

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

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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

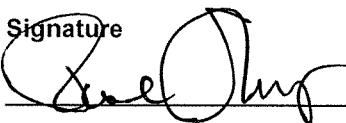
Street Address

Capitol Heights	MD	20743
City	State	Zip

Telephone Number

(301) 773-1266

Signature



Paul Sharp 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

--

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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	New Construction Begun (MM/YY)	New Construction Completed (MM/YY)	Existing Initial Operation (MM/YY)
C 15	16-19	20-23	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

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

--	--	--	--	--

26-31

SULFUR %

--	--

GRADE

NATURAL GAS-1000 FT³

--	--	--	--	--	--

LP GAS-100 GALLONS

--	--	--	--	--

GRADE

COAL- TONS

--	--	--	--	--

46-52

SULFUR %

--	--

34

ASH%

--	--

56-58

WOOD-TONS

--	--	--	--

59-63

MOISTURE %

--	--

64-65

OTHER FUELS

ANNUAL AMOUNT CONSUMED

ANNUAL AMOUNT CONSUMED

(Specify Type)

66-1

(Specify Units of Measure)

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

66-2

(Specify Units of Measure)

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

67-1

67-2

--	--

68-69

70-71

--	--

72

--	--	--

73-75

Seasonal Variation in Operation:

No Variation

76

Winter Percent

--	--

77-78

Spring Percent

--	--

79-80

Summer Percent

--	--

81-82

Fall Percent

--	--

83-84

(Total Seasons= 100%)



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

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

Particulate Matter	Oxides of Sulfur	Oxides of Nitrogen
<input type="text"/> <input type="text"/> <input type="text"/> N A	<input type="text"/> <input type="text"/> <input type="text"/> N A	<input type="text"/> <input type="text"/> <input type="text"/> N A
99-104	105-110	111-116
Carbon Monoxide	Volatile Organic Compounds	PM-10
<input type="text"/> <input type="text"/> <input type="text"/> N A	<input type="text"/> <input type="text"/> <input type="text"/> N A	<input type="text"/> <input type="text"/> <input type="text"/> N A
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"/> 1 9. 0	<input type="text"/> <input type="text"/> <input type="text"/> N A	<input type="text"/> <input type="text"/> <input type="text"/> N A
135-139	140-144	145-149
Carbon Monoxide	Volatile Organic Compounds	PM-10
<input type="text"/> <input type="text"/> <input type="text"/> N A	<input type="text"/> <input type="text"/> <input type="text"/> N A	<input type="text"/> <input type="text"/> 6. 3 9
150-154	155-159	160-164

Method Used to Determine Emissions

(1= Estimate 2= Emission Factor 3= Stack Test 4= Other)

TSP <input type="text"/> 2 165	SOX <input type="text"/> NA 166	NOX <input type="text"/> NA 167	CO <input type="text"/> NA 168	VOC <input type="text"/> NA 169	PM10 <input type="text"/> 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****Equipment Code****SCC Code**

<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"/>
171-174	175-177	178-185

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"/> <input type="text"/> <input type="text"/>
186-192

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
193-199

<input type="text"/> <input type="text"/>
200-201

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
202-207

Staff Code**VOC Code****SIP Code****Regulation Code****Confidentiality**

<input type="text"/> <input type="text"/> <input type="text"/>
208-210

<input type="text"/> <input type="text"/>
211 212

<input type="text"/> <input type="text"/>
213 214

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
215-218

<input type="text"/>
219

Point Description

<input type="text"/>
220-238

Action

<input type="text"/>

A: Add
C: Change

239



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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

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"/> Catalytic
<input type="checkbox"/> Venturi Scrubber	No. _____	<input type="checkbox"/> Non-Selective <input type="checkbox"/> Non-Catalytic
<input type="checkbox"/> Spray Tower/Packed Bed	No. _____	<input type="checkbox"/> Other Specify: _____
<input type="checkbox"/> Carbon Adsorber	No. _____	No. _____
<input type="checkbox"/> Cartridge/Canister		
<input type="checkbox"/> Regenerative		

FORM 5EP: Emission Point Data

6. Estimated Emissions from the Emission Point

(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 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

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"/> Catalytic
<input type="checkbox"/> Venturi Scrubber	No. _____	<input type="checkbox"/> Non-Selective <input type="checkbox"/> Non-Catalytic
<input type="checkbox"/> Spray Tower/Packed Bed	No. _____	<input type="checkbox"/> Other Specify: _____
<input type="checkbox"/> Carbon Adsorber	No. _____	No. _____
<input type="checkbox"/> Cartridge/Canister		
<input type="checkbox"/> Regenerative		

FORM 5EP: Emission Point Data

6. Estimated Emissions from the Emission Point

(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 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

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"/> Catalytic
<input type="checkbox"/> Venturi Scrubber	No. _____	<input type="checkbox"/> Non-Selective <input type="checkbox"/> Non-Catalytic
<input type="checkbox"/> Spray Tower/Packed Bed	No. _____	<input type="checkbox"/> Other Specify: _____
<input type="checkbox"/> Carbon Adsorber	No. _____	No. _____
<input type="checkbox"/> Cartridge/Canister		
<input type="checkbox"/> Regenerative		

FORM 5EP: Emission Point Data

6. Estimated Emissions from the Emission Point

(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 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	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"/> Catalytic
<input type="checkbox"/> Venturi Scrubber	No. _____	<input type="checkbox"/> Non-Selective <input type="checkbox"/> Non-Catalytic
<input type="checkbox"/> Spray Tower/Packed Bed	No. _____	<input type="checkbox"/> Other Specify: _____
<input type="checkbox"/> Carbon Adsorber	No. _____	No. _____
<input type="checkbox"/> Cartridge/Canister		
<input type="checkbox"/> Regenerative		

FORM 5EP: Emission Point Data

6. Estimated Emissions from the Emission Point

(Attach additional sheets as necessary.)

