



February 24, 2025

Maryland Department of the Environment
Air and Radiation Administration
Attn: Ms. Susan Nash, Regulatory and Compliance Sr.
Suite 720
1800 Washington Boulevard
Baltimore, Maryland 21230

Reference: Mountaire, Millington Grain

Ms. Nash,

Please find enclosed two permit to construct applications for the Mountaire, Millington Grain Facility. The first application involves replacing the pre 1978 grain dryer with a new one. This registration number is 029-0025-8-0024. The second application is to add three new drag conveyors which would fall under registration number 029-0025-8-0030.

Both applications include adding mineral oil to all received grain as we are currently completing, and the drag conveyors are totally enclosed equipment. If there are any questions, feel free to reach out to me.

If there are any questions, please contact the undersigned.

Regards,

Kyle McConnell

Kyle McConnell
Environmental Manager
(302) 841-4629
kmccconnell@mountaire.com



Mountaire Farms of Delaware, Inc.
P.O. Box 1320, Millsboro, Delaware 19966
(302) 934-1100 Toll Free (877) 887-1490

"We measure quality by how well we service our internal and external customers"



AIR QUALITY PERMIT TO CONSTRUCT APPLICATION CHECKLIST

OWNER OF EQUIPMENT/PROCESS	
COMPANY NAME:	Mountaire Farms Inc.
COMPANY ADDRESS:	29292 John J. Williams Hwy., Millsboro, DE 19966
LOCATION OF EQUIPMENT/PROCESS	
PREMISES NAME:	Mountaire Farms Inc. - Millington Grain
PREMISES ADDRESS:	414 Back Street, Millington, MD 21651
CONTACT INFORMATION FOR THIS PERMIT APPLICATION	
CONTACT NAME:	Kyle McConnell
JOB TITLE:	Environmental Manager
PHONE NUMBER:	(302) 841-4629
EMAIL ADDRESS:	kmccconnell@mountaire.com
DESCRIPTION OF EQUIPMENT OR PROCESS	
Sukup Tower Dryer U4718 - 5,000 Bushels Per Hour	

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. <u> X </u> Form 5	No. <u> </u> Form 11
No. <u> </u> Form 5T	No. <u> </u> Form 41
No. <u> </u> Form 5EP	No. <u> </u> Form 42
No. <u> </u> Form 6	No. <u> </u> Form 44
No. <u> </u> Form 10	
- ☐ Vendor/manufacture 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 ⁽¹⁾
- ☐ 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.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Blvd ▪ Baltimore, Maryland 21230
(410) 537-3230 ▪ 1-800-633-6101 ▪ www.mde.state.md.us

Air and Radiation Management Administration ▪ Air Quality Permits Program

APPLICATION FOR PROCESSING/MANUFACTURING EQUIPMENT

Permit to Construct ☒

Registration Update ☐

Initial Registration ☐

1A. Owner of Equipment/Company Name

Mountaire Farms Inc.

Mailing Address

29292 John J. Williams Hwy

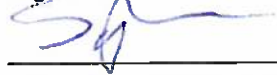
Street Address

Millsboro DE 19966
City State Zip

Telephone Number

(302) 934-3000

Signature



Scott Thompson - Vice President of Operational Services

Print Name and Title

DO NOT WRITE IN THIS BLOCK

2. REGISTRATION NUMBER

County No.

--	--

1-2

Premises No.

--	--	--	--

3-6

Registration Class

--

7

Equipment No.

--	--	--	--

8-11

Data Year

--	--

12-13

Application Date

2-24-25

Date

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

414 Back Street

Street Number and Street Name

Millington MD 21651 (302) 841-4629
City/Town State Zip Telephone Number

Mountaire Farms Inc. - Millington Grain

Premises Name (if different from above)

3. Status (A= New, B= Modification to Existing Equipment, C= Existing Equipment)

Status

A

15

**New Construction
Begun (MM/YY)**

--	--	--	--

16-19

**New Construction
Completed (MM/YY)**

--	--	--	--

20-23

**Existing Initial
Operation (MM/YY)**

--	--	--	--

20-23

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

Sukup Tower Dryer 4718 - 5,000 Bushels Per Hour

5. Workmen's Compensation Coverage See attached

Binder/Policy Number

Expiration Date

Company

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 mineral oil applied to all grains received.



