Application is hereby made to the Department of the Environment for a Permit to Construct for the following equipment or process as required by the State of Maryland Air Quality Regulation, COMAR 26.11.02.09.

Check each item that you have submitted as part of your application package.

- Application package cover letter describing the proposed project
- Complete application forms (Note the number of forms included or NA if not applicable.)
  - No. _____ Form 5
  - No. _____ Form 5T
  - No. _____ Form 5EP
  - No. _____ Form 6
  - No. _____ Form 10
  - No. _____ Form 11
  - No. _____ Form 41
  - No. _____ Form 42
  - No. _____ Form 44
- Vendor/manufacturer specifications/guarantees
- Evidence of Workman’s Compensation Insurance
- Process flow diagrams with emission points
- Site plan including the location of the proposed source and property boundary
- Material balance data and all emissions calculations
- Material Safety Data Sheets (MSDS) or equivalent information for materials processed and manufactured.
- Certificate of Public Convenience and Necessity (CPCN) waiver documentation from the Public Service Commission
- Documentation that the proposed installation complies with local zoning and land use requirements (2)

(1) Required for emergency and non-emergency generators installed on or after October 1, 2001 and rated at 2001 kW or more.
(2) Required for applications subject to Expanded Public Participation Requirements.
APPLICATION FOR FUEL BURNING EQUIPMENT

Information Regarding Public Outreach

For Air Quality Permit to Construct applications subject to public review, applicants should consider the following information in the initial stages of preparing a permit application.

If you are not sure at the time you are applying for a permit whether public review of your application is required or for information on steps you can take to engage the surrounding community where your planned project will be located, please contact the Air Quality Permits Program at 410-537-3225 and seek their advice.

Communicating and engaging the local community as early as possible in your planning and development process is an important aspect of your project and should be considered a priority. Environmental Justice or "EJ" is a movement to inform, involve, and engage communities impacted by potential and planned environmental projects by affording citizens opportunities to learn about projects and discuss any concerns regarding impacts.

Although some permit applications are subject to a formal public review process prescribed by statute, the Department strongly encourages you to engage neighboring communities separate from and well ahead of the formal permitting process. Sharing your plans by way of community meetings, informational outreach at local gatherings or through local faith-based organizations can initiate a rewarding and productive dialogue that will reduce anxiety and establish a permanent link with your neighbors in the community.

All parties benefit when there is good communication. The Department can assist applicants in developing an outreach plan that fits the needs of both the company and the public.
MARYLAND DEPARTMENT OF THE ENVIRONMENT
1800 Washington Blvd • Baltimore, Maryland 21230
(410) 537-3230 • 1-800-633-6101 • www.mde.state.md.us

Air and Radiation Management Administration ■ Air Quality Permits Program

Application for Incinerators
Permit to Construct ☐ Registration ☐

1. Owner of Installation or Company Name Date of Application
Mailing Address Telephone
City State Zip Code

2A. Premises Name if Different from Above

2B. Incinerator Location if Different From Above (give Street Address, City, County and Zip Code):

3. Owner, Agent or Authorized Company Official
_______________________________________________________________
(Print/Type Name)
_______________________________________________________________
(Signature)

(Mailing Address, City/Town, State, Zip Code)

4A. New Construction Only
Begin________________
Date Construction
Completed____________

4B. Existing Installation
Initial Operation Date
(14-15)

5. Installation or Contractor (New or Replacement Only)

(Name or Company Title)

(Mailing Address, City/Town, State, Zip Code, Telephone Number)

6. Equipment Manufacturer Manufacturer’s Serial or Catalog No.

7. Total Number of Incinerators of Identical Design and Capacity at this Location:

8. Major Activity at this Location-Auto Dealer, Hospital, Apartment House, etc.

9. Rated Capacity of Incinerator in lb/hr: _________________________

10. Incinerator Type (Mark only one with X)
Single Chamber ☐ Multiple Chamber ☐ Auxiliary Burner ☐ Other ☐

11. Frequency of Burning Hours/Day ☐ Days/Year ☐
23 24 25 26 27

12. Amount of Waste Burned Per Operating Day:
Units: tons ☐ lbs. ☐ gal. ☐


DO NOT WRITE IN THIS SPACE

Date Rec. Local Date Red. State
Acknowledgement Sent
Date__________
By________________

Reviewed
Name__________
Date__________

Local
State

Returned to Local Jurisdiction
Date__________
By________________

Application Returned to Applicant
Date__________
By________________

Premises Number

Registration Number

Form number: 10
Revision date: 09/27/2002
TTY Users 1-800-735-2258
14. Type of Waste/Refuse Incinerated. Mark major type with X -- all others with Check ✓.

