hourly rate is conservatively estimated at 20 tons/hr.

5. Workmen's Compensation Coverage

3998666RT

10/15/2018

Expiration Date

Company Chesapeake Employers Insurance Co

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

0

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

Fugitive Emissions



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

Name Same as above Title _____
Company _____
Mailing Address/Street _____
City/Town _____ State _____ Telephone (____) _____

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

The major products processed at this scrap material facility are sheet metal, auto parts, and automobiles.

Please refer to Figure 17 for a process flow diagram of the 6050 Hammermill operations.

9. Control Devices Associated with this Equipment

None

X

24-0Simple/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

N/A - electrically powered

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

ANNUAL AMOUNT CONSUMED

(Specify Type)

66-1

OTHER FUEL

ANNUAL AMOUNT CONSUMED

(Specify Type)

66-2

(Specify Units of Measure)

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

11. Operating Schedule (for this Equipment)

Continuous Operation

X

67-1

Batch Process

67-2

Hours per Batch

68-69

Batch per Week

Hours per Day

2

4

70-71

Days Per Week

7

72

Days per Year

3

6

5

73-75

Seasonal Variation in Operation:

No Variation

X

76

Winter Percent

2

5

77-78

Spring Percent

2

5

79-80

Summer Percent

2

5

81-82

Fall Percent

2

5

83-84

(Total Seasons= 100%)



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

Y
85

Only fugitive emissions emitted, therefore no stack information

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? **N** (Y or N)

INPUT RATE

NAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PER YEAR	UNITS
1. Non-ferrous scrap	N/A	20	tons/hr	175,200	tons/yr
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

TOTAL

14. Output Materials (for this equipment)

Process/Product Stream

OUTPUT RATE

NAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PER YEAR	UNITS
1. Non-ferrous scrap	N/A	20	tons/hr	175,200	tons/yr
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

TOTAL

15. Waste Streams- Solid and Liquid

OUTPUT RATE

NAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PER YEAR	UNITS
1. None	N/A	N/A	N/A	N/A	N/A
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

TOTAL



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

Particulate Matter					
				N	A

99-104

Oxides of Sulfur					
				N	A

105-110

Oxides of Nitrogen					
				N	A

111-116

Carbon Monoxide					
				N	A

177-122

Volatile Organic Compounds					
				N	A

123-128

PM-10					
				N	A

129-134

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

Particulate Matter					
			6.	5	8

135-139

Oxides of Sulfur					
				N	A

140-144

Oxides of Nitrogen					
				N	A

145-149

Carbon Monoxide					
				N	A

150-154

Volatile Organic Compounds					
				N	A

155-159

PM-10					
			2.	4	1

160-164

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

TSP
2

165

SOX
NA

166

NOX
NA

167

CO
NA

168

VOC
NA

169

PM10
2

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

--

239

A: Add
C: Change

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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: Joseph Smith & Sons, Inc.

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:
Fugitive Emissions generated by 6050 Hammermill. See Figure 17

2. Emission Point Description

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

Fugitive particulate matter (PM) emissions represent the max potential PM fugitive emissions generated by the 6050 Hammermill.

3. Emissions Schedule for the Emission Point

Continuous or Intermittent (C/I)?	C	Seasonal Variation Check box if none: <input checked="" type="checkbox"/> Otherwise estimate seasonal variation:	
Minutes per hour:	60	Winter Percent	
Hours per day:	24	Spring Percent	
Days per week:	7	Summer Percent	
Weeks per year:	52	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 checked="" type="checkbox"/> None | <input type="checkbox"/> Thermal Oxidizer | No. _____ |
| <input type="checkbox"/> Baghouse | <input type="checkbox"/> Regenerative | No. _____ |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Catalytic Oxidizer | No. _____ |
| <input type="checkbox"/> Elec. Precipitator (ESP) | <input type="checkbox"/> Nitrogen Oxides Reduction | No. _____ |
| <input type="checkbox"/> Dust Suppression System | <input type="checkbox"/> Selective | <input type="checkbox"/> Non-Selective |
| <input type="checkbox"/> Venturi Scrubber | <input type="checkbox"/> Catalytic | <input type="checkbox"/> Non-Catalytic |
| <input type="checkbox"/> Spray Tower/Packed Bed | <input type="checkbox"/> Other | No. _____ |
| <input type="checkbox"/> Carbon Adsorber | Specify: | |
| <input type="checkbox"/> Cartridge/Canister | | |
| <input type="checkbox"/> Regenerative | | |

[illegible]

(Attach additional sheets as necessary.)

Water Media Process

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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

Joseph Smith & Sons, Inc.

Mailing Address

1511 S Street

Street Address

Capitol Heights MD 20743

City State Zip

Telephone Number

(301) 773-1266

Signature

Paul Sharp

Paul Sharp

Information Officer

12-13

Date

Application Date

4-30-2018

DO NOT WRITE IN THIS BLOCK 2. REGISTRATION NUMBER

County No.

Premises No.

--	--

--	--	--	--

1-2

3-6

Registration Class

Equipment No.

--

--	--	--	--

7

8-11

Data Year

--	--

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

Same as 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

New Construction
Begun (MM/YY)

New Construction
Completed (MM/YY)

Existing Initial
Operation (MM/YY)

C

15

--	--	--	--

16-19

--	--	--	--

20-23

0	1	1	5
---	---	---	---

20-23

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

Water media separation process. The maximum hourly rate of the Super Screens is conservatively estimated at 40 tons/hr.

5. Workmen's Compensation Coverage 3998666RT

Binder/Policy Number

10/15/2018

Expiration Date

Company Chesapeake Employers Insurance Co

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 2

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



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

Name Same as above Title _____
Company _____
Mailing Address/Street _____
City/Town _____ State _____ Telephone (____) _____

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

The major products processed at this scrap material facility are sheet metal, auto parts, and automobiles. The Super Screen is used to separate non-ferrous material. There are two (2) Super Screens used on-site associated with the water media separation process. Please refer to Figure 19 for the process flow diagrams.