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

Name TBD Title _____
Company _____
Mailing Address/Street _____
City/Town _____ State _____ Telephone (____) _____

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

Grain Elevator - Receiving, Drying, Shipping, and storage of grains

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 Mineral Oil dust suppression sprayed at receiving.

24-9

10. Annual Fuel Consumption for this Equipment

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"/>
26-31		32-33	34	35-41		42-45	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	
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"/>
46-52		53-55	56-58	59-63		64-65	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	
OTHER FUELS		ANNUAL AMOUNT CONSUMED		OTHER FUEL		ANNUAL AMOUNT CONSUMED	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
(Specify Type)		(Specify Units of Measure)		(Specify Type)		(Specify Units of Measure)	
66-1		66-2		66-2		66-2	
1= Coke 2= COG 3=BFG 4=Other							

11. Operating Schedule (for this Equipment)

Continuous Operation	Batch Process	Hours per Batch	Batch per Week	Hours per Day	Days Per Week	Days per Year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
67-1	67-2	68-69		70-71	72	73-75
Seasonal Variation in Operation:						
No Variation	Winter Percent	Spring Percent	Summer Percent	Fall Percent	(Total Seasons= 100%)	
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
76	77-78	79-80	81-82	83-84		



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

N

85

If not, then

Height Above Ground (FT)

Inside Diameter at Top

Exit Temperature (°F)

Exit Velocity (FT/SEC)

1 0 9

86-88

1 2 '

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. Grain		150	Tons	171,074	Tons
2. Propane	74-98-6	534	Gallons	997,418	Gallons
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. Grain		150	Tons	280,185	Tons
2. Propane	74-98-6	534	Gallons	997,418	Gallons
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.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

TOTAL



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

Particulate Matter

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

99-104

Oxides of Sulfur

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

105-110

Oxides of Nitrogen

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

111-116

Carbon Monoxide

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

177-122

Volatile Organic Compounds

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

123-128

PM-10

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

129-134

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

Particulate Matter

	1	6	7	.	6
--	---	---	---	---	---

135-139

Oxides of Sulfur

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

140-144

Oxides of Nitrogen

	1	6	6	.	6
--	---	---	---	---	---

145-149

Carbon Monoxide

		9	6	.	1
--	--	---	---	---	---

150-154

Volatile Organic Compounds

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

155-159

PM-10

		8	.	9	7
--	--	---	---	---	---

160-164

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

TSP

--

165

SOX

2

166

NOX

2

167

CO

2

168

VOC

2

169

PM10

2

170

AIR AND RADIATION MANAGEMENT ADMINISTRATION USE ONLY

18. Date Rec'd. Local

Date Rec'd. State

Return to Local Jurisdiction

Date _____ By _____

Reviewed by Local Jurisdiction

Date _____ By _____

Reviewed by State

Date _____ By _____

19. Inventory Date

Month/Year

--	--	--	--

171-174

Equipment Code

--	--	--

175-177

SCC Code

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

178-185

20. Annual

Operating Rate

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

186-192

Maximum Design

Hourly Rate

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

193-199

Permit to Operate

Month

--	--

200-201

Transaction Date

(MM/DD/YR)

