

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 McCornell

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



# AIR QUALITY PERMIT TO CONSTRUCT APPLICATION CHECKLIST

EN PROPERTY OF THE PARTY OF	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:	kmcconnell@mountaire.com
DES	CRIPTION 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.

$\boxtimes$	Application package cover letter describing the proposed project							
X	Complete application forms (Note the number of forms included or NA if not applicable.)							
	No.       X       Form 5       No.       Form 11         No.       Form 5T       No.       Form 41         No.       Form 5EP       No.       Form 42         No.       Form 6       No.       Form 44         No.       Form 10							
	Vendor/manufacturer specifications/guarantees							
$\boxtimes$	Evidence of Workman's Compensation Insurance							
	Process flow diagrams with emission points							
	Site plan including the location of the proposed source and property boundary							
$\boxtimes$	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 Requirement	ıts.						

#### 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 Undate Initial Registration

Femili to C		Registration opudic a		
1A. Owner of Equipment Mountaire Farms Inc.	nt/Company Name		DO NOT WRIT 2. REGISTRA	E IN THIS BLOCK ATION NUMBER
Mailing Address 29292 John J. Will	liams Hwy		County No.	Premises No.
Street Address Millsboro	DE	19966	1-2 Registration Clas	3-6 s Equipment No.
City	State	Zip	Registration Clas	s Equipment No.
Telephone Number	10		7	8-11
( 302 ) 934-300	<u> </u>		Data Year	
Signature	and a			
24)	447		12-13	Application Date
			1 1	
Scott Thompson - V	ice President of Op	perational Services		1-25
Print Name and Title			Date	
1B. Equipment Location 414 Back Street		Number (if different t	from above)	
Street Number and Street	et Name			
Millington	MD			841-4629
City/Town	State		Zip Tele	ephone Number
Mountaire Farms Inc	c Millington Grair	า		
Premises Name (if differe	ent from above)			
	Modification to Ex w Construction gun (MM/YY)	isting Equipment, C= New Construction Completed (MM/) 20-23	n Existi	t) ing Initial on (MM/YY) 20-23
4. Describe this Equipm Sukup Tower Dryer 4718	n <b>ent: Make, Model</b> - 5,000 Bushels Per	, Features, Manufacture Hour	er (include Maximum H	ourly Input Rate, etc.)
5. Workmen's Compens	sation Coverage	See attached		
J. HORANCH S COMpone	battori ooronago_	Binder/Policy Number		Expiration Date
CompanyNOTE: Before a Permit to of worker's company	Construct may be issue pensation coverage as	ed by the Department, the required under Section 1-2	applicant must provide the l 202 of the Worker's Compe	Department with proof of nsation Act.
6A. Number of Pieces of	of Identical Equip	ment Units to be Reg	istered/Permitted at	this Time <u>"</u>
6B. Number of Stack/Er	mission Points As	ssociated with this E	quipment <u>mineral oil appl</u>	ied to all grains received.

Form Number: 5 Rev. 9/27/2002 TTY Users 1-800-735-2258

Page 1 of 4 Recycled Paper

7. Person Installing this Equipment (if different from Number 1 on Page 1)  Name_TBD Title
Company
Mailing Address/Street
City/TownStateTelephone ()
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 Tower Scrubber Adsorber Precipitator Baghouse Thermal/Catalytic Afterburner Scrubber  24-1 24-2 24-3 24-4 24-5 24-6 24-7 24-8
Other  X 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 FT³         LP GAS-100 GALLONS GRADE           26-31         32-33         34         35-41         42-45
COAL- TONS SULFUR % ASH% WOOD-TONS MOISTURE %  46-52 53-55 56-58 59-63 64-65
OTHER FUELS  (Specify Type)  ANNUAL AMOUNT CONSUMED  OTHER FUEL  (Specify Units of Measure)  1 = Coke 2 = COG 3 = BFG 4 = Other  ANNUAL AMOUNT CONSUMED  (Specify Units of Measure)  (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    1