9. Control Devices Associated with this Equipment

None

X

24-0Simple/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

N/A - electrically powered

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

ANNUAL AMOUNT CONSUMED

(Specify Type)

66-1

OTHER FUEL

ANNUAL AMOUNT CONSUMED

(Specify Type)

66-2

(Specify Units of Measure)

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

11. Operating Schedule (for this Equipment)

Continuous Operation

X

67-1

Batch Process

67-2

Hours per Batch

68-69

Batch per Week

Hours per Day

2

4

70-71

Days Per Week

7

72

Days per Year

3

6

5

73-75

Seasonal Variation in Operation:

No Variation

X

76

Winter Percent

2

5

77-78

Spring Percent

2

5

79-80

Summer Percent

2

5

81-82

Fall Percent

2

5

83-84

(Total Seasons= 100%)



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

☒ Y
85

Only fugitive emissions emitted, therefore no stack information

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? ☒ N (Y or N)

INPUT RATE

NAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PER YEAR	UNITS
1. Non-farrous scrap	N/A	40	tons/hr	350,400	tons/yr
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

TOTAL

14. Output Materials (for this equipment)

Process/Product Stream

OUTPUT RATE

NAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PER YEAR	UNITS
1. Non-farrous scrap	N/A	40	tons/hr	350,400	tons/yr
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

TOTAL

15. Waste Streams- Solid and Liquid

OUTPUT RATE

NAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PER YEAR	UNITS
1. None	N/A	N/A	N/A	N/A	N/A
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

TOTAL



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

These are the emissions for both Super Screens

				N	A
--	--	--	--	---	---

99-104

				N	A
--	--	--	--	---	---

105-110

				N	A
--	--	--	--	---	---

111-116

				N	A
--	--	--	--	---	---

177-122

				N	A
--	--	--	--	---	---

123-128

				N	A
--	--	--	--	---	---

129-134

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

			5	7	6
--	--	--	---	---	---

135-139

				N	A
--	--	--	--	---	---

140-144

				N	A
--	--	--	--	---	---

145-149

				N	A
--	--	--	--	---	---

150-154

				N	A
--	--	--	--	---	---

155-159

		1	3	8.	2
--	--	---	---	----	---

160-164

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

TSP
2

165

SOX
NA

166

NOX
NA

167

CO
NA

168

VOC
NA

169

PM10
2

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

--

239

A: Add
C: Change

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Air and Radiation Management Administration • Air Quality Permits Program
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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: Joseph Smith & Sons, Inc.

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:
Fugitive Emissions generated by super screens. See Figure 19.

2. Emission Point Description

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

Fugitive particulate matter (PM) emissions generated by super screen units. Emissions presented represent the max PM per unit.

3. Emissions Schedule for the Emission Point

Continuous or Intermittent (C/I)?	C	Seasonal Variation Check box if none: <input checked="" type="checkbox"/> Otherwise estimate seasonal variation:	
Minutes per hour:	60	Winter Percent	
Hours per day:	24	Spring Percent	
Days per week:	7	Summer Percent	
Weeks per year:	52	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 checked="" 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
<input type="checkbox"/> Elec. Precipitator (ESP)	No. _____	<input type="checkbox"/> Nitrogen Oxides Reduction
<input type="checkbox"/> Dust Suppression System	No. _____	<input type="checkbox"/> Selective
<input type="checkbox"/> Venturi Scrubber	No. _____	<input type="checkbox"/> Catalytic
<input type="checkbox"/> Spray Tower/Packed Bed	No. _____	<input type="checkbox"/> Non-Selective
<input type="checkbox"/> Carbon Adsorber	No. _____	<input type="checkbox"/> Non-Catalytic
<input type="checkbox"/> Cartridge/Canister		<input type="checkbox"/> Other
<input type="checkbox"/> Regenerative		Specify: _____

[illegible]

Form Number MDE/ARMA/PER.05EP Revised: 03/01/2016
TTY Users 1-800-735-2258

Ball Mill Process

MARYLAND DEPARTMENT OF THE ENVIRONMENT

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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

Joseph Smith & Sons, Inc.

Mailing Address

1511 S Street

Street Address

Capitol Heights MD 20743

City State Zip

Telephone Number

(301) 773-1266

Signature

Paul Sharp

Paul Sharp Information Officer

Print Name and Title

DO NOT WRITE IN THIS BLOCK 2. REGISTRATION NUMBER

County No.

Premises No.

--	--

--	--	--	--

1-2

3-6

Registration Class

Equipment No.

--

--	--	--	--

7

8-11

Data Year

--	--

12-13

Application Date

Date

4-30-2018

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

Same as 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

C

15

New Construction
Begun (MM/YY)

--	--	--	--

16-19

New Construction
Completed (MM/YY)

--	--	--	--

20-23

Existing Initial
Operation (MM/YY)

1	0	1	2
---	---	---	---

20-23

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

Ball Mill separation process. The manufacturer of the Trommels is US Conveyor Technologies. The maximum hourly rate for large units is conservatively estimated at 40 tph. The maximum hourly rate of the Super Screen is estimated at 40 tph.

5. Workmen's Compensation Coverage 3998666RT

10/15/2018

Binder/Policy Number

Expiration Date

Company Chesapeake Employers Insurance Co

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 0

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



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

Name Same as above Title _____
Company _____
Mailing Address/Street _____
City/Town _____ State _____ Telephone (____) _____

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

The major products processed at this scrap material facility are sheet metal, auto parts, and automobiles. Each Trommel consists of a perforated rotating drum used to rotate solid material through a series of screens, separating the material based on sizes ranging from 3.5 inches to 1.5 inches. One (1) large Trommel is involved in the Ball Mill Process. The Super Screen is used to separate non-ferrous material. One (1) Super Screen is involved in the Ball Mill Process. Please refer to Figure 20 for process flow diagrams.

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

N/A - electrically powered

OIL-1000 GALLONS	SULFUR %	GRADE	NATURAL GAS-1000 FT ³	LP GAS-100 GALLONS	GRADE
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
26-31	32-33	34	35-41	42-45	

COAL- TONS	SULFUR %	ASH%	WOOD-TONS	MOISTURE %
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
46-52	53-55	56-58	59-63	64-65

OTHER FUELS

☐

ANNUAL AMOUNT CONSUMED

(Specify Type)

66-1

(Specify Units of Measure)

OTHER FUEL

☐

ANNUAL AMOUNT CONSUMED

(Specify Type)

66-2

(Specify Units of Measure)

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

11. Operating Schedule (for this Equipment)

Continuous Operation	Batch Process	Hours per Batch	Batch per Week	Hours per Day	Days Per Week	Days per Year
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
67-1	67-2	68-69		70-71	72	73-75

Seasonal Variation in Operation:

No Variation	Winter Percent	Spring Percent	Summer Percent	Fall Percent	(Total Seasons= 100%)
<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
76	77-78	79-80	81-82	83-84	



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

Y
85

Only fugitive emissions emitted, therefore no stack information

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? **N** (Y or N)

INPUT RATE

NAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PER YEAR	UNITS
1. Non-ferrous scrap	N/A	40	tons/hr	350,400	tons/yr
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

TOTAL

14. Output Materials (for this equipment)

Process/Product Stream

OUTPUT RATE

NAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PER YEAR	UNITS
1. Non-ferrous scrap	N/A	40	tons/hr	350,400	tons/yr
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

TOTAL

15. Waste Streams- Solid and Liquid

OUTPUT RATE

NAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PER YEAR	UNITS
1. None	N/A	N/A	N/A	N/A	N/A
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

TOTAL



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

Emissions vary based on where equipment is located; worst case emissions for ball mill process is presented.