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

202-207

Staff Code

--	--	--

208-210

VOC Code

--	--

211 212

SIP Code

--	--

213 214

Regulation Code

--	--	--	--

215-218

Confidentiality

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219

Point Description

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

220-238

Action

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239

A: Add
C: Change



Grain elevator actual emissions									
a	b	c	d	e	f	g	h	h	i
Activity	Actual Throughput (tons/year)	PM Control Efficiency ¹ (% control)	PM Emission Factor (lb/ton)	PM Emissions (tons/year) b*d*(1-c)/2000	PM ₁₀ Control Efficiency ¹ (% control)	PM ₁₀ Emission Factor (lb/ton)	PM ₁₀ Emissions (ton/year) b*g*(1-f)/2000	PM _{2.5} Emission Factor (lb/ton)	PM _{2.5} Emissions (ton/year) b*h*(1-f)/2000
Receiving	Truck straight	85%	0.18	0.00	85%	0.059	0.00	0.01	0.00
	Truck hopper	0%	0.035	0.00	0%	0.0078	0.00	0.0013	0.00
	Rail	0%	0.032	0.00	0%	0.0078	0.00	0.0013	0.00
	Barge unload cont.	0%	0.029	0.00	0%	0.0073	0.00	0.0019	0.00
	Barge marine leg	0%	0.15	0.00	0%	0.038	0.00	0.005	0.00
Loadout / Shipping	Ship	0%	0.15	0.00	0%	0.038	0.00	0.005	0.00
	Truck unspecified	0%	0.086	0.00	60%	0.029	0.00	0.0049	0.00
	Railcar	0%	0.027	0.00	0%	0.0022	0.00	0.00037	0.00
	Barge	0%	0.016	0.00	0%	0.004	0.00	0.00055	0.00
	Ship	0%	0.048	0.00	0%	0.012	0.00	0.0022	0.00
Headhouse & Handling ⁵		60%	0.061	0.00	60%	0.034	0.00	0.0058	0.00
Grain Cleaning ⁶		0%	0.375	0.00	0%	0.095	0.00	0.016	0.00
Storage Bin (vent)		0%	0.025	0.00	60%	0.0063	0.00	0.0011	0.00
Grain Drying	Rack	0%	3	0.00	0%	0.75	0.00	0.13	0.00
	Rack (<50 mesh)	0%	0.47	0.00	0%	0.12	0.00	0.02	0.00
	Column	60%	0.22	12.33	60%	0.055	3.08	0.0094	0.00
Total tons emissions (excluding combustion from dryers)				12.33			3.08		0.53

Below information can be found on the Minnesota Revisors website:

¹ Control efficiencies are listed in Minn. R. 7011.0070.

² Certified hood requirements are listed in Minn. R. 7011.0072

³ Requirements for control equipment are listed in Minn. R. 7011.0075

⁴ Monitoring and recordkeeping for controls is in Minn. R. 7011.0080

⁵ Legs, conveyors, belts, distributor, scale, enclosed cleaners, etc. Throughput is the sum of all shipping, receiving, cleaning, and drying throughputs.

⁶ Internal Vibrating; Emission factor is an average of back-calculated values from AP-42 Table 9.9.1-1 (4/03), which provides a cyclone-controlled emission factor. A cyclone was assumed to be 80% efficient; from Minn. R. 7011.0070.

<https://www.revisor.mn.gov/rules/?id=7011.0070>

<https://www.revisor.mn.gov/rules/?id=7011.0072>

<https://www.revisor.mn.gov/rules/?id=7011.0075>

<https://www.revisor.mn.gov/rules/?id=7011.0080>

What is the total maximum rated heat input for your propane units? (Check your unit)

in the previous 12 months, how many gallons of propane were burned? 48859000 Btu per hour
997418 gallons/year

Sulfur content of propane 0.18 grains/100 cubic feet

Propane potential and actual emissions

Pollutant	a GWP ¹	b Maximum hourly usage (Btu/hr) / (81500 Btu/gal) (gal/hr)	c Actual propane burned (gal/yr)	d Hours in a Year (hr/yr) 24 hr/day * 365 days/yr	e Emission Factor (lb/gal)	Potential Emissions (lb * d ⁻¹ * e) / 2000 (tons/yr)	Actual Emissions (e * d ⁻¹ * e) / 2000 (tons/yr)
Criteria Air Pollutants							
PM		533.98	997418.00	8760	0.0007	1.64	0.35
PM10					0.0007	1.64	0.35
PM2.5					0.0007	1.64	0.35
SOx					0.00018	0.42	0.0898
NOx					0.0130	30.40	6.48
VOC					0.0010	2.34	0.50
CO					0.0075	17.54	3.74
Lead					N/A		
Greenhouse Gas Emissions							
CO ₂	1				12.40	28994.52	6182.95
CH ₄	25				0.0002017	0.47	0.10060
N ₂ O	298				0.0000202	0.05	0.04008
GHG Total (CO ₂ e) ²						29022.37	6188.46
Hazardous Air Pollutants							
Benzene					0.0000000772	0.0002	0.0000
Formaldehyde					0.00000028	0.0065	0.0014
Hexane					0.0000662	0.1548	0.0330
Naphthalene					0.0000002243	0.0001	0.0000
Toluene					0.0000001250	0.0003	0.0001
Arsenic					0.00000000736	0.0000	0.0000
Beryllium					0.000000000441	0.0000	0.0000
Cadmium					0.00000000405	0.0001	0.0000
Chromium					0.0000000515	0.0000	0.0000
Cobalt					0.000000003089	0.0000	0.0000
Manganese					0.00000001398	0.0000	0.0000
Mercury					0.00000000856	0.0000	0.0000
Nickel					0.00000000772	0.0002	0.0000
Selenium					0.000000000883	0.0000	0.0000
HAP Total						0.1623	0.0346

