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Mountaire Farms
P.O. Box 1320 Millsboro,
DE 19966

4/8/2026

Maryland Department of the Environment
Air Quality Permits Program
Attn: Susan Nash
1800 Washington Boulevard
Baltimore, Maryland 21230

Reference: Mountaire Farms Inc. – Cordova Grain Facility

Mrs. Nash,

Mountaire Farms Inc. Cordova Grain facility will be working on the following projects simultaneously:

1. Replace the Tank 5 unloading floor auger and installing a drag conveyor. The current auger is rated at 120 tons/hour and is past its service life; it will be replaced with a 150 tons/hour drag conveyor.
2. Replace the Wet Tank 4/5 reclaim auger with a drag conveyor. The current auger is past its service life and needs to be replaced. The current maximum auger capacity is 120 tons/hour, the new drag conveyor is maximum rated at 165 tons/hour
3. Repair and rebuild the existing Tank 5 Fill Drag conveyor. This equipment is past its service life so we will be replacing the drag chain, paddles, sprockets, bearings, and fixing any holes in the housing or liner. It will remain at the original throughput capacity of 150 tons/hour.

There will not be any increase in the facility's emissions because the overall facility throughput will remain the same.

Thank you.

A handwritten signature in blue ink, appearing to read "JR", written over a blue horizontal line.

Jason Russell
Environmental Manager
Mountaire Farms Inc.



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. - Cordova Grain
PREMISES ADDRESS:	11761 Cordova Rd., Cordova, MD 21625
CONTACT INFORMATION FOR THIS PERMIT APPLICATION	
CONTACT NAME:	Jason Russell
JOB TITLE:	Environmental Manager
PHONE NUMBER:	(302) 934-4093
EMAIL ADDRESS:	jasonrussell@mountaire.com
DESCRIPTION OF EQUIPMENT OR PROCESS	
Replace Tank 5 floor auger with drag conveyor, rebuild tank 5 fill drag conveyor, replace Wet Tank 4/5 reclaim auger	

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> x </u> Form 5EP	No. <u> </u> Form 42
No. <u> </u> Form 6	No. <u> </u> Form 44
No. <u> </u> Form 10	
- 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 ⁽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

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FORM 5
APPLICATION FOR
PROCESSING OR MANUFACTURING EQUIPMENT/PROCESS

Permit to Construct Registration Update Initial Registration

1. Owner Information

Owner Name: Mountaire Farms Inc.
 Owner Street Address: 29292 John J. Williams Hwy
 City/State/Zip Code: Millsboro DE 19966

2. Location of Equipment/Process

Check if different from above. If checked, complete the following:
 Premises Name: Mountaire Farms Inc. - Cordova Grain
 Premises Street Address: 11761 Cordova Rd
 City/State/Zip Code: Cordova MD 21625

3. Contact Information

Contact Name: Jason Russell
 Job Title: Environmental Manager
 Phone Number: (302) 934-4093
 Email Address: jasonrussell@mountaire.com

4. Workers' Compensation Coverage Information

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 Workers' Compensation Act.

Company Name: See Attached.
 Binder/Policy Number: _____ Expiration Date: _____

5. Person Installing Equipment/Process (if different from 1 above)

Installer Name and Title: O'Neals Millwrights, Facility Maintenance Teams
 Installer Company Name: Oneal's Millwrights, Mountaire Farms Inc.
 Installer Street Address:
 City/State/Zip Code:
 Phone Number:

6. Description of Major Activity, Product, or Service of Company at this Location (include applicable SIC code)

Grain Receiving, Storage, Handling, Drying, Shipping

7. Installation Type	8. Projected Construction/Existing Operation Dates
-----------------------------	---

<input type="checkbox"/> New Equipment/Process <input checked="" type="checkbox"/> Modification to Existing Equipment/Process <input type="checkbox"/> Existing Equipment/Process	Projected Construction Start Date: 6/1/26 Projected Construction End Date: 8/1/26 Projected Operating Date of New/Modified Equipment/Process: 8/1/26 Existing Equipment/Process Initial Operating Date:
---	--

9. Description of the Equipment/Process (include make, model, manufacturer, rated capacity, as applicable)

Replace Tank 5 Floor Auger with a drag conveyor, Replace Wet Tank 4/5 Auger with a drag conveyor, repair worn parts on Tank 5 Fill Conveyor.