Particulate Matter <table border="1"><tr><td></td><td></td><td></td><td></td><td>N</td><td>A</td></tr></table> 99-104					N	A	Oxides of Sulfur <table border="1"><tr><td></td><td></td><td></td><td></td><td>N</td><td>A</td></tr></table> 105-110					N	A	Oxides of Nitrogen <table border="1"><tr><td></td><td></td><td></td><td></td><td>N</td><td>A</td></tr></table> 111-116					N	A
				N	A															
				N	A															
				N	A															
Carbon Monoxide <table border="1"><tr><td></td><td></td><td></td><td></td><td>N</td><td>A</td></tr></table> 177-122					N	A	Volatile Organic Compounds <table border="1"><tr><td></td><td></td><td></td><td></td><td>N</td><td>A</td></tr></table> 123-128					N	A	PM-10 <table border="1"><tr><td></td><td></td><td></td><td></td><td>N</td><td>A</td></tr></table> 129-134					N	A
				N	A															
				N	A															
				N	A															

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

Particulate Matter <table border="1"><tr><td></td><td></td><td>2</td><td>9</td><td>1.</td><td>5</td></tr></table> 135-139			2	9	1.	5	Oxides of Sulfur <table border="1"><tr><td></td><td></td><td></td><td></td><td>N</td><td>A</td></tr></table> 140-144					N	A	Oxides of Nitrogen <table border="1"><tr><td></td><td></td><td></td><td></td><td>N</td><td>A</td></tr></table> 145-149					N	A
		2	9	1.	5															
				N	A															
				N	A															
Carbon Monoxide <table border="1"><tr><td></td><td></td><td></td><td></td><td>N</td><td>A</td></tr></table> 150-154					N	A	Volatile Organic Compounds <table border="1"><tr><td></td><td></td><td></td><td></td><td>N</td><td>A</td></tr></table> 155-159					N	A	PM-10 <table border="1"><tr><td></td><td></td><td></td><td>7</td><td>2.</td><td>2</td></tr></table> 160-164				7	2.	2
				N	A															
				N	A															
			7	2.	2															

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

TSP <table border="1"><tr><td>2</td></tr></table> 165	2	SOX <table border="1"><tr><td>NA</td></tr></table> 166	NA	NOX <table border="1"><tr><td>NA</td></tr></table> 167	NA	CO <table border="1"><tr><td>NA</td></tr></table> 168	NA	VOC <table border="1"><tr><td>NA</td></tr></table> 169	NA	PM10 <table border="1"><tr><td>2</td></tr></table> 170	2
2											
NA											
NA											
NA											
NA											
2											

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 <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> 171-174					Equipment Code <table border="1"><tr><td></td><td></td><td></td></tr></table> 175-177				SCC Code <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 178-185								

20. Annual Operating Rate <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 186-192									Maximum Design Hourly Rate <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 193-199									Permit to Operate Month <table border="1"><tr><td></td><td></td></tr></table> 200-201			Transaction Date (MM/DD/YR) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 202-207								

Staff Code <table border="1"><tr><td></td><td></td><td></td></tr></table> 208-210				VOC Code <table border="1"><tr><td></td><td></td></tr></table> 211 212			SIP Code <table border="1"><tr><td></td><td></td></tr></table> 213 214			Regulation Code <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> 215-218					Confidentiality <table border="1"><tr><td></td></tr></table> 219								
Point Description <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 220-238																						Action <table border="1"><tr><td></td></tr></table> 239 A: Add C: Change	



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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: Joseph Smith & Sons, Inc.

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:
Fugitive Emissions generated by the large trommel in the ball mill process. See Figure 20.

2. Emission Point Description

Describe the emission point including all associated equipment and control devices:
Fugitive particulate matter (PM) emissions is the max generated by large trommel involved in the ball mill process.

3. Emissions Schedule for the Emission Point

Continuous or Intermittent (C/I)?	C	Seasonal Variation Check box if none: <input checked="" type="checkbox"/> Otherwise estimate seasonal variation:	
Minutes per hour:	60	Winter Percent	
Hours per day:	24	Spring Percent	
Days per week:	7	Summer Percent	
Weeks per year:	52	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 checked="" type="checkbox"/> None | <input type="checkbox"/> Thermal Oxidizer | No. _____ |
| <input type="checkbox"/> Baghouse | <input type="checkbox"/> Regenerative | |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Catalytic Oxidizer | No. _____ |
| <input type="checkbox"/> Elec. Precipitator (ESP) | <input type="checkbox"/> Nitrogen Oxides Reduction | No. _____ |
| <input type="checkbox"/> Dust Suppression System | <input type="checkbox"/> Selective | <input type="checkbox"/> Non-Selective |
| <input type="checkbox"/> Venturi Scrubber | <input type="checkbox"/> Catalytic | <input type="checkbox"/> Non-Catalytic |
| <input type="checkbox"/> Spray Tower/Packed Bed | <input type="checkbox"/> Other | No. _____ |
| <input type="checkbox"/> Carbon Adsorber | Specify: | |
| <input type="checkbox"/> Cartridge/Canister | | |
| <input type="checkbox"/> Regenerative | | |

[illegible]

Form Number MDE/ARMA/PER.05EP Revised: 03/01/2016
TTY Users 1-800-735-2258

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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: Joseph Smith & Sons, Inc.

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:
Fugitive Emissions generated by the super screen. See Figure 20.

2. Emission Point Description

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

Fugitive particulate matter (PM) emissions generated by the super screen unit. Emissions presented represent the max PM per unit.

3. Emissions Schedule for the Emission Point

Continuous or Intermittent (C/I)?	C	Seasonal Variation Check box if none: <input checked="" type="checkbox"/> Otherwise estimate seasonal variation:	
Minutes per hour:	60	Winter Percent	
Hours per day:	24	Spring Percent	
Days per week:	7	Summer Percent	
Weeks per year:	52	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 checked="" 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			

[illegible]

Form Number MDE/ARMA/PER.05EP Revised: 03/01/2016
TTY Users 1-800-735-2258

Spare Equipment

MARYLAND DEPARTMENT OF THE ENVIRONMENT

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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

Joseph Smith & Sons, Inc.