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		ion- is Exhaust through I	30013, Williadii	o, etc. or	N N	
If not, then	Height Avove Grour	nd (FT) Inside Diameter at T	op Exit Tempe	erature (°F)	85 Exit Velocity	
	1 0 9	1 2 '		 -95	96-9	
	86-88 	89-91	92	-ყე 	90-9	0
A44 1-1 - 1 - 1 - 1		NOTE:			reported on thi	io form
Attach a bio	and all existing e	ocess/process line, indica equipment, including con	trol devices an	d emissic	on points.	is ionii
	erials (for this equ		(Y or N)			<del></del>
is any or c	ins data to be co	ionasioa cominacinari	(1. 5. 1.9		JT RATE	
	IAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PER YEAR	UNITS
1. Grain		74.00.0	150	Tons	17/ <del>-</del> 074 997,418	Tons Gallons
<sup>2.</sup> Propane 3.		74-98-6	534	Gallons	997,416	Gallons
4.				<del>  -</del>		1
5.			-		<u> </u>	
6.						
7.						
8.						
9.						
TOTAL						
	aterials (for this ed Product Stream	quipment)				
					PUT RATE	LUNITO
	IAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PER YEAR	UNIT\$
1.Grain	IAME		150	UNITS Tons	<b>PER YEAR</b> 280,185	Tons
	IAME	CAS NO. (IF APPLICABLE) 74-98-6	<del>                                       </del>	UNITS	PER YEAR	
1.Grain 2.Propane	IAME		150	UNITS Tons	<b>PER YEAR</b> 280,185	Tons
1 Grain 2 Propane 3.	IAME		150	UNITS Tons	<b>PER YEAR</b> 280,185	Tons
1.Grain 2.Propane 3. 4.	IAME		150	UNITS Tons	<b>PER YEAR</b> 280,185	Tons
1. Grain 2. Propane 3. 4.	IAME		150	UNITS Tons	<b>PER YEAR</b> 280,185	Tons
1. Grain 2. Propane 3. 4. 5.	IAME		150	UNITS Tons	<b>PER YEAR</b> 280,185	Tons
1. Grain 2. Propane 3. 4. 5. 6. 7. 8.	IAME		150	UNITS Tons	<b>PER YEAR</b> 280,185	Tons
1. Grain 2. Propane 3. 4. 5. 6. 7.	IAME		150	UNITS Tons	<b>PER YEAR</b> 280,185	Tons
1. Grain 2. Propane 3. 4. 5. 6. 7. 8. 9.	eams- Solid and L	74-98-6	150	UNITS Tons Gallons	PER YEAR 280,185 997,418	Tons
1. Grain 2. Propane 3. 4. 5. 6. 7. 8. 9. TOTAL		74-98-6	150	UNITS Tons Gallons	<b>PER YEAR</b> 280,185	Tons
1. Grain 2. Propane 3. 4. 5. 6. 7. 8. 9. TOTAL  15. Waste Streen	eams- Solid and L	74-98-6 .iquid	150	UNITS Tons Gallons OUT	PER YEAR 280,185 997,418  PUT RATE	Tons Gallons
1. Grain 2. Propane 3. 4. 5. 6. 7. 8. 9. TOTAL  15. Waste Streen 1.	eams- Solid and L	74-98-6 .iquid	150	UNITS Tons Gallons OUT	PER YEAR 280,185 997,418  PUT RATE	Tons Gallons
1. Grain 2. Propane 3. 4. 5. 6. 7. 8. 9. TOTAL  15. Waste Stree  N 1. 2. 3.	eams- Solid and L	74-98-6 .iquid	150	UNITS Tons Gallons OUT	PER YEAR 280,185 997,418  PUT RATE	Tons Gallons
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Form Number: 5 Rev. 9/27/2002 TTY Users 1-800-735-2258

Page 3 of 4
Recycled Paper

16. Total Stack Emissi	ons (for this e	quipment only	r) in Pounds P	er Operating	Day
Particulate Matt	er	Oxides of	Sulfur	Oxides	of Nitrogen
99-104		105-11	0	11	11-116
Carbon Monoxide	:	Volatile Organic (	Compounds	F	PM-10
	$\top$				
177-122		123-128		12	29-134
17. Total Fugitive Emis	ssions (for thi	s equipment o	nly) in Pounds	Per Operatin	ng Day
Particulate Mat <u>t</u>	ег	Oxides of	Sulfur	<u>Oxides</u>	of Nitrogen
1 6 7.	6	2 <u>.</u> 140-144	3 1	1 6	6 6 . 6 45-149
Carbon Monoxide	<b>\$</b>	Volatile Organic (	Compounds	F	PM-10
9 6	. 1	1 2 155-159	. 8		8 9 7 60-164
Method Used to Deter	mine Emission	ns (1= Es	timate 2= Em	ission Factor	3= Stack Test 4= Other)
TSP	SOX	NOX	со	VOC	PM10
	2	2	2	2	2
	ك	2			
165	166	167	168	169	170
	166		168	169	170
	166 AND RADIATI	167	168 IENT ADMINIS Retur	169	170 E ONLY risdiction
AIR	166  AND RADIATI  Date R  cocal Jurisdicti	167 ON MANAGEN ec'd. State	168 IENT ADMINIS Retur Date Reviewed	169 TRATION US In to Local Ju	170 E ONLY risdiction
AIR .  18. Date Rec'd. Local  Reviewed by Local  Date	166  AND RADIATI  Date R  cocal Jurisdicti	167 ON MANAGEM ec'd. State on	168 IENT ADMINIS Retur Date Reviewed	169 TRATION US In to Local Ju by State By	170 E ONLY risdiction
18. Date Rec'd. Local Reviewed by Lo	Date R  cocal Jurisdicti  By  Month/Yea	167 ON MANAGEN ec'd. State on ar Equip	168  Retur Date  Reviewed Date  Date	169 TRATION US In to Local Ju by State By	170 E ONLY risdiction
AIR .  18. Date Rec'd. Local  Reviewed by Local  Date  19. Inventory Date  20. Annual	Date R  cocal Jurisdicti  By  Month/Yea	167 ON MANAGEN ec'd. State on ar Equip	168  Retur Date  Reviewed Date  Date  175-177 Ign Perm	to Operate	170 E ONLY risdiction By  178-185 Transaction Date
AIR .  18. Date Rec'd. Local  Reviewed by Locate  Date  19. Inventory Date	Date R  cocal Jurisdicti  By  Month/Yea	167 ON MANAGEN ec'd. State on ar Equip	168  Retur Date  Reviewed Date  Date  175-177 Ign Perm	tration US  In to Local Ju  by State  By  SC	170 E ONLY risdiction By CC Code
AIR .  18. Date Rec'd. Local  Reviewed by Local  Date  19. Inventory Date  20. Annual	Date R  cocal Jurisdicti  By  Month/Yea	167 ON MANAGEN ec'd. State on ar Equip	168  Retur Date  Reviewed Date  Date  175-177 Ign Perm	to Operate	170 E ONLY risdiction By  178-185 Transaction Date
AIR.  18. Date Rec'd. Local  Reviewed by Local  19. Inventory Date  20. Annual Operating Rate	Date R  cocal Jurisdicti  By  Month/Yea	167 ON MANAGEN  dec'd. State  on  ar Equip  Maximum Desi  Hourly Rat	Retur Date  Reviewed Date  T75-177 Tign Perm	to Operate  Month	risdiction By  CC Code  178-185  Transaction Date (MM/DD/YR)
AIR .  18. Date Rec'd. Local  Reviewed by Local  19. Inventory Date  20. Annual Operating Rate  186-192  Staff Code Vo	Date R Docal Jurisdicti By Month/Yea	on MANAGEN  dec'd. State  on  Maximum Desi Hourly Rat	Retur Date Reviewed Date Date T75-177 Regn Regulat	to Uperate Month	Transaction Date (MM/DD/YR)
AIR .  18. Date Rec'd. Local  Reviewed by Local  19. Inventory Date  20. Annual Operating Rate  186-192  Staff Code Vo	Date R Docal Jurisdicti By Month/Yea 171-174  DC Code	Maximum Desi Hourly Rat	Retur Date Reviewed Date Date T75-177 Regn Regulat	to Uperate Month 200-201	risdiction By  CC Code  178-185 I ransaction Date (MM/DD/YR)  202-207  Confidentiality
AIR .  18. Date Rec'd. Local  Reviewed by Local  19. Inventory Date  20. Annual Operating Rate  186-192  Staff Code Vo	Date R Docal Jurisdicti By Month/Yea 171-174  DC Code	Maximum Desi Hourly Rat  193-199  SIP Code  213 214  Description	Retur Date Reviewed Date Date T75-177 Regn Regulat	to Uperate Month 200-201	risdiction By  CC Code  178-185  I ransaction Date (MM/DD/YR)  202-207  Confidentiality