Aluminum 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 Tharp

Print Name and Title

Information Officer

4/30/2018

Date

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

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)

New Construction
Begin (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
 24-0

Simple/Multiple Cyclone	Spray/Adsorb Tower	Venturi Scrubber	Carbon Adsorber	Electrostatic Precipitator	Baghouse	Thermal/Catalytic Afterburner	Dry Scrubber
<input type="checkbox"/> 24-1	<input type="checkbox"/> 24-2	<input type="checkbox"/> 24-3	<input type="checkbox"/> 24-4	<input type="checkbox"/> 24-5	<input type="checkbox"/> 24-6	<input type="checkbox"/> 24-7	<input type="checkbox"/> 24-8

Other

24-9 Describe _____

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"/> 26-31	<input type="checkbox"/> 32-33	<input type="checkbox"/> 34	<input type="checkbox"/> 35-41	<input type="checkbox"/> 42-45	<input type="checkbox"/>

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

OTHER FUELS	<input type="checkbox"/> 66-1	ANNUAL AMOUNT CONSUMED	OTHER FUEL	<input type="checkbox"/> 66-2	ANNUAL AMOUNT CONSUMED
(Specify Type)	(Specify Units of Measure)	1= Coke 2= COG 3=BFG 4=Other	(Specify Type)	(Specify Units of Measure)	

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"/> 67-1	<input type="checkbox"/> 67-2	<input type="checkbox"/> 68-69	<input type="checkbox"/>	<input type="checkbox"/> 2 4	<input type="checkbox"/> 7	<input type="checkbox"/> 3 6 5
--	-------------------------------	--------------------------------	--------------------------	------------------------------	----------------------------	--------------------------------

Seasonal Variation in Operation:

No Variation Winter Percent Spring Percent Summer Percent Fall Percent (Total Seasons= 100%)

<input checked="" type="checkbox"/> 76	<input type="checkbox"/> 2 5			
--	------------------------------	------------------------------	------------------------------	------------------------------



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

Only fugitive emissions emitted, therefore no stack information

 Y
85

If not, then

Height Above Ground (FT)

--	--	--

86-88

Inside Diameter at Top

--	--	--

89-91

Exit Temperature (°F)

--	--	--	--

92-95

Exit Velocity (FT/SEC)

--	--	--

96-98

NOTE:

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

13. Input Materials (for this equipment only)Is any of this data to be considered confidential? 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

Oxides of Sulfur

Oxides of Nitrogen

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

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

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

99-104

105-110

111-116

Carbon Monoxide

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

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

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

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

		2	1	6
--	--	---	---	---

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

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

135-139

140-144

145-149

Carbon Monoxide

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

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

			5	1.	8
--	--	--	---	----	---

150-154

155-159

160-164

Method Used to Determine Emissions

(1= Estimate 2= Emission Factor 3= Stack Test 4= Other)

2

NA

2

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

Date _____ By _____

Reviewed by State

Date _____ By _____

19. Inventory Date**Month/Year****Equipment Code****SCC Code**

--	--	--	--

--	--	--

--	--	--	--	--	--	--

171-174

175-177

178-185

20. Annual**Maximum Design****Permit to Operate****Transaction Date****Operating Rate****Hourly Rate****Month****(MM/DD/YR)**

--	--	--	--	--	--

--	--	--	--	--	--

--	--

--	--	--	--	--	--

186-192

193-199

200-201

202-207

Staff Code**VOC Code****SIP Code****Regulation Code****Confidentiality**

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211	212
-----	-----

213	214
-----	-----

--	--	--

--

208-210

211 212

213 214

215-218

219

Point Description

--	--	--	--	--	--	--	--	--	--	--	--

220-238

Action

--

A: Add
C: Change

239



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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	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"/> Catalytic
<input type="checkbox"/> Venturi Scrubber	No. _____	<input type="checkbox"/> Non-Selective <input type="checkbox"/> Non-Catalytic
<input type="checkbox"/> Spray Tower/Packed Bed	No. _____	<input type="checkbox"/> Other Specify: _____
<input type="checkbox"/> Carbon Adsorber	No. _____	No. _____
<input type="checkbox"/> Cartridge/Canister		
<input type="checkbox"/> Regenerative		

FORM 5EP: Emission Point Data

6. Estimated Emissions from the Emission Point

(Attach additional sheets as necessary.)

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

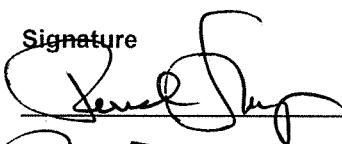
Street Address

Capitol Heights MD 20743
 City State Zip

Telephone Number

(301) 773-1266

Signature



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	New Construction Begun (MM/YY)	New Construction Completed (MM/YY)	Existing Initial Operation (MM/YY)
C 15	16-19	20-23	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

10/15/2018

Company Chesapeake Employers Insurance Co

Binder/Policy Number

Expiration Date

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

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

 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

26-31

SULFUR % 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

OTHER FUEL

ANNUAL AMOUNT CONSUMED

(Specify Type)

66-1

(Specify Units of Measure)

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

67-1

67-2

68-69

70-71

7

73-75

Seasonal Variation in Operation:

No Variation

76

Winter Percent

77-78

Spring Percent

79-80

Summer Percent

81-82

Fall Percent

83-84

(Total Seasons= 100%)