Mailing Address

1511 S Street

Street Address

Capitol Heights

MD

20743

City

State

Zip

Telephone Number

(301) 773-1266

Signature

Paul Tharp

Paul Tharp Information Officer

Print Name and Title

Date

4-30-2018

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

Same as 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

C

15

New Construction
Begun (MM/YY)

16-19

16-19

New Construction
Completed (MM/YY)

20-23

20-23

Existing Initial
Operation (MM/YY)

1 0 1 2

20-23

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

Spare Units. Aggregate Equipment Inc. is the manufacturer of the Bivi-Tec units. The manufacturer of the Trommels is US Conveyor Technologies. The maximum hourly rate for both units is conservatively estimated at 40 tph.

5. Workmen's Compensation Coverage 3998666RT

Binder/Policy Number

10/15/2018

Expiration Date

Company Chesapeake Employers Insurance Co

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 0

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

DO NOT WRITE IN THIS BLOCK 2. REGISTRATION NUMBER

County No.

1-2

Premises No.

3-6

Registration Class

7

Data Year

12-13

Equipment No.

8-11

Application Date



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

Name Same as above Title _____
Company _____
Mailing Address/Street _____
City/Town _____ State _____ Telephone (____) _____

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

The major products processed at this scrap material facility are sheet metal, auto parts, and automobiles.

The Bivi-tec units are used to separate problematic metal materials that pose a clogging risk. One (1) large Bivi-tec is a spare unit currently located with the Screening Operations. Each Trommel consists of a perforated rotating drum used to rotate solid material through a series of screens, separating the material based on sizes ranging from 3.5 inches to 1.5 inches. One (1) large Trommel unit is a spare unit currently located at the Screening Operations.

9. Control Devices Associated with this Equipment

None

X

24-0Simple/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

N/A - electrically powered

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

ANNUAL AMOUNT CONSUMED

(Specify Type)

66-1

OTHER FUEL

ANNUAL AMOUNT CONSUMED

(Specify Type)

66-2

(Specify Units of Measure)

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

11. Operating Schedule (for this Equipment)

Continuous Operation

X

67-1

Batch Process

67-2

Hours per Batch

68-69

Batch per Week

Hours per Day

2

4

70-71

Days Per Week

7

72

Days per Year

3

6

5

73-75

Seasonal Variation in Operation:

No Variation

X

76

Winter Percent

2

5

77-78

Spring Percent

2

5

79-80

Summer Percent

2

5

81-82

Fall Percent

2

5

83-84

(Total Seasons= 100%)



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

☒ Y
85

Only fugitive emissions emitted, therefore no stack information

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? ☒ N (Y or N)

INPUT RATE

NAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PER YEAR	UNITS
1. Non-ferrous scrap	N/A	40	tons/hr	350,400	tons/yr
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

TOTAL

14. Output Materials (for this equipment)

Process/Product Stream

OUTPUT RATE

NAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PER YEAR	UNITS
1. Non-ferrous scrap	N/A	40	tons/hr	350,400	tons/yr
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

TOTAL

15. Waste Streams- Solid and Liquid

OUTPUT RATE

NAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PER YEAR	UNITS
1. None	N/A	N/A	N/A	N/A	N/A
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

TOTAL



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

Emissions vary based on where equipment is located; worst case emissions are presented for both units combined.

Particulate Matter				Oxides of Sulfur				Oxides of Nitrogen			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
99-104				105-110				111-116			
Carbon Monoxide				Volatile Organic Compounds				PM-10			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
177-122				123-128				129-134			

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

Particulate Matter				Oxides of Sulfur				Oxides of Nitrogen			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
135-139				140-144				145-149			
Carbon Monoxide				Volatile Organic Compounds				PM-10			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
150-154				155-159				160-164			

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

TSP	SOX	NOX	CO	VOC	PM10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
165	166	167	168	169	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	Reviewed by State	
Date _____ By _____	Date _____ By _____	

19. Inventory Date	Month/Year	Equipment Code	SCC Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
171-174	175-177	178-185	

20. Annual Operating Rate	Maximum Design Hourly Rate	Permit to Operate Month	Transaction Date (MM/DD/YR)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
186-192	193-199	200-201	202-207

Staff Code	VOC Code	SIP Code	Regulation Code	Confidentiality
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
208-210	211 212	213 214	215-218	219
Point Description				Action
<input type="text"/>				<input type="text"/>
220-238				239



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: Joseph Smith & Sons, Inc.

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:
Fugitive Emissions generated by a large Bivi-tec unit. This unit is spare equipment and moves into various lines as needed.

2. Emission Point Description

Describe the emission point including all associated equipment and control devices:
Fugitive particulate matter (PM) emissions generated by a large Bivi-tec unit. Emissions presented represent the max PM per unit.

3. Emissions Schedule for the Emission Point

Continuous or Intermittent (C/I)?	C	Seasonal Variation Check box if none: <input checked="" type="checkbox"/> Otherwise estimate seasonal variation:	
Minutes per hour:	60	Winter Percent	
Hours per day:	24	Spring Percent	
Days per week:	7	Summer Percent	
Weeks per year:	52	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 checked="" type="checkbox"/> None | <input type="checkbox"/> Thermal Oxidizer | No. _____ |
| <input type="checkbox"/> Baghouse | <input type="checkbox"/> Regenerative | |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Catalytic Oxidizer | No. _____ |
| <input type="checkbox"/> Elec. Precipitator (ESP) | <input type="checkbox"/> Nitrogen Oxides Reduction | No. _____ |
| <input type="checkbox"/> Dust Suppression System | <input type="checkbox"/> Selective | <input type="checkbox"/> Non-Selective |
| <input type="checkbox"/> Venturi Scrubber | <input type="checkbox"/> Catalytic | <input type="checkbox"/> Non-Catalytic |
| <input type="checkbox"/> Spray Tower/Packed Bed | <input type="checkbox"/> Other | No. _____ |
| <input type="checkbox"/> Carbon Adsorber | Specify: | |
| <input type="checkbox"/> Cartridge/Canister | | |
| <input type="checkbox"/> Regenerative | | |

FORM 5EP: Emission Point Data

6. Estimated Emissions from the Emission Point

[illegible]

(Attach additional sheets as necessary.)

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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: Joseph Smith & Sons, Inc.