10. Supplemental Equipment/Process Information

Number of Pieces of Identical Equipment Units to be Registered/Permitted at this Time: ¹	Number of Stack/Emission Points Associated with the Equipment/Process: ³ Fugitive Emissions Source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Note: Complete a Form 5EP for each stack/emission point or fugitive discharge area.
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11. Control Devices Associated with this Equipment/Process

Note: Complete a Form 6 for each control device.

<input type="checkbox"/> None	<input type="checkbox"/> Baghouse/Fabric Filter	<input type="checkbox"/> Cyclone	<input type="checkbox"/> Electrostatic Precipitator
<input checked="" type="checkbox"/> Dust Suppression	<input type="checkbox"/> Venturi Scrubber	<input type="checkbox"/> Adsorption System	<input type="checkbox"/> Spray Tower/Packed Bed
<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Nitrogen Oxides Reduction	<input type="checkbox"/> Other, specify: _____	

12. Fuel Consumption for this Equipment/Process

<input type="checkbox"/> Natural Gas _____ 1000 cubic feet/year	<input type="checkbox"/> Coal (attach fuel specifications) _____ tons/year
<input type="checkbox"/> Propane/LP Gas _____ 100 gallons/year	<input type="checkbox"/> Wood (attach fuel specifications) _____ tons/year
<input type="checkbox"/> Distillate Fuel Oil _____ 1000 gallons/year	<input type="checkbox"/> Other (describe): _____
<input type="checkbox"/> Residual Fuel Oil _____ 1000 gallons/year	(specify units)

13. Operating Schedule for this Equipment/Process					
<input checked="" type="checkbox"/> Continuous Operation <input type="checkbox"/> Batch Process _____ hours/batch _____ batches/week _____ operating hours/day _____ operating days/week _____ operating days/year			Seasonal Variation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following: <u>20</u> Winter Percent <u>10</u> Spring Percent <u>10</u> Summer Percent <u>60</u> Fall Percent Total Seasons = 100% operating time		
14. Input Materials and Usage Rates (attach additional materials as necessary)					
Name of Input Material	CAS No. (if applicable)	Input Rate Per Hour	Identify Unit of Measure	Input Rate Per Year	Identify Unit of Measure
Whole Grain		150	Tons	30,000	Tons
Whole Grain		165	Tons	60,000	Tons
Whole Grain		150	Tons	30,000	Tons
15. Output Materials and Production Rates (attach additional materials as necessary)					
Name of Output Material or Product	CAS No. (if applicable)	Output Rate Per Hour	Identify Unit of Measure	Output Rate Per Year	Identify Unit of Measure
Whole Grain		150	Tons	30,000	Tons
Whole Grain		165	Tons	60,000	Tons
Whole Grain		150	Tons	30,000	Tons
16. Waste Streams - Solid and Liquid (attach additional materials as necessary)					
Name of Waste Material or Waste Product	CAS No. (if applicable)	Waste Generation Rate Per Hour	Identify Unit of Measure	Waste Generation Rate Per Year	Identify Unit of Measure
17. Total Stack Emissions for this Equipment/Process			18. Total Fugitive Emissions for this Equipment/Process		
Nitrogen Oxides	_____ lbs/operating day		Nitrogen Oxides	_____ lbs/operating day	
Carbon Monoxide	_____ lbs/operating day		Carbon Monoxide	_____ lbs/operating day	
Sulfur Oxides	_____ lbs/operating day		Sulfur Oxides	_____ lbs/operating day	
Particulate Matter (PM-10)	_____ lbs/operating day		Particulate Matter (PM-10)	<u>75.89</u> lbs/operating day	
Particulate Matter (PM-2.5)	_____ lbs/operating day		Particulate Matter (PM-2.5)	<u>12.95</u> lbs/operating day	
Volatile Organic Compounds	_____ lbs/operating day		Volatile Organic Compounds	_____ lbs/operating day	
Greenhouse Gases (CO _{2e})	_____ lbs/operating day		Greenhouse Gases (CO _{2e})	_____ lbs/operating day	
19. Required Documents					
<input checked="" type="checkbox"/> Air Quality Permit to Construct Application Checklist - Include all required items on the checklist with the Form 5 application <input type="checkbox"/> Check this box if this application includes confidential information and submit one confidential copy of the application and one copy with all confidential information removed.					
20. Responsible Party Certification Statement					
"I CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION SUBMITTED IN THIS REQUEST FOR COVERAGE IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS."					
					04/09/26
Responsible Party Signature Scott Thompson, VP Operations Services					Date
Printed Name and Title					
For ARA Use Only					
Date Received:					
Date Reviewed:					
Reviewed By:					
ARA Premises Number:					
Associated ARA Registration Number or Numbers:					