¹ Global Warming Potential from 40 CFR Part 98, Subpart A, Table A-1

² CO₂e = carbon dioxide equivalents

³ See insignificant activities at Minn. R. 7007.1300 and on the 'Permits & Requirements' tab.

Millington Annual Propane Consumption Breakdown

Maximum Facility Throughput (Tons)	280,185
Maximum Facility Throughput (Bushels)	9,339,500
Maximum Dryer Capacity Bushels/Hour	5,000
Maximum Burner Capacity (BTU)	48,859,000
Maximum Burner Capacity (Gallons/Hour)	534 (91,500 btu/gallon)
Maximum Gallons/Year	997,418



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/29/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Stephens Insurance, LLC 111 Center Street, Suite 100 Little Rock, AR 72201 www.stephensinsurance.com	CONTACT NAME: Cheri Johnson	FAX (A/C, No):	
	PHONE (A/C, No, Ext): (501)377-6319	E-MAIL ADDRESS: cheri.johnson@stephens.com	
INSURED Mountaire Farms of Delaware, Inc. P. O. Box 1320 Millsboro DE 19966-1320	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Hartford Fire Insurance Company		19682
	INSURER B: Property & Casualty Insurance Co. of Hartford		34690
	INSURER C: Navigators Insurance Company		42307
	INSURER D: Twin City Fire Insurance Company		29459
	INSURER E:		
INSURER F:			

COVERAGES**CERTIFICATE NUMBER: 78865373****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
D	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual <input checked="" type="checkbox"/> \$1,000,000 SIR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			38ECSS71202 \$1,000,000 Limit excess of \$1,000,000 SIR	3/1/2024	3/1/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			38CSES71201 \$250,000. Deductible	3/1/2024	3/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			CH23UMRZ07CYGIV	3/1/2024	3/1/2025	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	38WNS71200 \$500,000. Deductible	3/1/2024	3/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Verification of Coverage

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Stan Payne

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PHONE NUMBER:	(302) 841-4629
EMAIL ADDRESS:	kmccconnell@mountaire.com
DESCRIPTION OF EQUIPMENT OR PROCESS	
3 - 100 Ton per Hour (each) Drag Conveyors; Wet and Dry Grain Elevators 180 Ton per Hour (each)	

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- ☐ 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 ⁽¹⁾
- ☐ 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.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Blvd ▪ Baltimore, Maryland 21230
(410) 537-3230 ▪ 1-800-633-6101 ▪ www.mde.state.md.us

Air and Radiation Management Administration ▪ Air Quality Permits Program

APPLICATION FOR PROCESSING/MANUFACTURING EQUIPMENT

Permit to Construct ☒

Registration Update ☐

Initial Registration ☐

1A. Owner of Equipment/Company Name

Mountaire Farms Inc.

Mailing Address

29292 John J. Williams Hwy

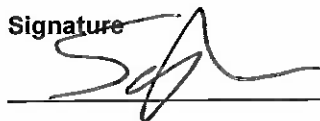
Street Address

Millsboro DE 19966
City State Zip

Telephone Number

(302) 934-3000

Signature



Scott Thompson - Vice President of Operational Services

Print Name and Title

DO NOT WRITE IN THIS BLOCK

2. REGISTRATION NUMBER

County No.

