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

4/28/2026

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

Reference: Mountaire Farms Inc. – Westover Feed Mill

Mrs. Nash,

Mountaire Farms Inc. Westover Feed Mill facility will be working on the following projects simultaneously:

1. Adding a transfer auger, or jump screw, to the project for the Feed Ingredient Receiving replacement. This was not included in the original application for a Permit to Construct but has been added after the fact to ensure that the flow of materials works properly.
2. Replace the Feed Ingredient Leg Turnhead and Spouting going to the Feed Ingredient Storage Bins. This was added to the Feed Ingredient Receiving replacement project after the Permit to Construct had been reviewed and approved. This replacement project is a direct replacement for what is currently in place and is well beyond its service life.
3. Replace the Finished Feed Loadout system. This system is referred to as a “Shuttle Drag” system. It consists of an auger under the finished feed bins that collects feed from the bins, then feeds a center point, that center point feeds a reversible auger in a trough to load the feed trucks. This replacement project is a replacement for what is currently in place and is well beyond its service life. There is a throughput increase from the current system rated for 200 tons/hour to the new one rated at 305 tons/hour. This increase is being put into place for facility efficiency, not expanded capacity.

There will not be any increase in the facility’s emissions because the overall facility throughput will remain the same. The transfer auger is a handling enhancement, the turnhead is a direct replacement, and the finished feed loadout will not load an increased tonnage on an annual basis.

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. - Westover Feed Mill
PREMISES ADDRESS:	30607 Revels Neck Rd., Westover, MD 21871
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	
Feed Ingredient Receiving Jump Screw, Feed Ingredient Turnhead, Finished Feed Loadout Shuttle Drag	

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 <sup>(1)</sup>
- Documentation that the proposed installation complies with local zoning and land use requirements <sup>(2)</sup>
  - (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.

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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. - Westover Feed Mill  
 Premises Street Address: 30607 Revells Neck Rd  
 City/State/Zip Code: Westover MD 21871

**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: Groff Julius  
 Installer Company Name:  
 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)**

**Poultry Feed Production**

**7. Installation Type**

New Equipment/Process  
 Modification to Existing Equipment/Process  
 Existing Equipment/Process

**8. Projected Construction/Existing Operation Dates**

Projected Construction Start Date:  
 Projected Construction End Date:  
 Projected Operating Date of New/Modified Equipment/Process:  
 Existing Equipment/Process Initial Operating Date:

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

New Feed Ingredient receiving jump screw, replace feed ingredient turnhead, replace finished feed loadout shuttle drag.

**10. Supplemental Equipment/Process Information**

Number of Pieces of Identical Equipment Units to be Registered/Permitted at this Time: <sup>3</sup>	Number of Stack/Emission Points Associated with the Equipment/Process: <sup>3</sup>
	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.

**11. Control Devices Associated with this Equipment/Process**

Note: Complete a Form 6 for each control device.

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Baghouse/Fabric Filter	<input type="checkbox"/> Cyclone	<input type="checkbox"/> Electrostatic Precipitator
<input 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 24 _____ operating hours/day 7 _____ operating days/week 365 _____ operating days/year	Seasonal Variation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete the following: _____ Winter Percent _____ Spring Percent _____ Summer Percent _____ 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
Feed Ingredients		120	Tons	1,051,200	Tons
Feed Ingredients		120	Tons	1,051,200	Tons
Finished Poultry Feed		306	Tons	2,680,560	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
Feed Ingredients		120	Tons	1,051,200	Tons
Feed Ingredients		120	Tons	1,051,200	Tons
Finished Poultry Feed		305	Tons	2,671,800	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**

Nitrogen Oxides	_____ lbs/operating day
Carbon Monoxide	_____ lbs/operating day
Sulfur Oxides	_____ lbs/operating day
Particulate Matter (PM-10)	_____ lbs/operating day
Particulate Matter (PM-2.5)	_____ lbs/operating day
Volatile Organic Compounds	_____ lbs/operating day
Greenhouse Gases (CO <sub>2e</sub> )	_____ lbs/operating day

**18. Total Fugitive Emissions for this Equipment/Process**

Nitrogen Oxides	_____ lbs/operating day
Carbon Monoxide	_____ lbs/operating day
Sulfur Oxides	_____ lbs/operating day
Particulate Matter (PM-10)	201.7 lbs/operating day
Particulate Matter (PM-2.5)	33.77 lbs/operating day
Volatile Organic Compounds	_____ lbs/operating day
Greenhouse Gases (CO <sub>2e</sub> )	_____ lbs/operating day

**19. Required Documents**

Air Quality Permit to Construct Application Checklist - Include all required items on the checklist with the Form 5 application

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."