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:
Fugitive Emissions generated by a large trommel. This unit is spare equipment and moves into various lines as needed.

2. Emission Point Description

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

Fugitive particulate matter (PM) emissions is the max generated by a large trommel.

3. Emissions Schedule for the Emission Point

Continuous or Intermittent (C/I)?	C	Seasonal Variation Check box if none: <input checked="" type="checkbox"/> Otherwise estimate seasonal variation:	
Minutes per hour:	60	Winter Percent	
Hours per day:	24	Spring Percent	
Days per week:	7	Summer Percent	
Weeks per year:	52	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 checked="" 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 |
| <input type="checkbox"/> Elec. Precipitator (ESP) | No. _____ | <input type="checkbox"/> Nitrogen Oxides Reduction |
| <input type="checkbox"/> Dust Suppression System | No. _____ | <input type="checkbox"/> Selective |
| <input type="checkbox"/> Venturi Scrubber | No. _____ | <input type="checkbox"/> Catalytic |
| <input type="checkbox"/> Spray Tower/Packed Bed | No. _____ | <input type="checkbox"/> Non-Selective |
| <input type="checkbox"/> Carbon Adsorber | No. _____ | <input type="checkbox"/> Non-Catalytic |
| <input type="checkbox"/> Cartridge/Canister | | <input type="checkbox"/> Other |
| <input type="checkbox"/> Regenerative | | Specify: No. _____ |

[illegible]

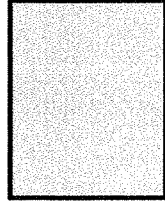
Form Number MDE/ARMA/PER.05EP Revised: 03/01/2016
TTY Users 1-800-735-2258

Appendix A
Process Flow Diagrams

Appendix A - Non-Ferrous Processing Equipment

> 5 tons per Hour Throughput

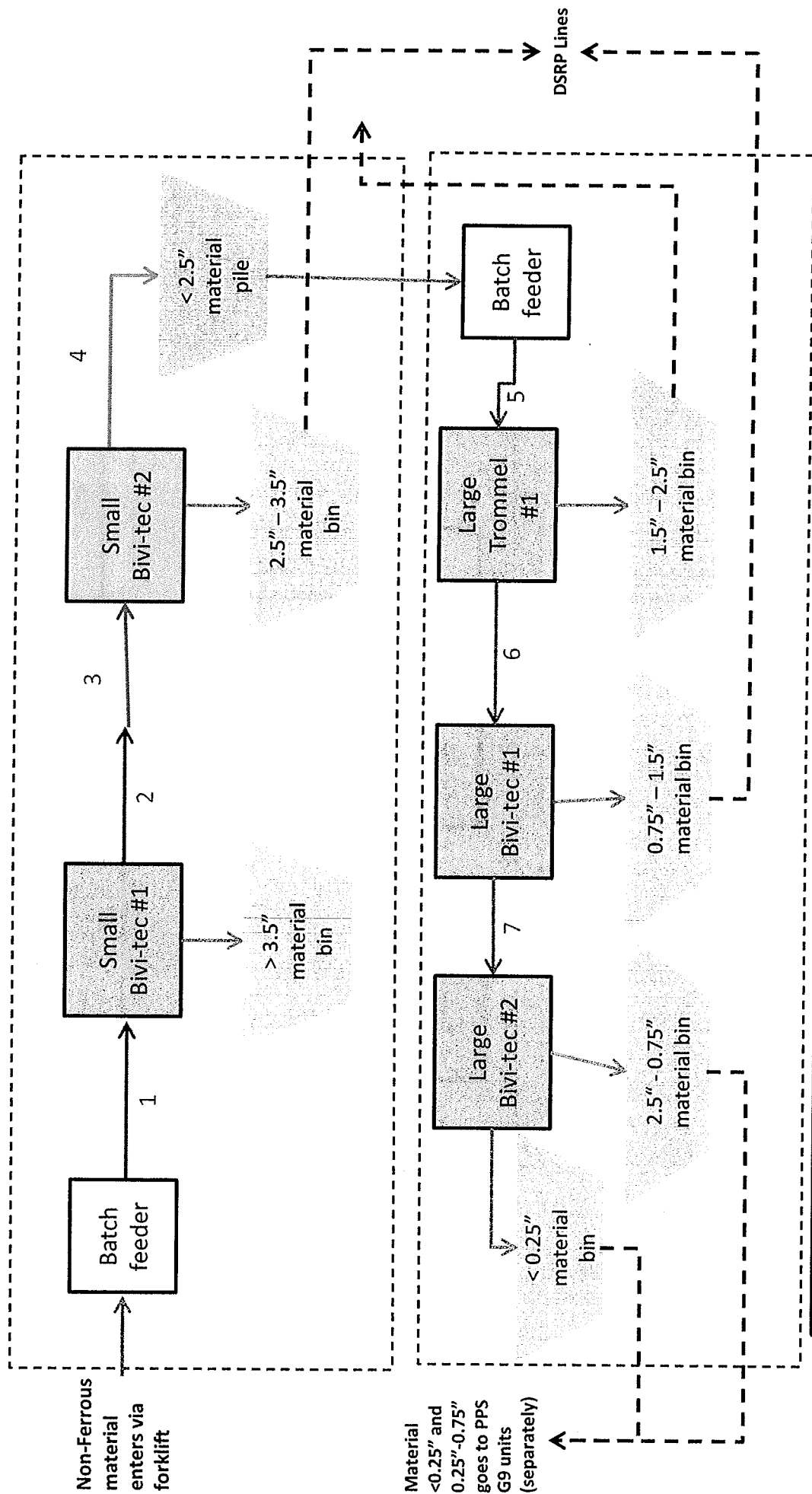
Unit	Figure	Equipment Description		Manufacturer	Model	(tons/hr) ⁽¹⁾	Max Throughput (tons/yr) ⁽²⁾
Small Bivi-tec ⁽³⁾	Figure 4a	Screening	AEI-Aggregate Equipment Inc	74" model		30	262,800
Small Bivi-tec ⁽³⁾	Figure 4a	Screening	AEI-Aggregate Equipment Inc	74" model		30	262,800
Large Bivi-tec ⁽³⁾	Figure 4a	Screening	AEI-Aggregate Equipment Inc	96" model		40	350,400
Large Bivi-tec ⁽³⁾	Figure 4a	Screening	AEI-Aggregate Equipment Inc	96" model		40	350,400
Large Bivi-tec ⁽³⁾	Figure 4a	Screening	AEI-Aggregate Equipment Inc	96" model		40	350,400
Large Bivi-tec ⁽³⁾	Figure 4a	Screening	AEI-Aggregate Equipment Inc	96" model		40	350,400
Large Bivi-tec ⁽³⁾	Figure 4a	Screening	AEI-Aggregate Equipment Inc	96" model		40	350,400
Large Trommel ⁽³⁾	Figure 4a	Screening	US Conveyor Technologies	N/A		40	350,400
Large Trommel ⁽³⁾	Figure 4a	Screening	US Conveyor Technologies	N/A		40	350,400
Small Trommel ⁽³⁾	Figure 4b	Screening	US Conveyor Technologies	N/A		30	262,800
Small Trommel ⁽³⁾	Figure 4b	Screening	US Conveyor Technologies	N/A		30	262,800
Small Trommel ⁽⁴⁾	Figure 12	Aluminum Processing	US Conveyor Technologies	N/A		30	262,800
Super Screen ⁽⁴⁾	Figure 19	Water Media Separation	Super Screen	N/A		40	350,400
Super Screen ⁽⁴⁾	Figure 19	Water Media Separation	Super Screen	N/A		40	350,400
Super Screen ⁽⁴⁾	Figure 20	Ball Mill Process	Super Screen	N/A		40	350,400
Large Trommel ⁽⁵⁾	Figure 20	Ball Mill Process	US Conveyor Technologies	N/A		40	350,400
Large Bivi-tec ⁽³⁾	None	Various Lines (Spare)	AEI-Aggregate Equipment Inc	96" model		40	350,400
Large Trommel ⁽³⁾	None	Various Lines (Spare)	US Conveyor Technologies	N/A		40	350,400
6050 Hammermill ⁽⁶⁾	Figure 17	6050 Mill Process	American Pulverizer	N/A		20	175,200