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

Only fugitive emissions emitted, therefore no stack information

 Y
85

If not, then

Height Above Ground (FT)

Inside Diameter at Top

Exit Temperature (°F)

Exit Velocity (FT/SEC)

--	--	--

86-88

--	--	--

89-91

--	--	--	--

92-95

--	--	--

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	Oxides of Sulfur	N A	Oxides of Nitrogen	N A
99-104		105-110		111-116	
Carbon Monoxide	N A	Volatile Organic Compounds	N A	PM-10	N A

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

Particulate Matter	6. 5 8	Oxides of Sulfur	N A	Oxides of Nitrogen	N A
135-139		140-144		145-149	
Carbon Monoxide	N A	Volatile Organic Compounds	N A	PM-10	2. 4 1

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

TSP	SOX	NOX	CO	VOC	PM10
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****Equipment Code****SCC Code**

171-174	175-177	178-185
---------	---------	---------

**20. Annual
Operating Rate****Maximum Design
Hourly Rate****Permit to Operate
Month****Transaction Date
(MM/DD/YR)**

186-192

193-199

200-201

202-207

Staff Code**VOC Code****SIP Code****Regulation Code****Confidentiality**

208-210

211 212

213 214

215-218

219

Point Description

220-238

Action

--

A: Add
C: Change

239



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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	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 Specify: _____	No. _____
<input type="checkbox"/> Carbon Adsorber	No. _____		
<input type="checkbox"/> Cartridge/Canister			
<input type="checkbox"/> Regenerative			

FORM 5EP: Emission Point Data

6. Estimated Emissions from the Emission Point

(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



Print Name and Title

Paul Tharp Information Officer 4-30-2018

DO NOT WRITE IN THIS BLOCK

2. REGISTRATION NUMBER

County No.

--	--

Premises No.

--	--	--	--

1-2 Registration Class

--

3-6 Equipment No.

--	--	--	--

7 Data Year

--	--

8-11

12-13

Application 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)

New Construction

New Construction

Existing Initial

Begun (MM/YY)

Completed (MM/YY)

Operation (MM/YY)

Status

--	--	--	--

15

--	--	--	--

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

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 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
 24-0

Simple/Multiple Cyclone	Spray/Adsorb Tower	Venturi Scrubber	Carbon Adsorber	Electrostatic Precipitator	Baghouse	Thermal/Catalytic Afterburner	Dry Scrubber
<input type="checkbox"/> 24-1	<input type="checkbox"/> 24-2	<input type="checkbox"/> 24-3	<input type="checkbox"/> 24-4	<input type="checkbox"/> 24-5	<input type="checkbox"/> 24-6	<input type="checkbox"/> 24-7	<input type="checkbox"/> 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"/> 26-31	<input type="checkbox"/> 32-33	<input type="checkbox"/> 34	<input type="checkbox"/> 35-41	<input type="checkbox"/> 42-45	<input type="checkbox"/>

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

OTHER FUELS	<input type="checkbox"/> ANNUAL AMOUNT CONSUMED	OTHER FUEL	<input type="checkbox"/> ANNUAL AMOUNT CONSUMED
(Specify Type)	66-1	(Specify Units of Measure)	66-2
1= Coke 2= COG 3=BFG 4=Other		(Specify Units of Measure)	

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"/> 67-1	<input type="checkbox"/> 67-2	<input type="checkbox"/> 68-69	<input type="checkbox"/>	<input type="checkbox"/> 2 4	<input type="checkbox"/> 7	<input type="checkbox"/> 3 6 5
--	-------------------------------	--------------------------------	--------------------------	------------------------------	----------------------------	--------------------------------

Seasonal Variation in Operation:

No Variation	Winter Percent	Spring Percent	Summer Percent	Fall Percent	(Total Seasons= 100%)
<input checked="" type="checkbox"/> 76	<input type="checkbox"/> 2 5	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)

NAME	CAS NO. (IF APPLICABLE)	INPUT RATE			
		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

NAME	CAS NO. (IF APPLICABLE)	OUTPUT RATE			
		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

NAME	CAS NO. (IF APPLICABLE)	OUTPUT RATE			
		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

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

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	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****Equipment Code****SCC Code**

171-174

175-177

178-185

**20. Annual
Operating Rate****Maximum Design
Hourly Rate****Permit to Operate****Transaction Date
(MM/DD/YR)**

186-192

193-199

200-201

202-207

Staff Code**VOC Code****SIP Code****Regulation Code****Confidentiality**

208-210

211	212
-----	-----

213	214
-----	-----

215-218

219

ActionA: Add
C: Change

239

Point Description

220-238



MARYLAND DEPARTMENT OF THE ENVIRONMENT

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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

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"/> Catalytic
<input type="checkbox"/> Venturi Scrubber	No. _____	<input type="checkbox"/> Non-Selective <input type="checkbox"/> Non-Catalytic
<input type="checkbox"/> Spray Tower/Packed Bed	No. _____	<input type="checkbox"/> Other Specify: _____
<input type="checkbox"/> Carbon Adsorber	No. _____	
	<input type="checkbox"/> Cartridge/Canister	
	<input type="checkbox"/> Regenerative	

FORM 5EP: Emission Point Data

6. Estimated Emissions from the Emission Point

(Attach additional sheets as necessary.)