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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: Mountaire Farms 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:
Tank 5 Fill Drag

2. Emission Point Description

Describe the emission point including all associated equipment and control devices:
Replace drag chain, paddles, sprockets, bearings, and fix holes on the outside housing and inside liner

3. Emissions Schedule for the Emission Point

Continuous or Intermittent (C/I)?	I	Seasonal Variation Check box if none: <input checked="" type="checkbox"/> Otherwise estimate seasonal variation:	
Minutes per hour:	60	Winter Percent	20
Hours per day:	12	Spring Percent	10
Days per week:	5	Summer Percent	10
Weeks per year:	52	Fall Percent	60

4. Emission Point Information

Height above ground (ft):	70	Length and width dimensions at top of rectangular stack (ft):	Length:	Width:	
Height above structures (ft):	1		N/A	N/A	
Exit temperature (°F):	N/A	Inside diameter at top of round stack (ft):	N/A		
Exit velocity (ft/min):	N/A	Distance from emission point to nearest property line (ft):	100		
Exhaust gas volumetric flow rate (acfm):	N/A	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 type="checkbox"/> None | <input type="checkbox"/> Thermal Oxidizer | No. _____ |
| <input type="checkbox"/> Baghouse | No. _____ | <input type="checkbox"/> Regenerative |
| <input type="checkbox"/> Cyclone | No. _____ | <input type="checkbox"/> Catalytic Oxidizer |
| <input type="checkbox"/> Elec. Precipitator (ESP) | No. _____ | <input type="checkbox"/> Nitrogen Oxides Reduction |
| <input type="checkbox"/> Dust Suppression System | No. _____ | <input type="checkbox"/> Selective |
| <input type="checkbox"/> Venturi Scrubber | No. _____ | <input type="checkbox"/> Catalytic |
| <input type="checkbox"/> Spray Tower/Packed Bed | No. _____ | <input type="checkbox"/> Non-Selective |
| <input type="checkbox"/> Carbon Adsorber | No. _____ | <input type="checkbox"/> Non-Catalytic |
| <input type="checkbox"/> Cartridge/Canister | | |
| <input type="checkbox"/> Regenerative | | |
| | <input checked="" type="checkbox"/> Other | No. _____ |
| | Specify: Mineral Oil | |

FORM 5EP: Emission Point Data				
6. Estimated Emissions from the Emission Point				
Criteria Pollutants	At Design Capacity (lb/hr)	At Projected Operations		
		(lb/hr)	(lb/day)	(ton/yr)
Particulate Matter (filterable as PM10)	2.04	2.04	24.48	0.5508
Particulate Matter (filterable as PM2.5)	0.348	0.348	4.176	0.094
Particulate Matter (condensables)				
Volatile Organic Compounds (VOC)				
Oxides of Sulfur (SOx)				
Oxides of Nitrogen (NOx)				
Carbon Monoxide (CO)				
Lead (Pb)				
Greenhouse Gases (GHG)	At Design Capacity (lb/hr)	At Projected Operations		
		(lb/hr)	(lb/day)	(ton/yr)
Carbon Dioxide (CO ₂)				
Methane (CH ₄)				
Nitrous Oxide (N ₂ O)				
Hydrofluorocarbons (HFCs)				
Perfluorocarbons (PFCs)				
Sulfur Hexafluoride (SF ₆)				
Total GHG (as CO ₂ e)				
List individual federal Hazardous Air Pollutants (HAP) below:	At Design Capacity (lb/hr)	At Projected Operations		
		(lb/hr)	(lb/day)	(ton/yr)