TTY Users 1-800-735-2258

Page 4 of 4 Recycled Paper



Grain elevator	Grain elevator actual emissions	,A		:			91	source unless other	Source unless otherwise noted: EPA AP-42 Chapter 9.9.1	-42 Chapter 9.9.1
	B	۵	o	ъ	0	f	Б	£	ч	_
	:	Actual Throughput	PM Control Efficiency	PM Emission Factor	PM Emissions	PM <sub>10</sub> Control Efficiency <sup>1</sup>	PM <sub>10</sub> Emission Factor	PM <sub>10</sub> Emissions	PM <sub>2.5</sub> Emission Factor	PM <sub>2.5</sub> Emissions
¥ —	Activity	(tons/year)	(% control)	(lb/ton)	(tons/year)	(% control)	(lb/ton)		(lb/ton)	(ton/year)
					b*d*(1-c)/2000			b*g*(1-f)/2000		b*h*(1-f)/2000
	Truck straight		85%	0.18	00'0	85%	0.059	00:0	0.01	00.00
	Truck hopper		%0	0.035	00'0	%0	0.0078	0.00	0.0013	0.00
	Rail		%0	0.032	0.00	%0	0.0078	0.00	0.0013	0.00
Keceiving	Barge unload cont.		%0	0.029	00.0	%0	0.0073	00.00	0.0019	0.00
	Barge marine leg		%0	0.15	00.0	%0	0.038	00'0	0.005	0.00
	Ship		%0	0.15	0.00	%0	0.038	0.00	0.005	0.00
	Truck unspecified		%0	0.086	00.0	%09	0.029	0.00	0.0049	0.00
Loadout /	Railcar		%0	0.027	00.0	%0	0.0022	0.00	0.00037	0.00
Shipping	Barge		%0	0.016	00.0	%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 <sup>5</sup>	andling		%09	0.061	0.00	%09	0.034	0.00	0.0058	0.00
Grain Cleaning <sup>6</sup>			%0	0.375	0.00	%0	0.095	0.00	0.016	0.00
Storage Bin (vent)	t		%0	0.025	00.00	%09	0.0063	0.00	0.0011	0.00
)	Rack		%0	ဧ	0.00	%0	0.75	0.00	0.13	0.00
Grain Drying	Rack (<50 mesh)		%0	0.47	0.00	%0	0.12	0.00	0.02	0.00
	Column	280,185.0	%09	0.22	12.33	%09	0.055	3.08	0.0094	0.53
Total tons em	Total tons emissions (excluding combustion from dryers)	combustion from	drvers)		12.33			3.08	This is a state of the	0.53

Below information can be found on the Minnesota Revisors website:

Control efficiencies are listed in Minn. R. 7011.0070.