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 Tharp Information Officer

Print Name and Title

4-30-2018

Date

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

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	<table border="1"> <tr><td></td><td></td><td></td></tr> </table> 16-19				<table border="1"> <tr><td></td><td></td><td></td></tr> </table> 20-23				<table border="1"> <tr><td>1</td><td>0</td><td>1</td><td>2</td></tr> </table> 20-23	1	0	1	2
1	0	1	2										

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

26-31	32-33	34	35-41	42-45	

32-33	34	35-41	42-45	

35-41	42-45						

42-45					

46-52	53-55	56-58	59-63	64-65	

53-55	56-58	59-63	64-65	

56-58	59-63	64-65		

46-52	53-55	56-58	59-63	64-65

OTHER FUELS

ANNUAL AMOUNT CONSUMED

OTHER FUEL

ANNUAL AMOUNT CONSUMED

(Specify Type)

66-1

(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

67-1

67-2

68-69

2	4
---	---

70-71

72

3	6	5
---	---	---

73-75

Seasonal Variation in Operation:

No Variation

Winter Percent

Spring Percent

Summer Percent

Fall Percent

(Total Seasons= 100%)

76

2	5
---	---

77-78

2	5
---	---

79-80

2	5
---	---

81-82

2	5
---	---

83-84



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

Only fugitive emissions emitted, therefore no stack information

 Y
85

If not, then

Height Above Ground (FT)

--	--	--

86-88

Inside Diameter at Top

--	--	--

89-91

Exit Temperature (°F)

--	--	--	--

92-95

Exit Velocity (FT/SEC)

--	--	--	--

96-98

NOTE:

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

13. Input Materials (for this equipment only)Is any of this data to be considered confidential? 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

Oxides of Sulfur

Oxides of Nitrogen

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

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

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

99-104

105-110

111-116

Carbon Monoxide

Volatile Organic Compounds

PM-10

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

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

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

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

	2	9	1.	5
--	---	---	----	---

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

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

135-139

140-144

145-149

Carbon Monoxide

Volatile Organic Compounds

PM-10

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

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

			7	2.	2
--	--	--	---	----	---

150-154

155-159

160-164

Method Used to Determine Emissions

(1= Estimate 2= Emission Factor 3= Stack Test 4= Other)

2

165

NA

166

NA

167

NA

168

NA

169

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****Equipment Code****SCC Code**

--	--	--	--

171-174

--	--	--

175-177

--	--	--	--	--	--	--

178-185

20. Annual**Operating Rate****Maximum Design****Hourly Rate****Permit to Operate****Transaction Date**

(MM/DD/YR)

--	--	--	--	--	--

186-192

--	--	--	--	--	--

193-199

--	--

200-201

--	--	--	--	--

202-207

Staff Code**VOC Code****SIP Code****Regulation Code****Confidentiality**

--	--	--

208-210

--	--

211 212

--	--

213 214

--	--	--

215-218

--

219

Point Description

--	--	--	--	--	--	--	--	--	--	--	--

220-238

Action

--

A: Add
C: Change

239



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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

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"/> Catalytic
<input type="checkbox"/> Venturi Scrubber	No. _____	<input type="checkbox"/> Non-Selective <input type="checkbox"/> Non-Catalytic
<input type="checkbox"/> Spray Tower/Packed Bed	No. _____	<input type="checkbox"/> Other Specify: _____
<input type="checkbox"/> Carbon Adsorber	No. _____	
	<input type="checkbox"/> Cartridge/Canister	
	<input type="checkbox"/> Regenerative	

FORM 5EP: Emission Point Data

6. Estimated Emissions from the Emission Point

(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 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
<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"/> Catalytic
<input type="checkbox"/> Venturi Scrubber	No. _____	<input type="checkbox"/> Non-Selective <input type="checkbox"/> Non-Catalytic
<input type="checkbox"/> Spray Tower/Packed Bed	No. _____	<input type="checkbox"/> Other Specify: _____
<input type="checkbox"/> Carbon Adsorber	No. _____	
		<input type="checkbox"/> Cartridge/Canister
		<input type="checkbox"/> Regenerative

FORM 5EP: Emission Point Data

6. Estimated Emissions from the Emission Point

(Attach additional sheets as necessary.)

Spare Equipment

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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

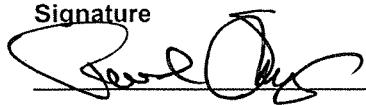
Street Address

Capitol Heights	MD	20743
City	State	Zip

Telephone Number

(301) 773-1266

Signature



Print Name and Title

Paul Sharp Information Officer 4-3-2018

DO NOT WRITE IN THIS BLOCK

2. REGISTRATION NUMBER

County No.

--	--

Premises No.

--	--	--	--

1-2 Registration Class

--

3-6 Equipment No.

--	--	--	--

7 Data Year

--	--

8-11

12-13

Application Date

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	New Construction				New Construction				Existing Initial			
	Begun (MM/YY)				Completed (MM/YY)				Operation (MM/YY)			
C 15									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

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

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="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"/> <input type="text"/> <input type="text"/>	<input type="text"/>
26-31	32-33	34	35-41	42-45	
COAL- TONS	SULFUR %	ASH%	WOOD-TONS	MOISTURE %	
<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"/>	
46-52	53-55	56-58	59-63	64-65	
OTHER FUELS	<input type="text"/>	ANNUAL AMOUNT CONSUMED	OTHER FUEL	<input type="text"/>	ANNUAL AMOUNT CONSUMED
(Specify Type)	66-1	(Specify Units of Measure)	(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
----------------------	---------------	-----------------	----------------	---------------	---------------	---------------

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%)

76

77-78

79-80

81-82

83-84



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

Only fugitive emissions emitted, therefore no stack information

 Y

85

If not, then

Height Above Ground (FT)

--	--	--

86-88

Inside Diameter at Top

--	--	--

89-91

Exit Temperature (°F)

--	--	--	--

92-95

Exit Velocity (FT/SEC)

--	--	--	--

96-98

NOTE:

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

13. Input Materials (for this equipment only)Is any of this data to be considered confidential? 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

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

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

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

99-104

105-110

111-116

Carbon Monoxide

Volatile Organic Compounds

PM-10

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

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

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

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

		4.	2	2
--	--	----	---	---

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

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

135-139

140-144

145-149

Carbon Monoxide

Volatile Organic Compounds

PM-10

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

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

		1.	4	2
--	--	----	---	---

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

2

NA

NA

NA

NA

2

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

Date _____ By _____

Reviewed by State

Date _____ By _____

19. Inventory Date**Month/Year****Equipment Code****SCC Code**

--	--	--	--

--	--	--

--	--	--	--	--	--	--

171-174

175-177

178-185

20. Annual**Operating Rate****Maximum Design****Hourly Rate****Permit to Operate****Transaction Date****(MM/DD/YR)**

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186-192

193-199

200-201

202-207

Staff Code**VOC Code****SIP Code****Regulation Code****Confidentiality**

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208-210

211 212

213 214

215-218

219

Point Description

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220-238

Action

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A: Add
C: Change

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	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"/> Catalytic
<input type="checkbox"/> Venturi Scrubber	No. _____	<input type="checkbox"/> Non-Selective <input type="checkbox"/> Non-Catalytic
<input type="checkbox"/> Spray Tower/Packed Bed	No. _____	<input type="checkbox"/> Other Specify: _____
<input type="checkbox"/> Carbon Adsorber	No. _____	
	<input type="checkbox"/> Cartridge/Canister	
	<input type="checkbox"/> Regenerative	

FORM 5EP: Emission Point Data

6. Estimated Emissions from the Emission Point

(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

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"/> Catalytic
<input type="checkbox"/> Venturi Scrubber	No. _____	<input type="checkbox"/> Non-Selective <input type="checkbox"/> Non-Catalytic
<input type="checkbox"/> Spray Tower/Packed Bed	No. _____	<input type="checkbox"/> Other Specify: _____
<input type="checkbox"/> Carbon Adsorber	No. _____	
		<input type="checkbox"/> Cartridge/Canister
		<input type="checkbox"/> Regenerative

FORM 5EP: Emission Point Data

6. Estimated Emissions from the Emission Point

(Attach additional sheets as necessary.)

Appendix A
Process Flow Diagrams

Appendix A - Non-Ferrous Processing Equipment

> 5 tons per Hour Throughput

Unit	Figure	Location	Equipment Description	Manufacturer	Model	Max Throughput (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 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