--	--

1-2

Premises No.

--	--	--	--

3-6

Registration Class

--

7

Equipment No.

--	--	--	--

8-11

Data Year

--	--

12-13

Application Date

2-24-25

Date

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

414 Back Street

Street Number and Street Name

Millington MD 21651 (302) 841-4629
City/Town State Zip Telephone Number

Mountaire Farms Inc. - Millington Grain

Premises Name (if different from above)

3. Status (A= New, B= Modification to Existing Equipment, C= Existing Equipment)

Status

B

15

**New Construction
Begun (MM/YY)**

--	--	--	--

16-19

**New Construction
Completed (MM/YY)**

--	--	--	--

20-23

**Existing Initial
Operation (MM/YY)**

--	--	--	--

20-23

4. Describe this Equipment: Make, Model, Features, Manufacturer (include Maximum Hourly Input Rate, etc.)
Manufacturer "RNC" 100 Ton per Hour Drag Conveyors - Replacing 3 Screw Auger/Conveyors

5. Workmen's Compensation Coverage See attached

Binder/Policy Number

Expiration Date

Company

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 5

6B. Number of Stack/Emission Points Associated with this Equipment None, Totally Enclosed



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

Name ^{TBD} _____ Title _____
Company _____
Mailing Address/Street _____
City/Town _____ State _____ Telephone (____) _____

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

Grain Elevator - Receiving, Drying, Shipping, and storage of grains

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 Mineral Oil dust suppression sprayed at receiving.

24-9

10. Annual Fuel Consumption for this Equipment

OIL-1000 GALLONS

26-31

SULFUR %

32-33

GRADE

34

NATURAL GAS-1000 FT³

35-41

LP GAS-100 GALLONS

42-45

COAL- TONS

46-52

SULFUR %

53-55

ASH%

56-58

WOOD-TONS

59-63

MOISTURE %

64-65

OTHER FUELS

ANNUAL AMOUNT CONSUMED

(Specify Type)

66-1

OTHER FUEL

ANNUAL AMOUNT CONSUMED

(Specify Type)

66-2

(Specify Units of Measure)

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

11. Operating Schedule (for this Equipment)

Continuous Operation

67-1

Batch Process

67-2

Hours per Batch

68-69

Batch per Week

Hours per Day

70-71

Days Per Week

72

Days per Year

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) ☐

85

If not, then

Height Above Ground (FT)

Inside Diameter at Top

Exit Temperature (°F)

Exit Velocity (FT/SEC)

--	--	--

86-88

--	--	--

89-91

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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. Grain		200	Tons	17,074	Tons
2. Grain		25/	Tons	280,185	Tons
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. Grain		300	Tons	280,185	Tons
2. Grain		360	Tons	280,185	Tons
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.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

TOTAL



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

Particulate Matter					

99-104

Oxides of Sulfur					

105-110

Oxides of Nitrogen					

111-116

Carbon Monoxide					

177-122

Volatile Organic Compounds					

123-128

PM-10					

129-134

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

Particulate Matter					
	1	8	.	7	4

135-139

Oxides of Sulfur					

140-144

Oxides of Nitrogen					

145-149

Carbon Monoxide					

150-154

Volatile Organic Compounds					

155-159

PM-10					

160-164

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

TSP

165

SOX

166

NOX

167

CO

168

VOC

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

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171-174

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175-177

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178-185

20.

Annual

Maximum Design

Permit to Operate

Transaction Date

Operating Rate

Hourly Rate

Month

(MM/DD/YR)

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

186-192

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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