<sup>2</sup> Certified hood requirements are listed in Minn. R. 7011.0072

<sup>3</sup> Requirements for control equipment are listed in Minn. R. 7011.0075

<sup>5</sup> Legs, conveyors, belts, distributor, scale, enclosed cleaners, etc. Throughput is the sum of all shipping, receiving, cleaning, and drying throughputs. <sup>4</sup> Monitoring and recordkeeping for controls is in Minn. R. 7011.0080

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

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

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

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

<sup>6</sup> 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.

in the pro	vious 12	in the previous 12 months, how many gallons of propane were burned?	gallons of propa	ne were burned?	997418	gallons/year	
			Sulf	Sulfur content of propane	0.18	grains/100 cubic feet	_
opane pote	ntial and	Propane potential and actual emissions					
	R	q	O	Þ	ψ		
		Maximum hourly usage	Actual propane burned	Hours in a Year	Emission Factor	Potential Emissions	Actual Emissions
Pollutant	GWP1	(Bruthn) / (Bruthn)	(adillag)	(hrtyr) 24 hrtdau * 365 daufur	(lb/gal)	(tonlyr)	(tonslyr)
		533.98	997418.00	8760	by pollutant	2001	20021/2 21
Criteria Air Pollutants	ollutants					Source: 5	Source: EPA AP-42 Chapter 1.5
2					7000.0	1,64	0.35
PIM10					7000.0	1.64	0.35
PM2.5					0.0007	1.64	0.35
SOX					0.00018	0.42	9690'0
NOX					0.0130	30,40	6.48
VOC					0.0010	2.34	090
8	_				0.0075	17.54	3.74
Lead	_				IN'S		
Greenhouse Gas Emissions	Gas Emis	SÍONS			Sol	Source: 40 CFR 98, Subp. C. Table C-1 and C-2	C Table C-1 and C
co,					12.40	28996.52	6182.95
ਜੁ	Ϋ́				0.0002017	0.47	0.10060
N <sub>2</sub> O	238				0.0000202	90'0	900400
				GHG Total (CO,e)2		29022.37	6188.46
Hazardous Air Pollutants	ir Pollutaı	ıts				Source: E	EPA AP-42 Chapter 1.
Benzene					0.0000000772	0,0002	000000
Formaldehyde	6				0.0000028	0.0065	0.0014
Hexane	<b>6</b> *				0.0000662	0.1548	0.0330
Naphthalene	•				0,00000002243	0.0004	0.0000
Toluene	•				0.0000001250	0,0003	00000
Arsenic			4		0.000000000736	0.0000	0.0000
Beryllum	_				0.000000000441	00000	000000
Cadmium	-				0.0000000405	0.0001	000000
Chromium					0.0000000515	0.0004	00000
Cobalt	-				0.0000000000000	0,0000	00000
Manganese	el 2				0,00000001398	000000	000000
Mercury	>				0.000000000956	00000	00000
Nickel	7				0.00000000772	0.0002	0.0000
Selenium	-				0.000000000883	000000	00000

Min. R. 7007 1300 Global Warming Potential from 40 CFR Part 38, Subport A, Toble A-1  $^2$  CDs = carbon dioxide equivalents  $^2$  See insignificant activities at Minn. B, 7007, 1300 and on the Permits & Requirements tab.

### Millington Annual Propane Consumption Breakdown

Maximum Facility Throughput (Tons)280,185Maximum Facility Throughput (Bushels)9,339,500Maximum Dryer Capacity Bushels/Hour5,000Maximum 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.

ADDITIONAL INCURED the policylics) must have ADDITIONAL INCURED provisions or he endorsed

IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject to this certificate does not confer rights to	o the te	rms and conditions of th	ne polic	y, certain pe	olicies may i	require an endo	rsement.	A sta	atement on
PRODUCER Stephens Insurance, LLC 111 Center Street, Suite 100			CONTAC NAME: PHONE (A/C, No. E-MAIL	. Ext): (	Cheri Johnson (501)377-631	9	FAX (A/C, No):	_	
Little Rock, AR 72201			ADDRES			@stephens.com DING COVERAGE			NAIC#
www.stephensinsurance.com			INSURE	RA: Hartford	Fire Insuran	ce Company			19682
INSURED			INSURER	в: Property	y & Casualty I	Insurance Co. of	Har <u>tfo</u> rd		34690
Mountaire Farms of Delaware, Inc.			INSURE	Rc: Naviga <u>t</u> e	ors Insurance	Company			42307
P. O. Box 1320 Millsboro DE 19966-1320			INSURE	RD: Twin Cit	y Fire Insurar	ice Company			29459
W.W.O.D.C. D.E. 10000 1020			INSURER	RE:					
			INSURE	RF:	_				
COVERAGES CERTI	IFICATI	E NUMBER: 78865373				REVISION NUM	IBER:		
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PE EXCLUSIONS AND CONDITIONS OF SUCH PO	QUIREME ERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDS	OF ANY ED BY T	CONTRACT THE POLICIE EDUCED BY	OR OTHER ( S DESCRIBED PAID CLAIMS.	DOCUMENT WITH D HEREIN IS SUE	i respec	T TO V	WHICH THIS
INSR TYPE OF INSURANCE IN	DDL SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
D / COMMERCIAL GENERAL LIABILITY	T	38ECSS71202		3/1/2024	3/1/2025	EACH OCCURRENCE		s 1, <u>000</u>	,000
CLAIMS-MADE / OCCUR		\$1,000,000 Limit excess	-			DAMAGE TO RENTE PREMISES (Ea occu		s 1,000	,000
✓ Contractual		of \$1,000,000 SIR				MED EXP (Any one p	person)	\$ 10,00	10
/ \$1,000,000 SIR						PERSONAL & ADV I	NJURY	s 1,000	,000