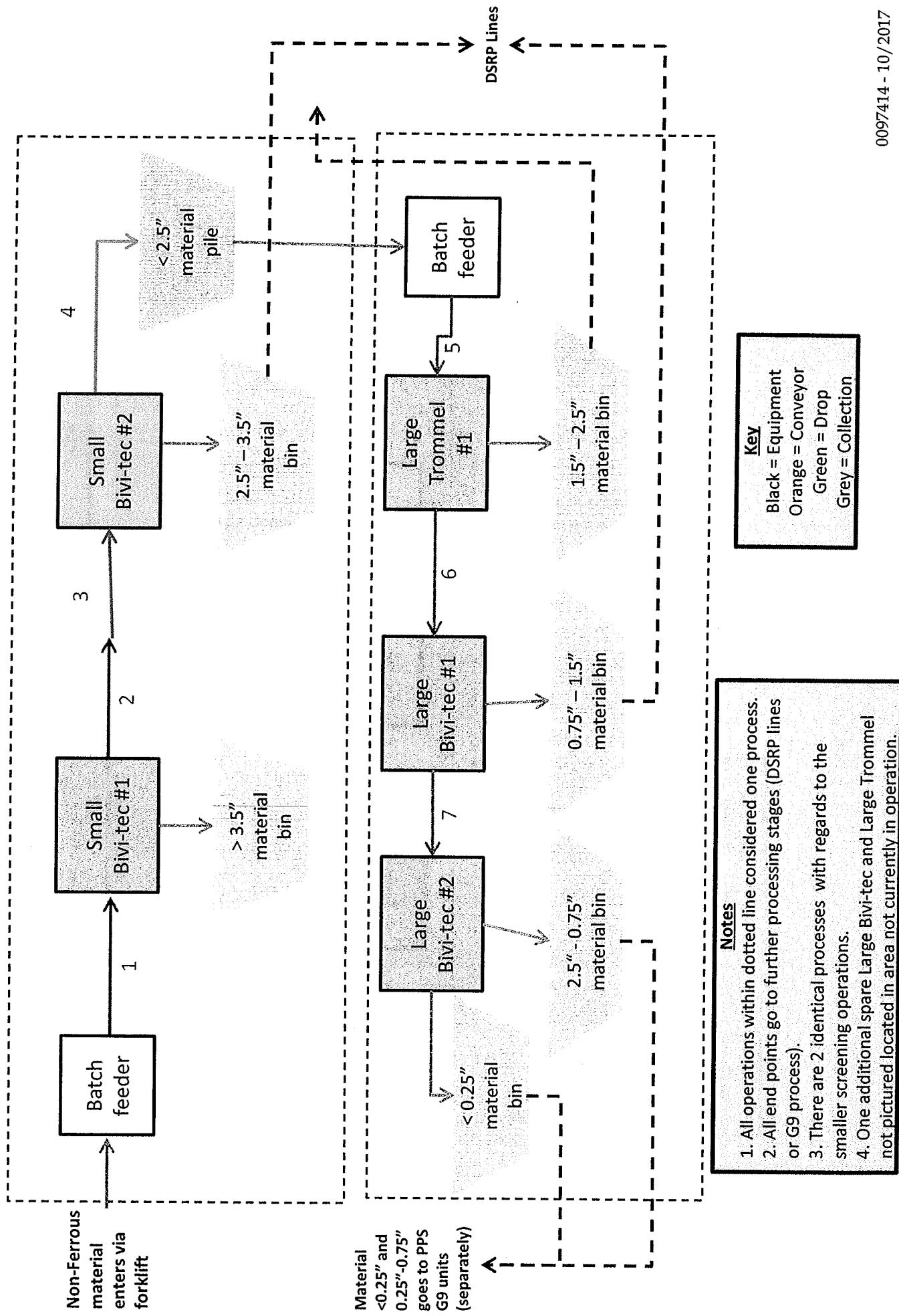


Figure 4b - Process Flow Diagram for Screening Operations

Joseph Smith & Sons, Inc.
Capitol Heights, Maryland

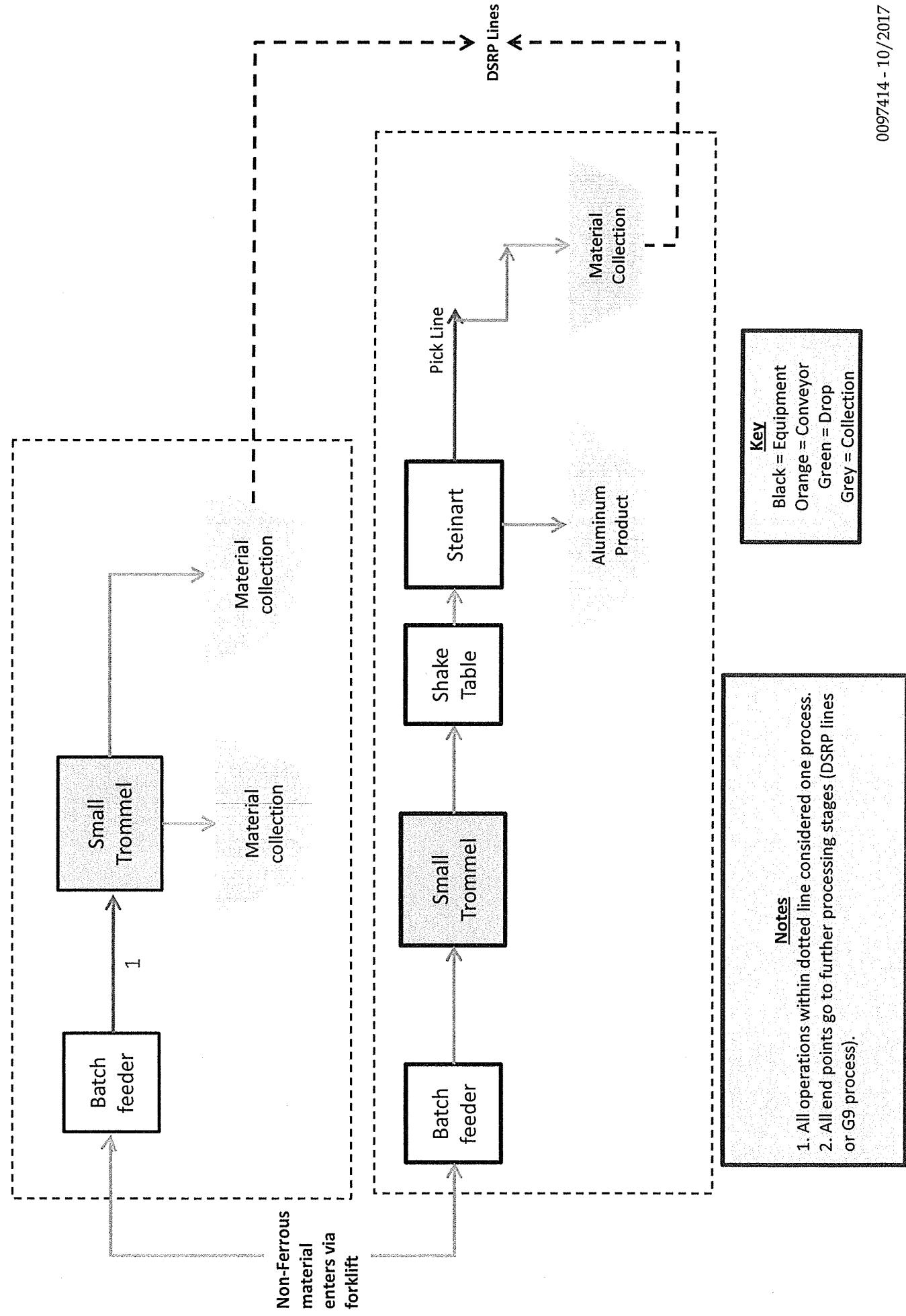


Figure 12 - Process Flow Diagram for Aluminum Processing