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215-218

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219

Point Description

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220-238

Action

--

239

A: Add
C: Change

Grain elevator actual emissions									
Source unless otherwise noted. EPA AP-42 Chapter 9.9.1									
a	b	c	d	e	f	g	h	h	i
Activity	Actual Throughput (tons/year)	PM Control Efficiency ¹ (% control)	PM Emission Factor (lb/ton)	PM Emissions (tons/year) b*d*(1-c)/2000	PM ₁₀ Control Efficiency ¹ (% control)	PM ₁₀ Emission Factor (lb/ton)	PM ₁₀ Emissions (tons/year) b*g*(1-f)/2000	PM _{2.5} Emission Factor (lb/ton)	PM _{2.5} Emissions (tons/year) b*h*(1-f)/2000
Receiving	Truck straight	0%	0.18	0.00	0%	0.059	0.00	0.01	0.00
	Truck hopper	0%	0.035	0.00	0%	0.0078	0.00	0.0013	0.00
	Rail	0%	0.032	0.00	0%	0.0078	0.00	0.0013	0.00
	Barge unbarred cont.	0%	0.029	0.00	0%	0.0073	0.00	0.0019	0.00
	Barge marine leg	0%	0.15	0.00	0%	0.038	0.00	0.005	0.00
Loadout / Shipping	Ship	0%	0.15	0.00	0%	0.038	0.00	0.005	0.00
	Truck unspecified	0%	0.086	0.00	0%	0.029	0.00	0.0049	0.00
	Railcar	0%	0.027	0.00	0%	0.0022	0.00	0.00037	0.00
	Barge	0%	0.016	0.00	0%	0.004	0.00	0.00055	0.00
	Ship	0%	0.048	0.00	0%	0.012	0.00	0.0022	0.00
Headhouse & Handling ⁵	280,185.0	60%	0.061	3.42	60%	0.034	1.91	0.0058	0.33
Grain Cleaning ⁶		0%	0.375	0.00	0%	0.095	0.00	0.016	0.00
Storage Bin (vent)	0.0	0%	0.025	0.00	0%	0.0063	0.00	0.0011	0.00
Grain Drying	Rack	0%	3	0.00	0%	0.75	0.00	0.13	0.00
	Rack (<50 mesh)	0%	0.47	0.00	0%	0.12	0.00	0.02	0.00
Column		0%	0.22	0.00	0%	0.055	0.00	0.0094	0.00
Total tons emissions (excluding combustion from dryers)				3.42			1.91		0.33

Below information can be found on the Minnesota Revisors website:

¹ Control efficiencies are listed in Minn. R. 7011.0070.

² Certified hood requirements are listed in Minn. R. 7011.0072

³ Requirements for control equipment are listed in Minn. R. 7011.0075

⁴ Monitoring and recordkeeping for controls is in Minn. R. 7011.0080

⁵ Legs, conveyors, belts, distributor, scale, enclosed cleaners, etc. Throughput is the sum of all shipping, receiving, cleaning, and drying throughputs.

⁶ Internal Vibrating: Emission factor is an average of back-calculated values from AP-42 Table 9.9.1-1 (4/03), which provides a cyclone-controlled emission factor. A cyclone was assumed to be 80% efficient; from Minn. R. 7011.0070.

<https://www.revisor.mn.gov/rules/?id=7011.0070>

<https://www.revisor.mn.gov/rules/?id=7011.0072>

<https://www.revisor.mn.gov/rules/?id=7011.0075>

<https://www.revisor.mn.gov/rules/?id=7011.0080>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/29/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Stephens Insurance, LLC 111 Center Street, Suite 100 Little Rock, AR 72201 www.stephensinsurance.com	CONTACT NAME: Cheri Johnson PHONE (A/C No, Ext): (501)377-6319 E-MAIL ADDRESS: cheri.johnson@stephens.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Hartford Fire Insurance Company INSURER B: Property & Casualty Insurance Co. of Hartford INSURER C: Navigators Insurance Company INSURER D: Twin City Fire Insurance Company INSURER E: INSURER F:	NAIC # 19682 34690 42307 29459
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COVERAGES**CERTIFICATE NUMBER:** 78865373**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
D	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual <input checked="" type="checkbox"/> \$1,000,000 SIR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		38ECSS71202 \$1,000,000 Limit excess of \$1,000,000 SIR	3/1/2024	3/1/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		38CSES71201 \$250,000. Deductible	3/1/2024	3/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000		CH23UMRZ07CYGIV	3/1/2024	3/1/2025	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A	N/A	38WNS71200 \$500,000. Deductible	3/1/2024	3/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Verification of Coverage

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Stan Payne

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ACORD 25 (2016/03)

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