05/05/26

\_\_\_\_\_ Responsible Party Signature Date  
 Scott Thompson, VP Operations Services  
 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:  
Feed Ingredient Turn Head

**2. Emission Point Description**

Describe the emission point including all associated equipment and control devices:  
Turn Head to distribute feed ingredients from the Feed Ingredient Receiving Leg

**3. Emissions Schedule for the Emission Point**

Continuous or Intermittent (C/I)?	C	<b>Seasonal Variation</b> Check box if none: <input type="checkbox"/> Otherwise estimate seasonal variation:	
Minutes per hour:	60	Winter Percent	
Hours per day:	24	Spring Percent	
Days per week:	7	Summer Percent	
Weeks per year:	365	Fall Percent	

**4. Emission Point Information**

Height above ground (ft):	120	Length and width dimensions at top of rectangular stack (ft):	Length:	Width:	
Height above structures (ft):	N/A		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):		300	
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 checked="" type="checkbox"/> None          |           | <input type="checkbox"/> Thermal Oxidizer          | No. _____                              |
| <input type="checkbox"/> Baghouse                 | No. _____ | <input type="checkbox"/> Regenerative              |  |
| <input type="checkbox"/> Cyclone                  | No. _____ | <input type="checkbox"/> Catalytic Oxidizer        | No. _____                              |
| <input type="checkbox"/> Elec. Precipitator (ESP) | No. _____ | <input type="checkbox"/> Nitrogen Oxides Reduction | No. _____                              |
| <input type="checkbox"/> Dust Suppression System  | No. _____ | <input type="checkbox"/> Selective                 | <input type="checkbox"/> Non-Selective |
| <input type="checkbox"/> Venturi Scrubber         | No. _____ | <input type="checkbox"/> Catalytic                 | <input type="checkbox"/> Non-Catalytic |
| <input type="checkbox"/> Spray Tower/Packed Bed   | No. _____ | <input type="checkbox"/> Other                     | No. _____                              |
| <input type="checkbox"/> Carbon Adsorber          | No. _____ | Specify:   |  |
| <input type="checkbox"/> Cartridge/Canister       |           |  |  |
| <input type="checkbox"/> Regenerative             |           |  |  |

**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)	4.08	4.08	97.92	4.47
Particulate Matter (filterable as PM2.5)	0.70	0.70	16.7	0.76
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 <sub>2</sub> )				
Methane (CH <sub>4</sub> )				
Nitrous Oxide (N <sub>2</sub> O)				
Hydrofluorocarbons (HFCs)				
Perfluorocarbons (PFCs)				
Sulfur Hexafluoride (SF <sub>6</sub> )				
Total GHG (as CO <sub>2</sub> 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:  
Shuttle Drag Finished Feed Loadout

**2. Emission Point Description**

Describe the emission point including all associated equipment and control devices:  
Shuttle Drag uses augers to take finished feed from bins overhead into the feed delivery trucks. There are dust socks on the loadout.

**3. Emissions Schedule for the Emission Point**

Continuous or Intermittent (C/I)?	C	<b>Seasonal Variation</b> Check box if none: <input type="checkbox"/> Otherwise estimate seasonal variation:	
Minutes per hour:	60	Winter Percent	
Hours per day:	24	Spring Percent	
Days per week:	7	Summer Percent	
Weeks per year:	365	Fall Percent	

**4. Emission Point Information**

Height above ground (ft):	18	Length and width dimensions at top of rectangular stack (ft):	Length:	Width:	
Height above structures (ft):	N/A		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):		300	
Exhaust gas volumetric flow rate (acfm):	N/A	Building dimensions if emission point is located on building (ft)	Height	Length	Width
			110	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 checked="" type="checkbox"/> None          |           | <input type="checkbox"/> Thermal Oxidizer          | No. _____                              |
| <input type="checkbox"/> Baghouse                 | No. _____ | <input type="checkbox"/> Regenerative              |  |
| <input type="checkbox"/> Cyclone                  | No. _____ | <input type="checkbox"/> Catalytic Oxidizer        | No. _____                              |
| <input type="checkbox"/> Elec. Precipitator (ESP) | No. _____ | <input type="checkbox"/> Nitrogen Oxides Reduction | No. _____                              |
| <input type="checkbox"/> Dust Suppression System  | No. _____ | <input type="checkbox"/> Selective                 | <input type="checkbox"/> Non-Selective |
| <input type="checkbox"/> Venturi Scrubber         | No. _____ | <input type="checkbox"/> Catalytic                 | <input type="checkbox"/> Non-Catalytic |
| <input type="checkbox"/> Spray Tower/Packed Bed   | No. _____ | <input type="checkbox"/> Other                     | No. _____                              |
| <input type="checkbox"/> Carbon Adsorber          | No. _____ | Specify:   |  |
| <input type="checkbox"/> Cartridge/Canister       |           |  |  |
| <input type="checkbox"/> Regenerative             |           |  |  |