Joseph Smith & Sons, Inc.
Capitol Heights, Maryland

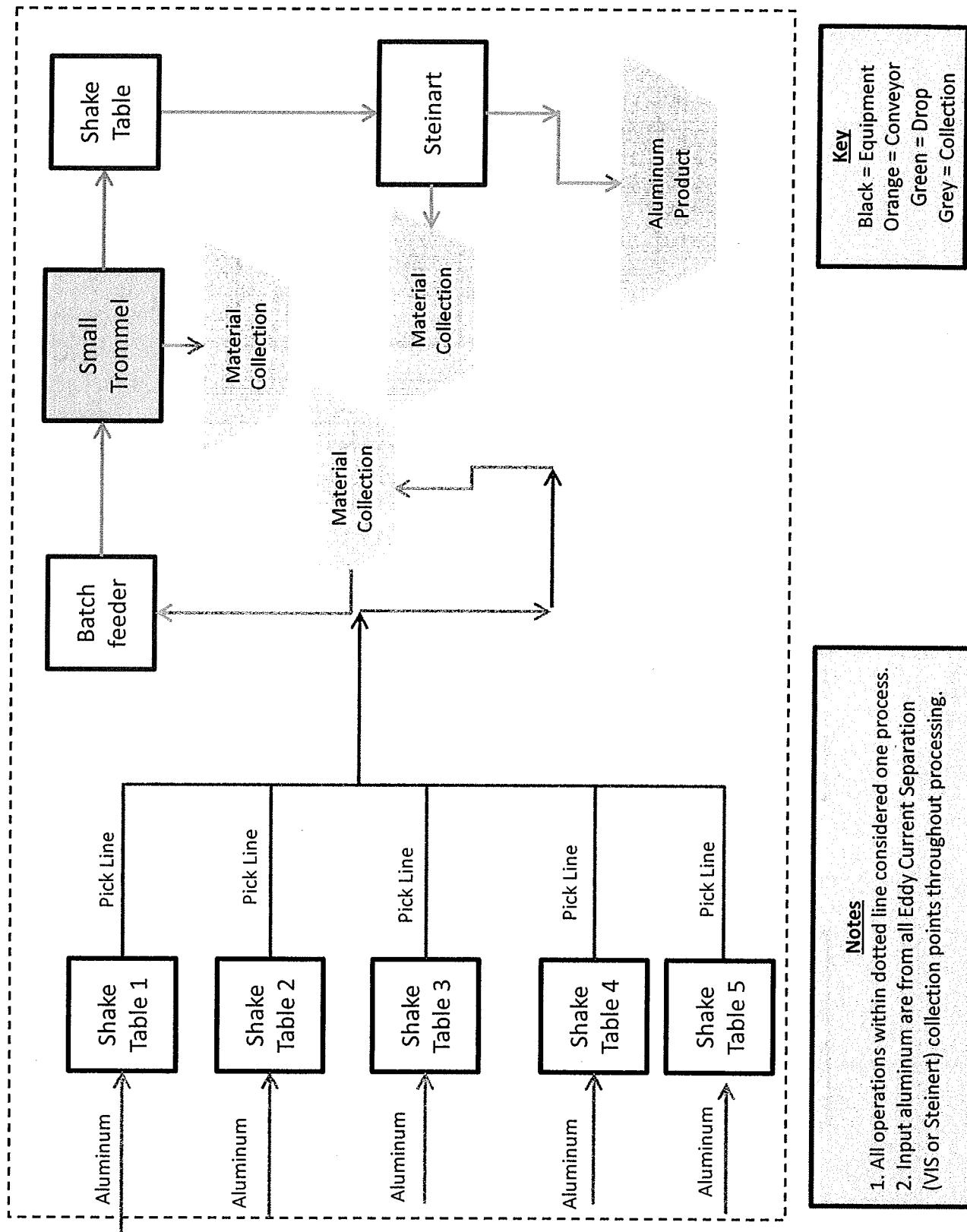


Figure 17 - Process Flow Diagram for the 6050 Mill & 6050 Cyclone Processes

Joseph Smith & Sons, Inc.
Capitol Heights, Maryland

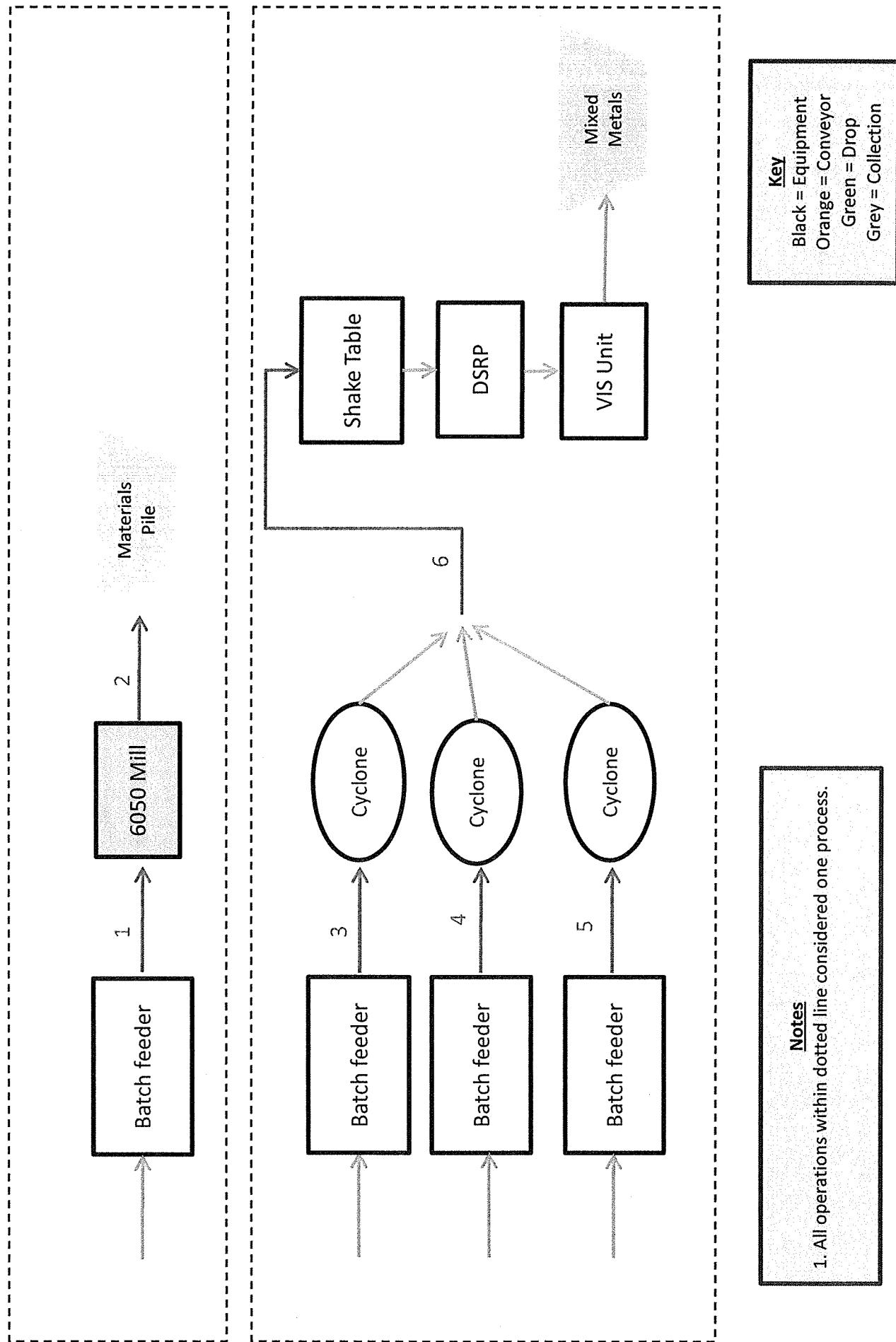