\$2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRO-JECT PRODUCTS - COMP/OP AGG \$4,000,000 POLICY OTHER: COMBINED SINGLE LIMIT (Ea accident) 3/1/2024 3/1/2025 38CSES71201 \$5,000,000 AUTOMOBILE LIABILITY \$250,000. Deductible BODILY INJURY (Per person) ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) s CH23UMRZ07CYGIV 3/1/2024 3/1/2025 Ç UMBRELLA LIAB EACH OCCURRENCE \$5,000,000 OCCUR **EXCESS LIAB** AGGREGATE \$5,000,000 CLAIMS-MADE 38WNS71200 3/1/2024 3/1/2025 WORKERS COMPENSATION ✓ PER AND EMPLOYERS' LIABILITY \$500,000. Deductible E.L. EACH ACCIDENT \$1,000,000 ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A E.L. DISEASE - EA EMPLOYEE \$1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below 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.
1	Stan Payne
	© 4000 2045 ACODD CORDORATION All rights recogned



# AIR QUALITY PERMIT TO CONSTRUCT APPLICATION CHECKLIST

OWNER OF EQUIPMENT/PROCESS
Mountaire Farms Inc.
29292 John J. Williams Hwy., Millsboro, DE 19966
LOCATION OF EQUIPMENT/PROCESS
Mountaire Farms Inc Millington Grain
414 Back Street, Millington, MD 21651
INFORMATION FOR THIS PERMIT APPLICATION
Kyle McConnell
Environmental Manager
(302) 841-4629
kmcconnell@mountaire.com
SCRIPTION OF EQUIPMENT OR PROCESS

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.

$\boxtimes$	Applica	ation package cover letter describing	the propose	ed project				
×	Complete application forms (Note the number of forms included or NA if not applicable.)							
	No No No	X Form 5 Form 5T Form 5EP Form 6 Form 10	No No No	Form 11 Form 41 Form 42 Form 44				
	Vendo	r/manufacturer specifications/guaran	tees					
$\boxtimes$	Eviden	ce of Workman's Compensation Inst	ırance					
	Process flow diagrams with emission points							
	Site plan including the location of the proposed source and property boundary							
$\boxtimes$	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) Octol	Required for emergency and non-emer ber 1, 2001 and rated at 2001 kW or mo	gency genera re.	ators installed on or after				
	(2)	Required for applications subject to Exp	oanded Publi	c 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

Pe	ermit to Construct 🛚	Registration Update	Initial Registratio	n u						
1A. Owner of Ed Mountaire Farm	quipment/Company Na s Inc.	me		IN THIS BLOCK TION NUMBER						
Mailing Add	ress In J. Williams Hwy		County No.	Premises No.						
Street Address										
Milisboro	DE	19966	1-2	3-6						
City	State	Zip	Registration Class	Equipment No.						
Telephone N	Number									
(302)	934-3000		Data Year	8-11						
Signature	A			Application Date						
- L	/		0 216	1-						
	pson - Vice President of	Operational Services	2-24-	<i>-</i>						
Print Name an	id Title		Date							
		ne Number (if different f	rom above)							
414 Back S			<u> </u>							
Street Number	r and Street Name									
Millington	MD			841-4629						
City/Town	State	e	Zip Telep	none Number						
	arms Inc Millington G	rain								
Premises Name (if different from above)										
3. Status (A= New, B= Modification to Existing Equipment, C= Existing Equipment)										
•	New Construction	New Construction	n Existing							
Status	Begun (MM/YY)	Completed (MM/Y	Y) Operation	(MM/YY)						
Б			1							
B		1 1 1 1	1	1 11						
15	16-19	20-23		)-23						
4. Describe this	s Equipment: Make, Mo	del, Features, Manufacture g Conveyors - Replacing 3 So	r (include Maximum Ho							
4. Describe this	s Equipment: Make, Mo NC" 100 Ton per Hour Drag	del, Features, Manufacture g Conveyors - Replacing 3 So	r (include Maximum Ho							
4. Describe this	s Equipment: Make, Mo	del, Features, Manufacture Conveyors - Replacing 3 So Je See attached	r (include Maximum Hou crew Auger/Conveyors	urly Input Rate, etc.)						
4. Describe this Manufacturer "RN  5. Workmen's C	s Equipment: Make, Mo NC" 100 Ton per Hour Drag Compensation Coverag	del, Features, Manufacture g Conveyors - Replacing 3 So ge See attached Binder/Policy Number	r (include Maximum Hou crew Auger/Conveyors	Expiration Date						
4. Describe this Manufacturer "RN  5. Workmen's C  Company  NOTE: Before a	S Equipment: Make, Mo NC" 100 Ton per Hour Drag Compensation Coverage	del, Features, Manufacture Conveyors - Replacing 3 So Je See attached	r (include Maximum Houcrew Auger/Conveyors	Expiration Date						
4. Describe this Manufacturer "RN  5. Workmen's C  Company  NOTE: Before a  wo	Equipment: Make, Mo NC" 100 Ton per Hour Drag Compensation Coverage Permit to Construct may be in rker's compensation coverage	del, Features, Manufacture g Conveyors - Replacing 3 So ge See attached Binder/Policy Number	r (include Maximum Hou crew Auger/Conveyors  I  I  I  I  I  I  I  I  I  I  I  I  I	Expiration Date  partment with proof of ation Act.						