Blue shading indicates equipment (e.g., crushers, hammermills, shredders, grinders, or classifying screens) with greater than 5 tons per hour throughput

Figure 4a - Process Flow Diagram for Screening Operations

Joseph Smith & Sons, Inc.
Capitol Heights, Maryland



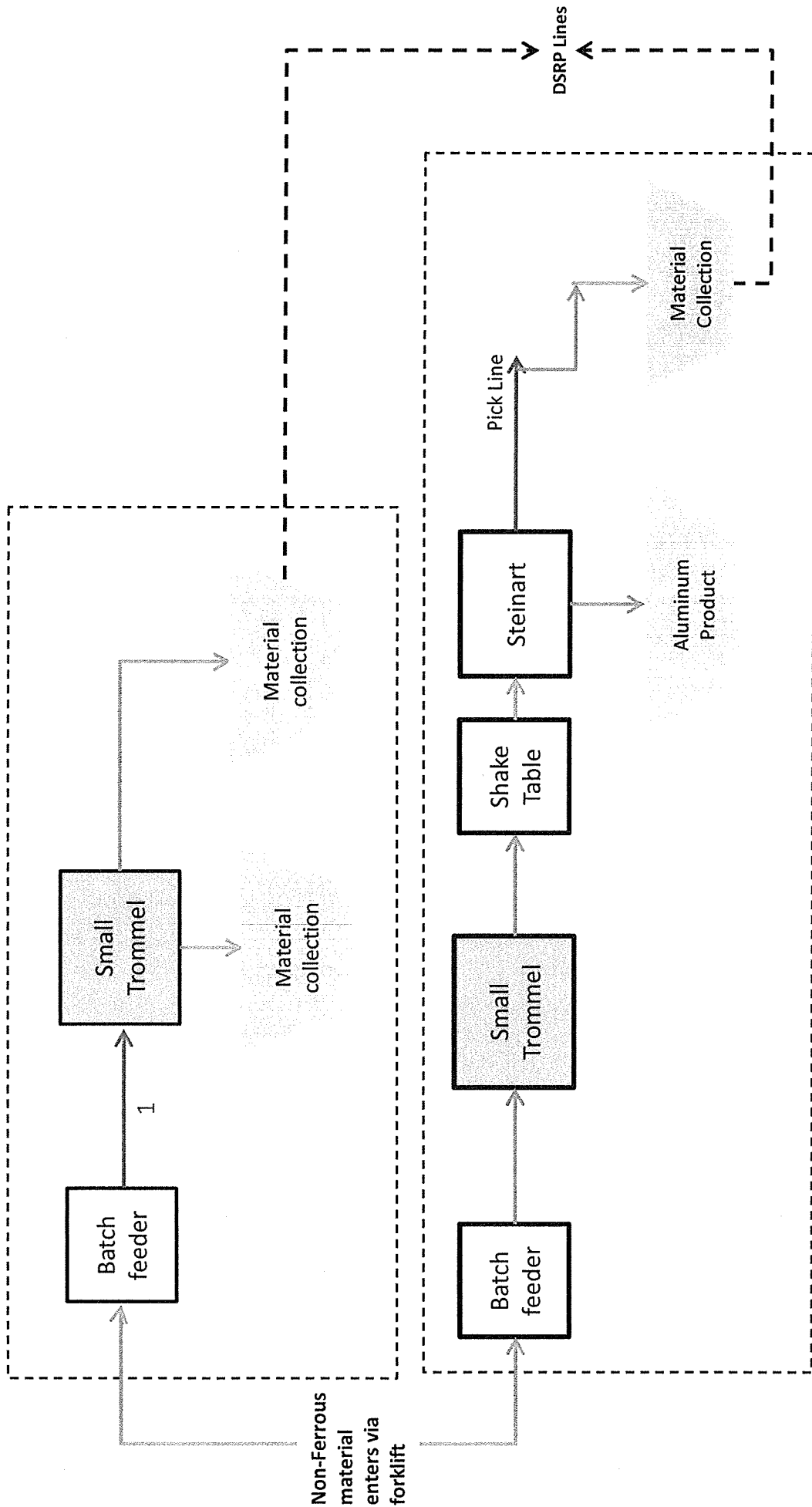
Notes

1. All operations within dotted line considered one process.
2. All end points go to further processing stages (DSRP lines or G9 process).
3. There are 2 identical processes with regards to the smaller screening operations.
4. One additional spare Large Bivi-tec and Large Trommel not pictured located in area not currently in operation.