(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: Mountaire Farms 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:
Wet Tank 4/5 Reclaim Drag

2. Emission Point Description

Describe the emission point including all associated equipment and control devices:
Replace existing 120 tons/hour Wet Tank 4/5 reclaim auger with 165 tons/hour drag conveyor

3. Emissions Schedule for the Emission Point

Continuous or Intermittent (C/I)?	I	Seasonal Variation Check box if none: <input checked="" type="checkbox"/> Otherwise estimate seasonal variation:	
Minutes per hour:	60	Winter Percent	20
Hours per day:	12	Spring Percent	10
Days per week:	5	Summer Percent	10
Weeks per year:	52	Fall Percent	60

4. Emission Point Information

Height above ground (ft):	2	Length and width dimensions at top of rectangular stack (ft):	Length:	Width:	
Height above structures (ft):	0		N/A	N/A	
Exit temperature (°F):	N/A	Inside diameter at top of round stack (ft):	N/A		
Exit velocity (ft/min):	N/A	Distance from emission point to nearest property line (ft):	110		
Exhaust gas volumetric flow rate (acfm):	N/A	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 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 checked="" type="checkbox"/> Other | No. _____ |
| <input type="checkbox"/> Carbon Adsorber | No. _____ | Specify: Mineral Oil | |
| <input type="checkbox"/> Cartridge/Canister | | | |
| <input type="checkbox"/> Regenerative | | | |

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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: Mountaire Farms 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:
Tank 5 Unloading Auger

2. Emission Point Description

Describe the emission point including all associated equipment and control devices:
Replace existing 120 tons/hour storage bin floor auger with 150 tons/hour drag in the same location inside the floor of the tank

3. Emissions Schedule for the Emission Point

Continuous or Intermittent (C/I)?	I	Seasonal Variation Check box if none: <input checked="" type="checkbox"/> Otherwise estimate seasonal variation:	
Minutes per hour:	60	Winter Percent	20
Hours per day:	12	Spring Percent	10
Days per week:	5	Summer Percent	10
Weeks per year:	52	Fall Percent	60

4. Emission Point Information

Height above ground (ft):	1	Length and width dimensions at top of rectangular stack (ft):	Length:	Width:	
Height above structures (ft):	0		N/A	N/A	
Exit temperature (°F):	N/A	Inside diameter at top of round stack (ft):	N/A		
Exit velocity (ft/min):	N/A	Distance from emission point to nearest property line (ft):	70		
Exhaust gas volumetric flow rate (acfm):	N/A	Building dimensions if emission point is located on building (ft)	Height	Length	Width
			60		60

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

Facility Emissions

Grain elevator actual emissions										
Source unless otherwise noted: EPA AP-42 Chapter 9.3.1										
a	b	c	d	e	f	g	h	i	j	
Activity	Actual Throughput (tons/year)	PM Control Efficiency ¹ (% control)	PM Emission Factor (lb/ton)	PM Emissions (tons/year)	PM ₁₀ Control Efficiency ¹ (% control)	PM ₁₀ Emission Factor (lb/ton)	PM ₁₀ Emissions (ton/year)	PM _{2.5} Emission Factor (lb/ton)	PM _{2.5} Emissions (ton/year)	PM _{2.5} Emissions (ton/year)
				b ² (1-c)/2000			b ⁷ (1-f)/2000		b ⁸ (1-i)/2000	b ⁹ (1-j)/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	60%	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	
Headhouse & Handling ²	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	
Grain Cleaning ³	1,800,000.0	60%	0.061	21.96	60%	0.034	12.24	0.0058	2.09	
Storage Bin (vent)	0.0	0%	0.375	0.00	0%	0.095	0.00	0.016	0.00	
Grain Drying	Rack	60%	0.025	0.00	60%	0.0063	0.00	0.0011	0.00	
	Rack (<50 mesh)	0%	3	0.00	0%	0.75	0.00	0.13	0.00	
	Column	0%	0.47	0.00	0%	0.12	0.00	0.02	0.00	
Total tons emissions (excluding combustion from dryers)				21.96			12.24		2.09	