Trash [ ] Refuse [ ] Animal or Animal Parts [ ] Municipal Refuse [ ] Infectious/Pathological [ ]
100% Dry [ ] 20% Garbage [ ] 50% Garbage [ ] Garbage [ ] Refuse [ ]

Does this waste contain Carcinogenic or Toxic Material? Y/N Industrial Process Waste [ ] Other [ ]

15. Total Annual Auxiliary Fuels Used

<table>
<thead>
<tr>
<th>Fuel Type</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oil</td>
<td>____________________ (gallons) ____________________</td>
</tr>
<tr>
<td>Natural Gas</td>
<td>____________________ (ft³) ____________________</td>
</tr>
<tr>
<td>LP Gas</td>
<td>____________________ (gallons) ____________________</td>
</tr>
<tr>
<td>Other</td>
<td>____________________</td>
</tr>
</tbody>
</table>

specify fuel & units required

16. Stack Information: Height Above Ground (ft) _______________ Inside Diameter at Top (in) _______________
Exit Temperature (°F) _______________ Gas Exit Velocity (ft/min) _______________

17. Emission Control Devices

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

<table>
<thead>
<tr>
<th>Device Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>108</td>
</tr>
<tr>
<td>Settling Chamber</td>
<td>109</td>
</tr>
<tr>
<td>Simple Cyclone</td>
<td>110</td>
</tr>
<tr>
<td>Multiple Cyclone</td>
<td>111</td>
</tr>
<tr>
<td>Scrubber</td>
<td>112</td>
</tr>
<tr>
<td>Venturi Scrubber</td>
<td>113</td>
</tr>
<tr>
<td>Electrostatic Precipitator</td>
<td>114</td>
</tr>
<tr>
<td>Bag House</td>
<td>115</td>
</tr>
<tr>
<td>After Burner</td>
<td>116</td>
</tr>
<tr>
<td>Other</td>
<td>______</td>
</tr>
</tbody>
</table>

18. Actual Stack Emissions in Pounds per Operating Day

<table>
<thead>
<tr>
<th>Pollutant Type</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Particulate Matter</td>
<td>______</td>
</tr>
<tr>
<td>Oxides of Sulfur</td>
<td>______</td>
</tr>
<tr>
<td>Oxides of Nitrogen</td>
<td>______</td>
</tr>
<tr>
<td>Carbon Monoxide</td>
<td>______</td>
</tr>
<tr>
<td>Volatile Organic Compounds</td>
<td>______</td>
</tr>
</tbody>
</table>

Other Pollutants Specify________________________________ ____________________________________Type/Amount

19. Inventory Date _______________

20. Method Used to Determine Emissions

<table>
<thead>
<tr>
<th>Pollutant Type</th>
<th>Estimate</th>
<th>Emission Factor</th>
<th>Stack Test</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Particulate Matter</td>
<td>184-1</td>
<td>-2</td>
<td>-3</td>
<td>-4</td>
</tr>
<tr>
<td>Oxides of Nitrogen</td>
<td>186-1</td>
<td>-2</td>
<td>-3</td>
<td>-4</td>
</tr>
<tr>
<td>Volatile Organics</td>
<td>188-1</td>
<td>-2</td>
<td>-3</td>
<td>-4</td>
</tr>
<tr>
<td>Oxides of Sulfur</td>
<td>185-1</td>
<td>-2</td>
<td>-3</td>
<td>-4</td>
</tr>
<tr>
<td>Carbon Monoxide</td>
<td>187-1</td>
<td>-2</td>
<td>-3</td>
<td>-4</td>
</tr>
</tbody>
</table>

21. Premises Information

<table>
<thead>
<tr>
<th>Information Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Census Tract</td>
<td>243</td>
</tr>
<tr>
<td>SIC No.</td>
<td>249</td>
</tr>
<tr>
<td>MD Grid East</td>
<td>253</td>
</tr>
<tr>
<td>MD Grid North</td>
<td>257</td>
</tr>
<tr>
<td>Owner</td>
<td>Private</td>
</tr>
<tr>
<td></td>
<td>Local</td>
</tr>
<tr>
<td></td>
<td>State</td>
</tr>
<tr>
<td></td>
<td>Federal</td>
</tr>
<tr>
<td>Date Completed</td>
<td>____________________</td>
</tr>
<tr>
<td>Completed By</td>
<td>____________________</td>
</tr>
</tbody>
</table>