Key

- Black = Equipment
- Orange = Conveyor
- Green = Drop
- Grey = Collection

Figure 4b - Process Flow Diagram for Screening Operations
 Joseph Smith & Sons, Inc.
 Capitol Heights, Maryland



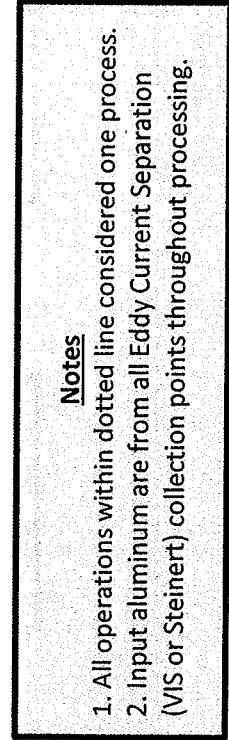
Key

- Black = Equipment
- Orange = Conveyor
- Green = Drop
- Grey = Collection

Notes

1. All operations within dotted line considered one process.
2. All end points go to further processing stages (DSRP lines or G9 process).

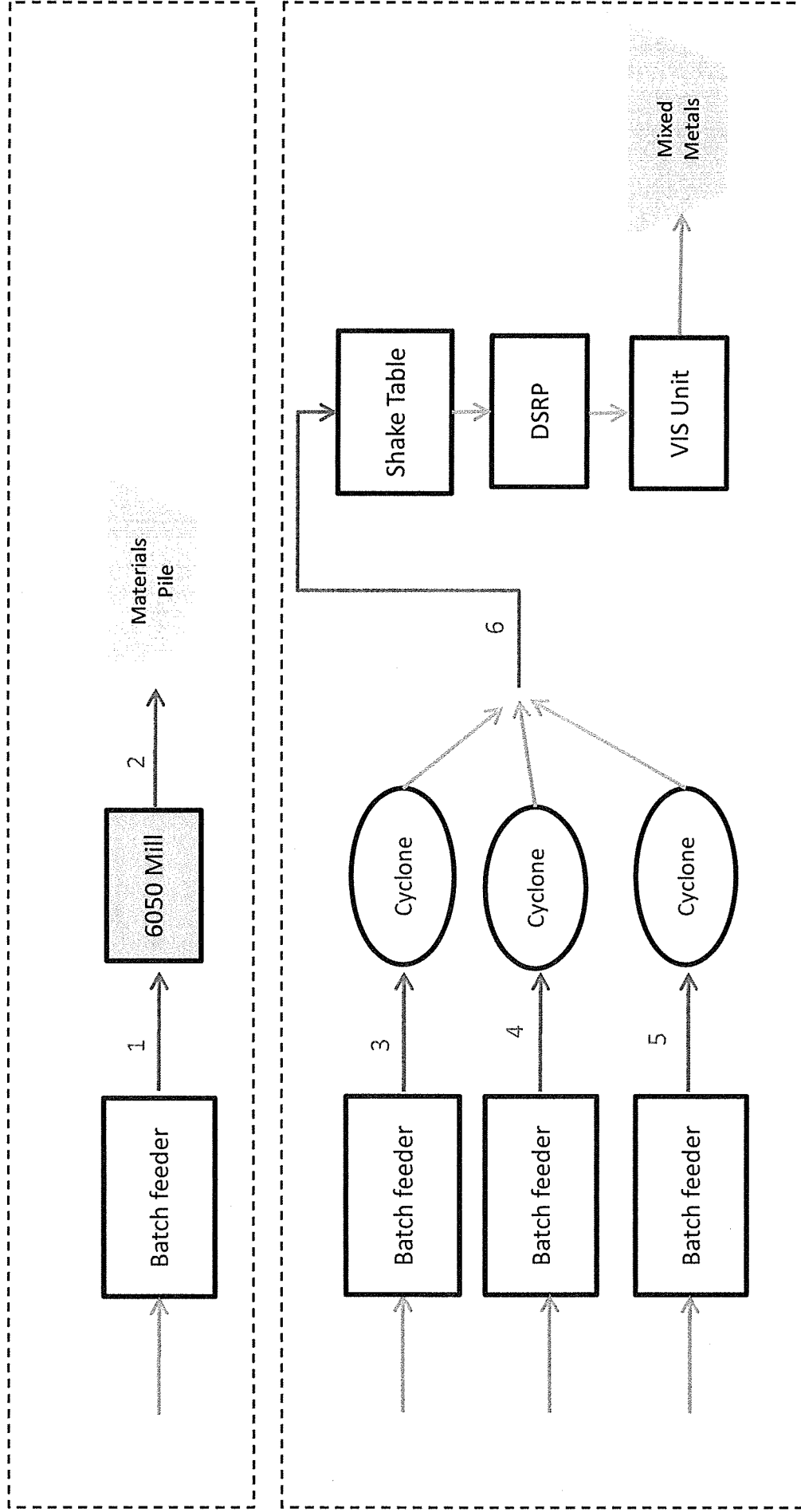
Joseph Smith & Sons, Inc.
Capitol Heights, Maryland



Black = Equipment
Orange = Conveyor
Green = Drop
Grey = Collection

Figure 17 - Process Flow Diagram for the 6050 Mill & 6050 Cyclone Processes

Joseph Smith & Sons, Inc.
Capitol Heights, Maryland



Notes
1. All operations within dotted line considered one process.

Key
Black = Equipment
Orange = Conveyor
Green = Drop
Grey = Collection

Figure 19 - Process Flow Diagram for Water Media Separation
 Joseph Smith & Sons, Inc.
 Capitol Heights, Maryland