Equipment Emissions

Tank 5 Floor Auger Replacement

Hourly Emissions	Actual Throughput (tons/hour)	PM Control Efficiency ¹ (% control)	PM Emission Factor (lb/ton)	PM Emissions (pounds/hour)	PM ₁₀ Control Efficiency ¹ (% control)	PM ₁₀ Emission Factor (lb/ton)	PM ₁₀ Emissions (pounds/hour)	PM _{2.5} Emission Factor (lb/ton)	PM _{2.5} Emissions (pounds/hour)
				b ² (1-c)/2000			b ⁷ (1-f)/2000		b ⁹ (1-j)/2000
	150	60	0.061	3.66	0.6	0.034	2.04	0.0058	0.348

Wet Tank 4/5 Reclaim Auger Replacement

Hourly Emissions	Actual Throughput (tons/hour)	PM Control Efficiency ¹ (% control)	PM Emission Factor (lb/ton)	PM Emissions (pounds/hour)	PM ₁₀ Control Efficiency ¹ (% control)	PM ₁₀ Emission Factor (lb/ton)	PM ₁₀ Emissions (pounds/hour)	PM _{2.5} Emission Factor (lb/ton)	PM _{2.5} Emissions (pounds/hour)
				b ² (1-c)/2000			b ⁷ (1-f)/2000		b ⁹ (1-j)/2000
	165	60	0.061	4.026	0.6	0.034	2.244	0.0058	0.3828

Tank 5 Fill Drag Rebuild

Hourly Emissions	Actual Throughput (tons/hour)	PM Control Efficiency ¹ (% control)	PM Emission Factor (lb/ton)	PM Emissions (pounds/hour)	PM ₁₀ Control Efficiency ¹ (% control)	PM ₁₀ Emission Factor (lb/ton)	PM ₁₀ Emissions (pounds/hour)	PM _{2.5} Emission Factor (lb/ton)	PM _{2.5} Emissions (pounds/hour)
				b ² (1-c)/2000			b ⁷ (1-f)/2000		b ⁹ (1-j)/2000
	150	60	0.061	3.66	0.6	0.034	2.04	0.0058	0.348

Daily Emissions (Potential)	PM Emissions (pounds/day)	PM ₁₀ Emissions (pounds/day)	PM _{2.5} Emissions (pounds/day)
	272.304	151.776	25.8912

Yearly Throughputs based on facility management knowledge

Equipment	Annual Throughput - Tons	Operational Days	Average Hours per Day	Total Hours
Tank 5 Floor Auger	30,000	45	12	540
Wet Tank 4/5 Reclaim	30,000	25	12	300
Tank 5 Fill Conveyor	60,000	45	12	540

Daily Emissions Actual

Tank 5 Floor Auger			Wet Tank 4/5 Reclaim			Tank 5 Fill Conveyor		
PM Emissions (pounds/day)	PM ₁₀ Emissions (pounds/day)	PM _{2.5} Emissions (pounds/day)	PM Emissions (pounds/day)	PM ₁₀ Emissions (pounds/day)	PM _{2.5} Emissions (pounds/day)	PM Emissions (pounds/day)	PM ₁₀ Emissions (pounds/day)	PM _{2.5} Emissions (pounds/day)
F34*G60	I34*G60	K34*G60	F41*G61	H41*G61	K41*G61	F48*G62	H48*G62	K48*G62
43.92	24.48	4.176	48.312	26.928	4.5936	43.92	24.48	4.176

Annual Emissions Actual

Tank 5 Floor Auger			Wet Tank 4/5 Reclaim			Tank 5 Fill Conveyor		
PM Emissions (Tons/Year)	PM ₁₀ Emissions (Tons/Year)	PM _{2.5} Emissions (Tons/Year)	PM Emissions (Tons/Year)	PM ₁₀ Emissions (Tons/Year)	PM _{2.5} Emissions (Tons/Year)	PM Emissions (Tons/Year)	PM ₁₀ Emissions (Tons/Year)	PM _{2.5} Emissions (Tons/Year)
F34*J60/2000	I34*J60/2000	K34*J60/2000	F41*J61/2000	H41*J61/2000	K41*J61/2000	F48*J62/2000	H48*J62/2000	K48*J62/2000
0.9882	0.5508	0.09396	0.6039	0.3366	0.05742	0.9882	0.5508	0.09396