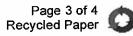
Form Number: 5 Rev. 9/27/2002

7. Person Installing this Equipment (if different from Number 1 on Page 1) Name_TBDTitle	
Company	
Mailing Address/Street	
City/TownStateTelephone (	
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	
None	
L	
Simple/Multiple Spray/Adsorb Venturi Carbon Electrostatic Baghouse Th	nermal/Catalytic Dry
	Afterburner Scrubber
24-1 24-2 24-3 24-4 24-5 24-6	24-7 24-8
24-1 24-2 210 211 211	
Other	
X 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 <sup>3</sup> LP G	GAS-100 GALLONS GRADE
26-31 32-33 34 35-41	42-45
COAL-TONS SULFUR % ASH% WOOD-TONS	MOISTURE %
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) (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	ays Per Week Days per Year
	7 3 6 5
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%)
2 0 5 7 5	,
76 77-78 79-80 81-82 83-84	

Form Number: 5 Rev. 9/27/2002 TTY Users 1-800-735-2258

12. Equivale	nt Stack Innformati	ion- is Exhaust through I	Joors, Window	s, etc. Un	IY? (Y/N)						
					85						
If not, then	Height Avove Groun	d (FT) Inside Diameter at To	op Exit Tempe	erature (°F)	Exit Velocity (	(FT/SEC)					
	86-88	89-91	92-	 -95	96-98	<u> </u>					
		·	-	<del></del>		<u></u>					
Attack a bi	NOTE: Attach a block diagram of process/process line, indicating new equipment as reported on this form										
Attacii a bi	and all existing e	quipment, including con	trol devices an	d emissic	n points.						
	<del></del>				-						
13. Input Ma	13. Input Materials (for this equipment only) Is any of this data to be considered confidential? N (Y or N)										
is any or	this data to be con	Isidered Confidential?	1 (Y or N)	INPL	JT RATE						
1	NAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PER YEAR	UNITS					
1. Grain			200	Tons	17/ <b>-0</b> 74	Tons					
2. Grain			25/	Tons	280,185	Tons					
3. 4.						+					
5.				<del> </del>		_					
6.				<u> </u>							
7.				† <u> </u>							
8.											
9.					<u> </u>	<u></u>					
TOTAL	<del></del>										
14 Output M	laterials (for this ed	ruinment)	·	<del></del>	<del></del>						
	/Product Stream	(w.p,									
					PUT RATE	LIBUTO					
	NAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PER YEAR	Tons					
1 Grain 2 Grain			360	Tons Tons	280,185 280,185	Tons					
3.				10110	1200, 100						
4.				1	-						
5.											
6.	· · · · · · · · · · · · · · · · · · ·					<u> </u>					
7.				<del> </del>		<del>                                     </del>					
8.											
9. TOTAL											
TOTAL	·	<u></u>			<del></del> .	·					
15. Waste St	reams- Solid and L	iquid									
			L DED HOUD		PUT RATE   PER YEAR	LIMITS					
1	NAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PERTEAR	UNITS					
2.				-							
3.				<del>                                     </del>	-						
4.											
5.											
6.											
7.											
8.			1			1					
				+		1					
9. TOTAL											