**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)	0.24	0.24	5.86	0.26
Particulate Matter (filterable as PM2.5)	0.02	0.02	0.37	0.02
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 <sub>2</sub> )				
Methane (CH <sub>4</sub> )				
Nitrous Oxide (N <sub>2</sub> O)				
Hydrofluorocarbons (HFCs)				
Perfluorocarbons (PFCs)				
Sulfur Hexafluoride (SF <sub>6</sub> )				
Total GHG (as CO <sub>2</sub> 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:  
Feed Ingredient Receiving Jump Screw

**2. Emission Point Description**

Describe the emission point including all associated equipment and control devices:  
Transition Auger from the Feed Ingredient Receiving Pit Drag to the Feed Ingredient Receiving Leg

**3. Emissions Schedule for the Emission Point**

Continuous or Intermittent (C/I)?	C	<b>Seasonal Variation</b> Check box if none: <input type="checkbox"/> Otherwise estimate seasonal variation:	
Minutes per hour:	60	Winter Percent	
Hours per day:	24	Spring Percent	
Days per week:	7	Summer Percent	
Weeks per year:	365	Fall Percent	

**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):	N/A		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):		300	
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 checked="" type="checkbox"/> None          |           | <input type="checkbox"/> Thermal Oxidizer          | No. _____                              |
| <input type="checkbox"/> Baghouse                 | No. _____ | <input type="checkbox"/> Regenerative              |  |
| <input type="checkbox"/> Cyclone                  | No. _____ | <input type="checkbox"/> Catalytic Oxidizer        | No. _____                              |
| <input type="checkbox"/> Elec. Precipitator (ESP) | No. _____ | <input type="checkbox"/> Nitrogen Oxides Reduction | No. _____                              |
| <input type="checkbox"/> Dust Suppression System  | No. _____ | <input type="checkbox"/> Selective                 | <input type="checkbox"/> Non-Selective |
| <input type="checkbox"/> Venturi Scrubber         | No. _____ | <input type="checkbox"/> Catalytic                 | <input type="checkbox"/> Non-Catalytic |
| <input type="checkbox"/> Spray Tower/Packed Bed   | No. _____ | <input type="checkbox"/> Other                     | No. _____                              |
| <input type="checkbox"/> Carbon Adsorber          | No. _____ | Specify:   |  |
| <input type="checkbox"/> Cartridge/Canister       |           |  |  |
| <input type="checkbox"/> Regenerative             |           |  |  |

**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)	4.08	4.08	97.92	4.47
Particulate Matter (filterable as PM2.5)	0.70	0.70	16.7	0.76
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 <sub>2</sub> )				
Methane (CH <sub>4</sub> )				
Nitrous Oxide (N <sub>2</sub> O)				
Hydrofluorocarbons (HFCs)				
Perfluorocarbons (PFCs)				
Sulfur Hexafluoride (SF <sub>6</sub> )				
Total GHG (as CO <sub>2</sub> 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.)

## Westover Loadout Shuttle Replacement- Equipment List

### **Equipment: Collecting Screw**

Manufacturer: Artisan Precision (custom fabricated)

Size:

20" Diameter casing

30' Overall Length

Stepped Pitch Flighting, 10" to 20"

6' of double flight in hanger area

Five inlets from 10 bins (controlled to unload only a single bin at a time)

Single discharge at center

Maximum Throughput (tph): 305.767\*

Operated Throughput (tph): 280

### **Equipment: Loadout Reversing Shuttle Screw**

Manufacturer: Artisan Precision (custom fabricated)

Size:

20" Diameter casing

24' Overall Length

Full Pitch Flighting

Fed from collecting conveyor through open trough

Two discharge points located on either end

18" diameter dust socks

Maximum Throughput (tph): 304.627\*

Operated Throughput (tph): 280

\*Calculated based on 38 lbs./cubic ft.