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/27/2026

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Cheri Johnson</td> </tr> <tr> <td>PHONE (A/C No. Ext): (501)377-6319</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: cheri.johnson@stephens.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: Hartford Fire Insurance Company</td> <td style="text-align: right;">NAIC # 19682</td> </tr> <tr> <td>INSURER B: Property & Casualty Insurance Co. of Hartford</td> <td style="text-align: right;">34690</td> </tr> <tr> <td>INSURER C: Twin City Fire Insurance Company</td> <td style="text-align: right;">29459</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME: Cheri Johnson		PHONE (A/C No. Ext): (501)377-6319	FAX (A/C, No):	E-MAIL ADDRESS: cheri.johnson@stephens.com		INSURER(S) AFFORDING COVERAGE		INSURER A: Hartford Fire Insurance Company	NAIC # 19682	INSURER B: Property & Casualty Insurance Co. of Hartford	34690	INSURER C: Twin City Fire Insurance Company	29459	INSURER D:		INSURER E:		INSURER F:	
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COVERAGES **CERTIFICATE NUMBER:** 89467658 **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														
C	<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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			38ECSS71202	3/1/2026	3/1/2027	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 1,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 4,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	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		\$
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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	3/1/2026	3/1/2027	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 5,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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EACH OCCURRENCE	\$																				
AGGREGATE	\$																				
	\$																				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			38WNS71200 \$500,000. Deductible	3/1/2026	3/1/2027	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTHER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td>\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td>\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td>\$ 1,000,000</td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER		E.L. EACH ACCIDENT		\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000	E.L. DISEASE - POLICY LIMIT		\$ 1,000,000		
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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 For Information Purposes Only	CANCELLATION 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 <div style="text-align: right;"> Stan Payne </div>
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Facility Emissions

Grain elevator actual emissions										
Source unless otherwise noted: EPA AP-42 Chapter 9.3.1										
a	b	c	d	e	f	g	h	i	j	k
Activity	Actual Throughput (tons/year)	PM Control Efficiency ¹ (% control)	PM Emission Factor (lb/ton)	PM Emissions (tons/year)	PM ₁₀ Control Efficiency ¹ (% control)	PM ₁₀ Emission Factor (lb/ton)	PM ₁₀ Emissions (tons/year)	PM _{2.5} Emission Factor (lb/ton)	PM _{2.5} Emissions (tons/year)	PM _{2.5} Emissions (tons/year)
				b*d*(1-c)/2000			b*g*(1-f)/2000		b*i*(1-j)/2000	
Receiving	Truck straight	300,000.0	85%	0.18	4.05	85%	0.059	1.33	0.01	0.23
	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
	Ship		0%	0.15	0.00	0%	0.038	0.00	0.005	0.00
	Truck unspecified	300,000.0	60%	0.086	5.16	60%	0.029	1.74	0.0049	0.29
Loadout / Shipping	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
	Truck unspecified	300,000.0	60%	0.061	10.98	60%	0.034	6.12	0.0058	1.04
Headhouse & Handling ²	900,000.0	0%	0.375	0.00	0%	0.095	0.00	0.016	0.00	
Grain Cleaning ³		60%	0.025	3.00	60%	0.0063	0.76	0.0011	0.13	
Storage Bin (vent)	600,000.0	0%	3	0.00	0%	0.75	0.00	0.13	0.00	
Grain Drying	Rack		0%	0.47	0.00	0%	0.12	0.00	0.02	0.00
	Rack (<50 mesh)		60%	0.22	13.20	60%	0.055	3.30	0.0094	0.56
	Column	300,000.0								
Total tons emissions (excluding combustion from dryers)				36.39			13.24		2.26	