TTY Users 1-800-735-2258



16. Total Stack Emiss	ions (ioi uns e	quipinent only	, iii i Oulius i i	er Operating	Day	
Particulate Mat	ter	Oxides of S	Sulfur	Oxides	of Nitrogen	
99-104		105-110	)	ı 1	111-116	
Carbon Monoxide	e	Volatile Organic C	ompounds_		PM-10	
177-122		123-128		1	129-134	
17. Total Fugitive Emi	ssions (for this	s equipment on	ly) in Pounds	Per Operati	ng Day	
Particulate Matt	ter , 4	Oxides of S	Sulfur	Oxides	of Nitrogen	
135-139		140-144	1 1	1	145-149	
Carbon Monoxide	<u>.</u>	Volatile Organic C	ompounds		PM-10	
150-154		155-159		1		
Method Used to Deter	mine Emissior	ns (1= Est	imate 2= Emi	ssion Facto	r 3= Stack Test	4= Other)
TSP	sox	NOX	со	voc	PM10	
					2	
165	166	167	168	169	170	
		167 ON MANAGEMI				
	AND RADIATIO		ENT ADMINIS Return		SE ONLY urisdiction	
AIR	AND RADIATION  Date Reconstruction  ocal Jurisdiction	on MANAGEMI ec'd. State	Return Date	n to Local Ju	SE ONLY urisdiction	
18. Date Rec'd. Local Reviewed by Local	AND RADIATION  Date Reconstruction  ocal Jurisdiction	on MANAGEMI ec'd. State	Return Date	n to Local Ju by State	SE ONLY urisdiction By	
AIR  18. Date Rec'd. Local  Reviewed by Local  Date	Date Roocal Jurisdiction  Month/Yea	ec'd. State	Return Date  Reviewed to Date ment Code	n to Local Ju by State	SE ONLY  urisdiction  By  CC Code	
AIR  18. Date Rec'd. Local  Reviewed by Locate  Date  19. Inventory Date	Date Roocal Jurisdiction  Month/Yea	ec'd. State on Equip	Return Date Reviewed to	n to Local June oy State By S t to Operate	CC Code  178-185  I ransaction	
AIR  18. Date Rec'd. Local  Reviewed by Locate  Date  19. Inventory Date	Date Roocal Jurisdiction  Month/Yea	ec'd. State on Equip	Return Date Reviewed to	n to Local Ju by State	CC Code	
AIR  18. Date Rec'd. Local  Reviewed by Locate  Date  19. Inventory Date	Date Roocal Jurisdiction  Month/Yea	ec'd. State on Equip	Return Date Reviewed to	n to Local June oy State By S t to Operate	CC Code  178-185  I ransaction	YR)
AIR  18. Date Rec'd. Local  Reviewed by Local  19. Inventory Date  20. Annual Operating Rate  186-192	Date Roocal Jurisdiction  Month/Yea  171-174	ec'd. State on Equip	Return DateReviewed It Date	n to Local June by State  By  S  It to Operate  Month	CC Code  178-185  Transaction (MM/DD	YR)
AIR  18. Date Rec'd. Local  Reviewed by Local  19. Inventory Date  20. Annual Operating Rate  186-192  Staff Code Vo	Date Roocal Jurisdiction  Month/Yea  171-174	ec'd. State  on  Equip  Aximum Desig  Hourly Rate	Return DateReviewed to DateReviewed to DateResulting	n to Local Junto Local Junto Local Junto Local Junto State  By  S  t to Operate  Month	CC Code  178-185  I ransaction (MM/DD)	YR)
AIR  18. Date Rec'd. Local  Reviewed by Local  19. Inventory Date  20. Annual Operating Rate  186-192  Staff Code Vo	Date Roocal Jurisdiction By  Month/Yea  171-174  OC Code  11 212	on MANAGEMI ec'd. State on Trequip flaximum Desig Hourly Rate 193-199 SIP Code	Return DateReviewed to DateReviewed to DateResulting	n to Local Junto State  By  State  By  State  Month  200-201	CC Code  178-185 I ransaction (MM/DD) 202-207 Confidentia	YR)
AIR  18. Date Rec'd. Local  Reviewed by Local  19. Inventory Date  20. Annual Operating Rate  186-192  Staff Code Vo	Date Roocal Jurisdiction By  Month/Yea  171-174  OC Code  11 212	on MANAGEMI ec'd. State on  Ir Equip In I	Return DateReviewed to DateReviewed to DateResulting	n to Local Junto State  By  State  By  State  Month  200-201	CC Code  178-185  I ransaction (MM/DD)  202-207  Confidentia	YR)

TTY Users 1-800-735-2258

Page 4 of 4 Recycled Paper

Grain elevato	Grain elevator actual emissions	ons					Source	e uniess otherwi	Source unless otherwise noted: EPA AP-42 Chapter 9.9.1	42 Chapter 9.9.1
	2	۵	Ð	ъ	ŧ	<b>l</b> g—	CR.	ч	ų	
-		Actual Throughput	PM Control Efficiency <sup>1</sup>	PM Emission Factor	PM Emissions	PIM <sub>10</sub> Control Efficiency <sup>1</sup>	PM <sub>Nu</sub> Emission Factor	PM <sub>10</sub> Emissions	PM <sub>2.5</sub> Emission Factor	PM2.5 Emissions
AC	Activity	(tons/year)	(% control)	(lb/ton)	(tons/year)	(% control)	(ib/ton)	(ton/year)	(Ib/ton)	(toniyear)
					b*d*(1-c)/2000			b"g"(1-f)/2000		b*h*(1-f)/2000
	Truck straight		%0	0.18	0.00	%0	690'0	0.00	0.01	00.00
	Truck hopper		%0	0.035	0.00	%0	0.0078	0.00	0.0013	0.00
	Rail		<b>%</b> 0	0.032	0.00	%0	0.0078	00.00	0.0013	0.00
Kecepung	Barge unload cont.		%0	0.029	0.00	%0	0.0073	0.00	0.0019	00.00
	Barge marine leg		%0	0.15	0.00	%0	0.038	0.00	0.005	00.00
	Ship		%0	0.15	00.00	%0	0.038	0.00	0.005	00.00
	Truck unspecified		%0	0.086	0.00	%0	0.029	0.00	0.0049	0.00
Loadout /	Railcar	CAROLI THE MESTS	%0	0.027	0.00	%0	0.0022	0.00	0.00037	0.00
Shipping	Barge		%0	0.016	0.00	%0	0.004	0.00	0.00055	00.00
	Ship		%0	0.048	0.00	%0	0.012	0.00	0.0022	0.00
Headhouse & Handling <sup>5</sup>	andling <sup>5</sup>	280,185.0	%09	0.061	3.42	809	0.034	1.91	0.0058	0.33
Grain Cleaning <sup>6</sup>			%0	0.375	00.00	%0	960.0	0.00	0.016	0.00
Storage Bin (vent)	t)	0.0	%0	0.025	0.00	%0	0.0063	0.00	0.0011	00.00
	Rack		%0	3	00.00	%0	0.75	0.00	0.13	0.00
Grain Drying	Grain Drying 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 em	Total tons emissions (excluding combustion from dryers)	ng combustion fro	om dryers)		3.42			1.91		0.33