**Air emissions for feed mills - Actual emissions**

**Feed mill actual emissions**

[Source unless otherwise noted: EPA AP-42 Chapter 9.9.1](#)

**Pellet Cooler is rated at 75 tons/hour**  
**Maximum Finished Feed Throughput is 75 tons/hour x 8760 hours = 657,000 tons of finished feed**  
**Finished Feed is Approximately 60% corn, 40% Feed Ingredients per the facility management. Annual usage 657,000 tons feed x 40% Feed Ingredients = 262,800 tons**

**Annual Emissions**

Activity	Maximum Capacity (tons/year)	PM Control Efficiency <sup>1</sup> (% control)	PM Emission Factor (lb/ton)	PM Emissions (tons/year) <small>b*d*(1-c)/2000</small>	PM <sub>10</sub> Control Efficiency <sup>1</sup> (% control)	PM <sub>10</sub> Emission Factor (lb/ton)	PM <sub>10</sub> Emissions (ton/year) <small>b*g*(1-f)/2000</small>	PM <sub>2.5</sub> Emission Factor (lb/ton)	PM <sub>2.5</sub> Emissions (ton/year) <small>b*h*(1-f)/2000</small>
Feed Loadout	657000.0	0%	0.0033	1.08	0%	0.0008	0.26	0.00005	0.02
Ingredient Jump Screw	262800.0	0%	0.061	8.02	0%	0.034	4.47	0.0058	0.76
Ingredient Turn Head	262800.0	0%	0.061	8.02	0%	0.034	4.47	0.0058	0.76

**Hourly Emissions**

Activity	Hourly Capacity Tons/Hour	PM Control Efficiency <sup>1</sup> (% control)	PM Emission Factor (lb/ton)	PM Emissions (pounds/hour) <small>b*d*(1-c)</small>	PM <sub>10</sub> Control Efficiency <sup>1</sup> (% control)	PM <sub>10</sub> Emission Factor (lb/ton)	PM <sub>10</sub> Emissions (pounds/hour) <small>b*d*(1-c)</small>	PM <sub>2.5</sub> Emission Factor (lb/ton)	PM <sub>2.5</sub> Emissions (pounds/hour) <small>b*d*(1-c)</small>
Feed Loadout	305.0	0%	0.0033	1.01	0%	0.0008	0.24	0.00005	0.02
Ingredient Jump Screw	120.0	0%	0.061	7.32	0%	0.034	4.08	0.0058	0.70
Ingredient Turn Head	120.0	0%	0.061	7.32	0%	0.034	4.08	0.0058	0.70

**Daily Emissions**

Activity	Hourly Capacity Tons/Hour	PM Control Efficiency <sup>1</sup> (% control)	PM Emission Factor (lb/ton)	PM Emissions (pounds/day) <small>b*d*(1-c)*24</small>	PM <sub>10</sub> Control Efficiency <sup>1</sup> (% control)	PM <sub>10</sub> Emission Factor (lb/ton)	PM <sub>10</sub> Emissions (pounds/day) <small>b*d*(1-c)*24</small>	PM <sub>2.5</sub> Emission Factor (lb/ton)	PM <sub>2.5</sub> Emissions (pounds/day) <small>b*d*(1-c)*24</small>
Feed Loadout	305.0	0%	0.0033	24.16	0%	0.0008	5.86	0.00005	0.37
Ingredient Jump Screw	120.0	0%	0.061	175.68	0%	0.034	97.92	0.0058	16.70
Ingredient Turn Head	120.0	0%	0.061	175.68	0%	0.034	97.92	0.0058	16.70

The finished feed loadout is in a 2 -3 sided enclosed building and has dust socks on the loading points. These items were not used for emissions reductions in the final calculations.



758 W Lexington Rd  
 Lititz, PA 17543  
 (717)-344-0719

# Estimate

Date	Estimate #
6/2/2025	10050A

Name / Address
Groff & Julius, LLC 6549 Davidsburg Rd Dover, PA 17315

Project

Description	Qty	U/M	Rate	Total
Mountaire Farms Westover, MD - Screw #1 -18" Conveyor, 120" OAL -6824 cu.ft. / hr @ 92 rpm -Flood Fed -Standard 7g Inlet -Standard 7g Discharge -7g mild trough -3/8" end plates -Flat lid -12g pre galvanized -3-1/2" sch 40 pipe center -3" shafts -48" Half pitch -3/8" thick sectional -Balance Full Pitch - 3/8" Sectional -Bare tube over discharge -(1) Feeder shroud -UHMW seal with relief spacer in front of bearing -Hinged lid inspection door above discharge -Hot dip galvanize trough & end plate	1			
Assemble and test run conveyor	1			
Sew Drive package. FAZ87 Parallel Shaft Gear motor, 15 Hp, 92 Rpm, 10,100 in/lb., 2.6 SF, 3" output shaft. Includes UHMW seal plate and relief spacer. Current Tariff impact on SEW drives. -Please note that this cost is subject to change until approval drawings have been confirmed. Option: Upgrade trough, lid, & endplates to stainless.	1			
-Current lead time 11 weeks after confirmed approvals -Terms: 50% down, 50% after delivery -Shipping & Handling additional -Quote valid for 30 days	1			
<b>Total</b>				