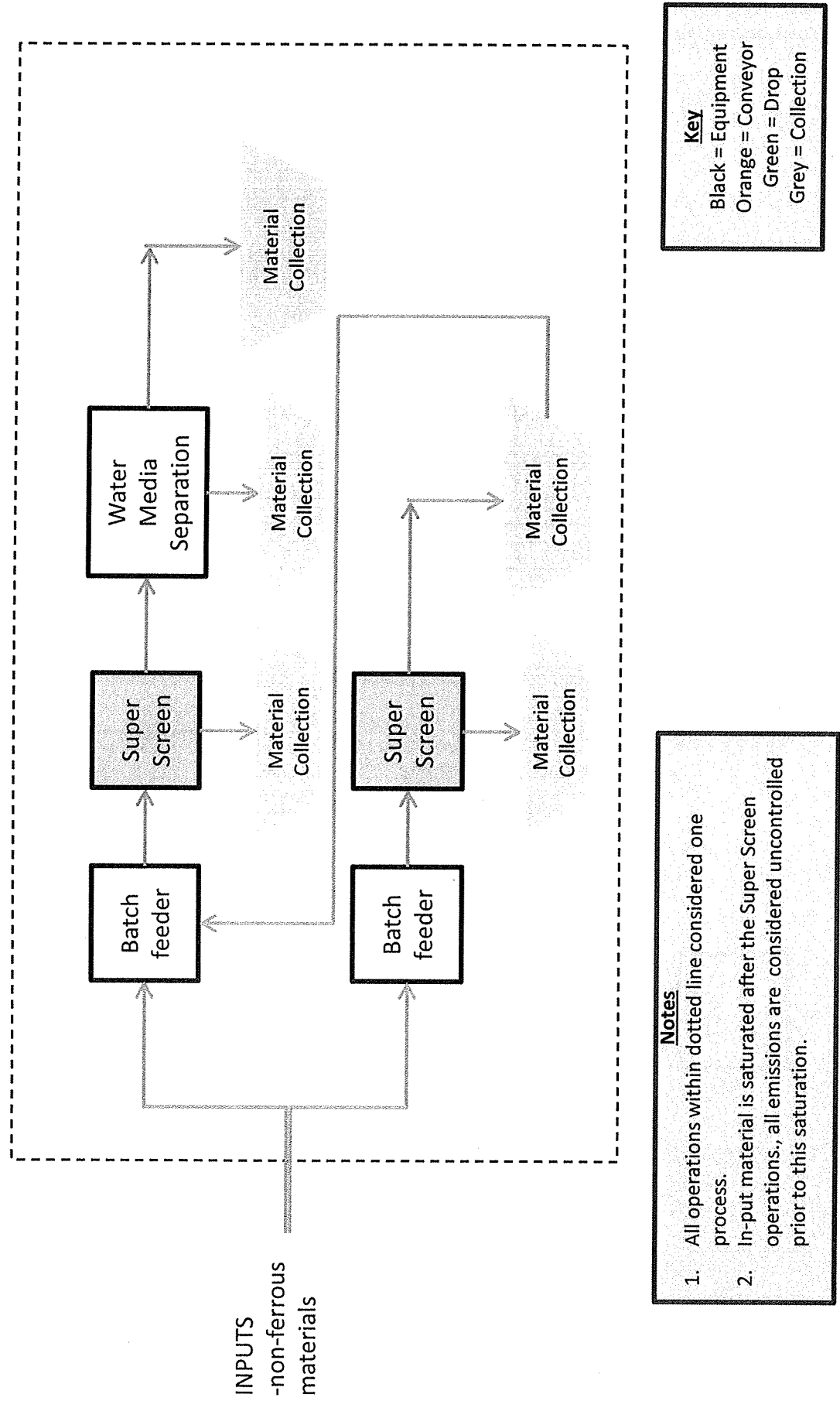
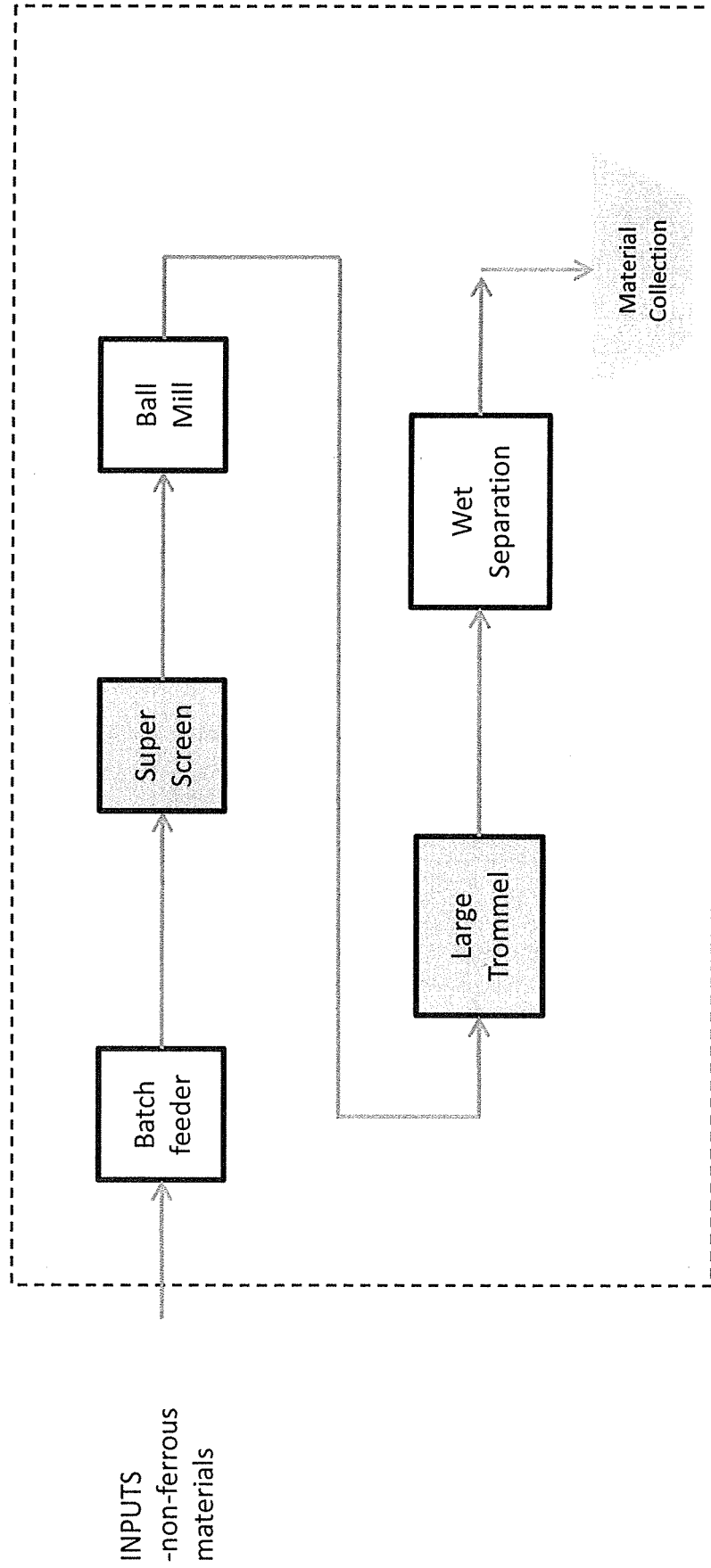


Figure 20 - Process Flow Diagram for Ball Mill Process
Joseph Smith & Sons, Inc.
Capitol Heights, Maryland



- Notes**
1. All operations within dotted line considered one process.
 2. In-put material is saturated after the Super Screen operations,, all emissions are considered uncontrolled prior to this saturation.

- Key**
- Black = Equipment
 - Orange = Conveyor
 - Green = Drop
 - Grey = Collection