Figure 19 - Process Flow Diagram for Water Media Separation

Joseph Smith & Sons, Inc.
Capitol Heights, Maryland

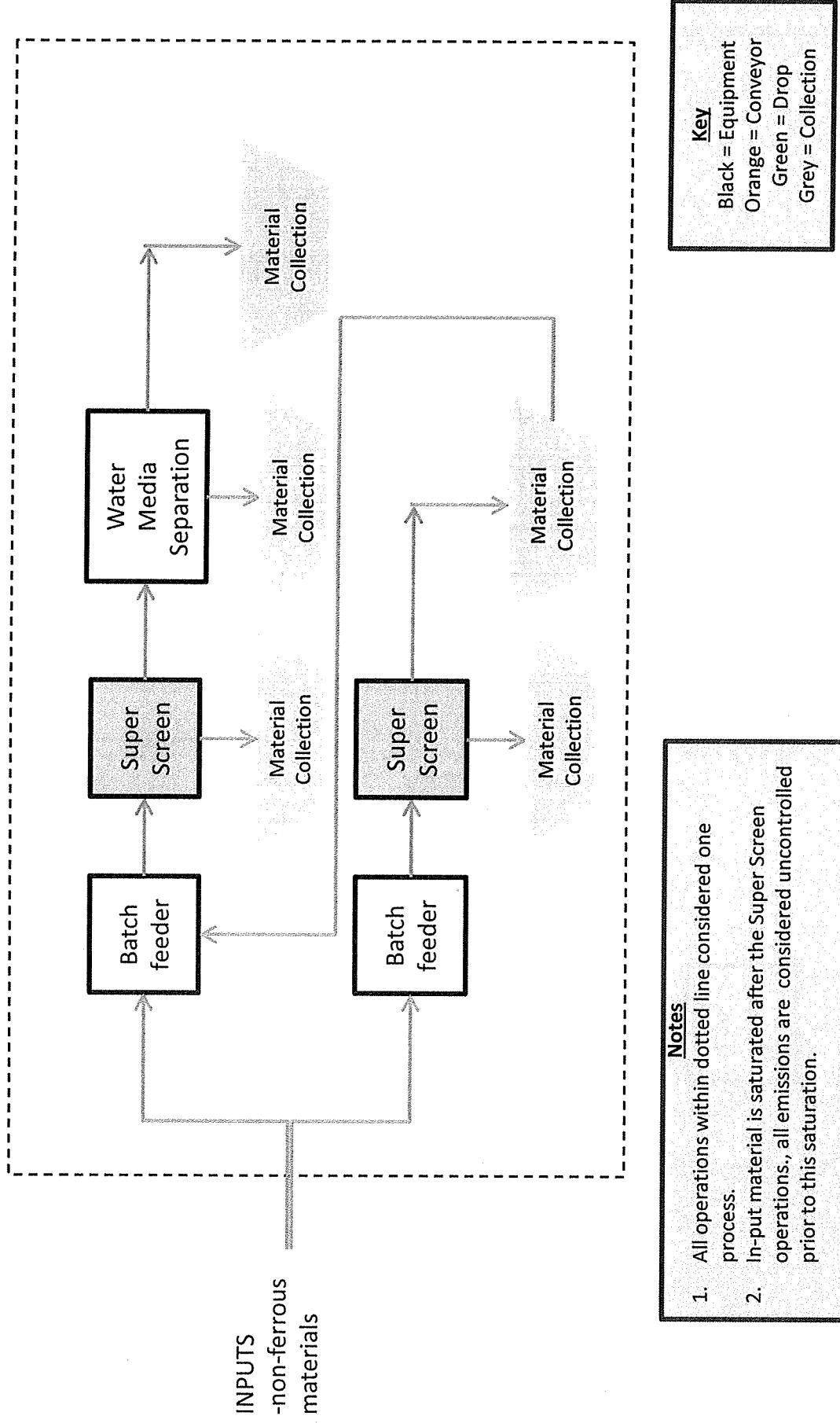


Figure 20 - Process Flow Diagram for Ball Mill Process

Joseph Smith & Sons, Inc.
Capitol Heights, Maryland