# Scope of Work

## **EQUIPMENT & MATERIALS:**

- **Turnhead**
  - New, stainless steel ingredient turnhead custom manufactured by The Essmueller Company to be exact replacement of existing
    - #14 gauge stainless steel cone w/ 3/16" steel bottom complete w/ hinged access door
  - Single inlet
  - 60° flow path
  - 22 station
  - 12" diameter spouting
  - Electronic motor operated
    - 1/2 HP, 3 phase, 60 hertz, 230 or 460 volt break motor and limit switches in a totally enclosed environment
  - Urethane lined inlet & turn spout
  - Unit to come with (22) position / limit switches & motor position / limit switch
  - Housing to be split & flanged for shipping
  
- **Tower**
  - New, galvanized steel support structure for turnhead
  - Service platform w/ ladder access for turnhead drive area
    - New service platform will be lowered in elevation compared to the existing for ease of maintenance
  - Overall tower sizing to match existing to facilitate direct swap of turnhead & reuse of as much existing spouting as possible
  
- **Transitions**
  - New, galvanized steel inlet transition similar to the existing configuration
    - Includes inspection door, mounting/opening for reused bindicator
    - Will be designed & located to receive from existing spouting & deadbox from ingredient bucket elevator
  
- **Slide Gates**
  - New, 12" air operated pneumatic slide gates w/ single explosion proof solenoids

- Stainless steel w/ top weather cover
  
- **Spouting**
  - The majority of existing spouting will be temporarily supported, protected in place and reinstalled to new turnhead
    - Spouting not to be reused is the single spout to diverter into soymeal bins
  - New, 12" stainless steel round spouting, 11ga
    - One (1) single run dedicated to each of the (3) soymeal bin w/ necessary flanges, elbows, transitions, etc.
    - One (1) spouting run to come off current position that feeds diverter into the three (3) soymeal bins
    - Two (2) new runs to come off closest available positions
    - Thirteen (13) replacement spouting runs of remaining positions in kind
  
- **Platform**
  - New, galvanized platform to extend / connect existing ingredient leg rest platform & existing turnhead inspection door platform
  - Platform designed to meet all Mountaire specifications

## **MILLWRIGHT:**

- **Demo**
  - Disconnect existing deadbox & transition from spouting to ingredient turn head inlet
    - Temporarily support for reinstallation
  - Disconnect & remove existing 12" stainless steel spouting from ingredient turn head discharges
  - Remove existing bindicator from inlet transition into existing turn head & salvage for reinstallation
  - Remove existing turn head & inlet transition
  - Remove existing ingredient turn head support structure & associated drive service platform
  
- **Installation**
  - Assemble, rig, lift & install new galvanized steel turn head support structure, ladder & drive access platform
  - Assemble, rig, lift & install new stainless steel turn head & associated drive
  - Install new transition at inlet of new turn head
    - Reconnect to salvaged spouting & deadbox from ingredient leg
    - Reinstall salvaged bindicator



# 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).**

<b>PRODUCER</b> 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"><b>CONTACT NAME:</b> Cheri Johnson</td> </tr> <tr> <td><b>PHONE (A/C No. Ext):</b> (501)377-6319</td> <td><b>FAX (A/C, No):</b></td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> cheri.johnson@stephens.com</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td><b>INSURER A:</b> Hartford Fire Insurance Company</td> <td style="text-align: right;"><b>NAIC #</b> 19682</td> </tr> <tr> <td><b>INSURER B:</b> Property &amp; Casualty Insurance Co. of Hartford</td> <td style="text-align: right;">34690</td> </tr> <tr> <td><b>INSURER C:</b> Twin City Fire Insurance Company</td> <td style="text-align: right;">29459</td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	<b>CONTACT NAME:</b> Cheri Johnson		<b>PHONE (A/C No. Ext):</b> (501)377-6319	<b>FAX (A/C, No):</b>	<b>E-MAIL ADDRESS:</b> cheri.johnson@stephens.com		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>INSURER A:</b> Hartford Fire Insurance Company	<b>NAIC #</b> 19682	<b>INSURER B:</b> Property & Casualty Insurance Co. of Hartford	34690	<b>INSURER C:</b> Twin City Fire Insurance Company	29459	<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURED</b> Mountaire Farms Inc. P. O Box 1320 Millsboro DE 19966-1320																					

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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 &amp; 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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B	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A 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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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  For Information Purposes Only	<b>CANCELLATION</b>  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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