Equipment Emissions

Tank 5 Floor Auger Replacement									
Hourly Emissions	Actual Throughput (tons/hour)	PM Control Efficiency ¹ (% control)	PM Emission Factor (lb/ton)	PM Emissions (pounds/hour)	PM ₁₀ Control Efficiency ¹ (% control)	PM ₁₀ Emission Factor (lb/ton)	PM ₁₀ Emissions (pounds/hour)	PM _{2.5} Emission Factor (lb/ton)	PM _{2.5} Emissions (pounds/hour)
				b*d*(1-c)/2000			b*g*(1-f)/2000		b*i*(1-j)/2000
	150	60	0.061	3.66	0.6	0.034	2.04	0.0058	0.348
Wet Tank 4/5 Reclaim Auger Replacement									
Hourly Emissions	Actual Throughput (tons/hour)	PM Control Efficiency ¹ (% control)	PM Emission Factor (lb/ton)	PM Emissions (pounds/hour)	PM ₁₀ Control Efficiency ¹ (% control)	PM ₁₀ Emission Factor (lb/ton)	PM ₁₀ Emissions (pounds/hour)	PM _{2.5} Emission Factor (lb/ton)	PM _{2.5} Emissions (pounds/hour)
				b*d*(1-c)/2000			b*g*(1-f)/2000		b*i*(1-j)/2000
	165	60	0.061	4.026	0.6	0.034	2.244	0.0058	0.3628
Tank 5 Fill Drag Rebuild									
Hourly Emissions	Actual Throughput (tons/hour)	PM Control Efficiency ¹ (% control)	PM Emission Factor (lb/ton)	PM Emissions (pounds/hour)	PM ₁₀ Control Efficiency ¹ (% control)	PM ₁₀ Emission Factor (lb/ton)	PM ₁₀ Emissions (pounds/hour)	PM _{2.5} Emission Factor (lb/ton)	PM _{2.5} Emissions (pounds/hour)
				b*d*(1-c)/2000			b*g*(1-f)/2000		b*i*(1-j)/2000
	150	60	0.061	3.66	0.6	0.034	2.04	0.0058	0.348
Daily Emissions (Potential)									
PM Emissions (pounds/day)	PM ₁₀ Emissions (pounds/day)	PM _{2.5} Emissions (pounds/day)							
272.304	151.776	25.8912							

Yearly Throughputs based on facility management knowledge				
Equipment	Annual Throughput - Tons	Operational Days	Average Hours per Day	Total Hours
Tank 5 Floor Auger	30,000	45	12	540
Wet Tank 4/5 Reclaim	30,000	25	12	300
Tank 5 Fill Conveyor	60,000	45	12	540

Daily Emissions Actual								
Tank 5 Floor Auger			Wet Tank 4/5 Reclaim			Tank 5 Fill Conveyor		
PM Emissions (pounds/day)	PM ₁₀ Emissions (pounds/day)	PM _{2.5} Emissions (pounds/day)	PM Emissions (pounds/day)	PM ₁₀ Emissions (pounds/day)	PM _{2.5} Emissions (pounds/day)	PM Emissions (pounds/day)	PM ₁₀ Emissions (pounds/day)	PM _{2.5} Emissions (pounds/day)
F34*G60	I34*G60	K34*G60	F41*G61	I41*G61	K41*G61	F48*G62	I48*G62	K48*G62
43.92	24.48	4.176	48.312	26.928	4.5936	43.92	24.48	4.176

Annual Emissions Actual								
Tank 5 Floor Auger			Wet Tank 4/5 Reclaim			Tank 5 Fill Conveyor		
PM Emissions (Tons/Year)	PM ₁₀ Emissions (Tons/Year)	PM _{2.5} Emissions (Tons/Year)	PM Emissions (Tons/Year)	PM ₁₀ Emissions (Tons/Year)	PM _{2.5} Emissions (Tons/Year)	PM Emissions (Tons/Year)	PM ₁₀ Emissions (Tons/Year)	PM _{2.5} Emissions (Tons/Year)
F34*360/2000	I34*360/2000	K34*360/2000	F41*361/2000	I41*361/2000	K41*361/2000	F48*362/2000	I48*362/2000	K48*362/2000
0.9882	0.5508	0.09396	0.6039	0.3368	0.05742	0.9882	0.5508	0.09396