Below information can be found on the Minnesota Revisors website:

Control efficiencies are listed in Minn. R. 7011.0070.

<sup>2</sup>Certified hood requirements are listed in Minn. R. 7011,0072

<sup>3</sup>Requirements for control equipment are listed in Minn. R. 7011.0075

<sup>4</sup> Monitoring and recordkeeping for controls is in Minn. R. 7011.0080

<sup>5</sup> Legs, conveyors, belts, distributor, scale, enclosed cleaners, etc. Throughput is the sum of all shipping, receiving, cleaning, and drying throughputs. https://www.revisor.mn.gov/rules?id=7011.0080

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

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

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

<sup>4</sup> 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.



#### 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.

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

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).												
PRO	DUC	ER				CONTA	CT	Cheri Johnso				
Stephens Insurance, LLC						PHONE (A/C, N		(501)377-631		FAX (A/C, No):		
111 Center Street, Suite 100 Little Rock, AR 72201						E-MAIL ADDRE		•	@stephens.com			
Little Rock, AR 72201						ADDICE			RDING COVERAGE			NAIC#
www.stephensinsurance.com						INSURE	RA: Hartford					19682
INSURED									Insurance Co. of	Hartford		34690
Mountaire Farms of Delaware, Inc. P. O. Box 1320												42307
		Box 1320 boro DE 19966-1320								29459		
"	11115	DOIO DE 19900-1320				INSURER D: Twin City Fire Insurance Company INSURER E:						
						INSURE						
CO	COVERAGES CERTIFICATE NUMBER: 78865373								REVISION NUM	BER:		-
$\Gamma_{\overline{1}}$	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA					VE BEE	N ISSUED TO	THE INSURE	D NAMED ABOV	E FOR TI	HE POL	ICY PERIOD
l c	ERT	ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	PERT	AIN.	THE INSURANCE AFFORDI	I OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS						WHICH THIS THE TERMS,
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF   POLICY EXP     LIMITS				s	-
D	1	COMMERCIAL GENERAL LIABILITY	1000		38ECSS71202		3/1/2024	3/1/2025	EACH OCCURRENCE \$1,000		0,000	
	<b> </b>	CLAIMS-MADE / OCCUR			\$1,000,000 Limit excess				DAMAGE TO RENTE PREMISES (Ea occu	ED irrence)	\$1,000	0,000
	1	Contractual			of \$1,000,000 SIR				MED EXP (Any one p		\$10,00	00
	✓ Contractual ✓ \$1,000,000 SIR								PERSONAL & ADV II		\$1,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREG	ATE	\$2,000	0,000
	POLICY PRO-								PRODUCTS - COMP	OP AGG	\$4,000	0,000
	OTHER:								·		\$	
A					38CSES71201		3/1/2024	3/1/2025	COMBINED SINGLE (Ea accident)	LIMIT	\$5,000	0,000
/ ANY AUTO					\$250,000. Deductible				BODILY INJURY (Pe	r person)	\$	·
OWNED SCHEDULED									BODILY INJURY (Pe	r accident)	\$	
AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY									PROPERTY DAMAG (Per accident)	E	\$	
	-	AUTOS CINET									\$	
c	1	UMBRELLA LIAB / OCCUR	İ		CH23UMRZ07CYGIV		3/1/2024	3/1/2025	EACH OCCURRENC	E	\$5,000	0,000
	<b>'</b>	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$5,000	0,000
		DED / RETENTION \$10,000	ĺ								s	
В		RKERS COMPENSATION			38WNS71200		3/1/2024	3/1/2025	✓ PER STATUTE	OTH- ER		
		PROPRIETOR/PARTNER/EXECUTIVE	ļ		\$500,000. Deductible				E.L. EACH ACCIDEN		\$ 1,000	0,000
OFFICER/MEMBER EXCLUDEO? (Mandatory in NH)			N/A						E.L. DISEASE - EA E	MPLOYEE	\$1,000	0.000
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POL	ICY LIMIT	\$1,000	0,000
DESCRIPTION OF OPERATIONS below												
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
										,		
*												
CE	RTIF	ICATE HOLDER				CANC	ELLATION					
CENTIFICATE HOLDER CANC										150 DE 0		en necont

CERTIFICATE HOLDER

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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