

MARYLAND DEPARTMENT OF THE ENVIRONMENT

**AIR AND RADIATION ADMINISTRATION
APPLICATION FOR A PERMIT TO CONSTRUCT**

DOCKET # 17-22

Applicant: ARJ Construction Company, Inc.

Proposal: One (1) Powerscreen (Terex) Chieftain 1700 coal screen rated at 200 TPH and powered by a CAT 83 kW diesel engine rated at 111 HP

Location: Westernport Road and Taylor Highway Mine Road 39.511160, - 79.094170 Westernport, Garrett County, Maryland 21562

<u>ITEM</u>	<u>DESCRIPTION</u>
1	Notice of Application and Opportunity to Request an Informational Meeting
2	Permit to Construct Application – Forms 5, 5EP, and 5T, site plan and process flow diagram, and equipment literature.

**MARYLAND DEPARTMENT OF THE ENVIRONMENT
AIR AND RADIATION ADMINISTRATION**

**NOTICE OF APPLICATION AND
OPPORTUNITY TO REQUEST AN INFORMATIONAL MEETING**

The Maryland Department of the Environment, Air and Radiation Administration (ARA) received a permit-to-construct application from ARJ Construction Company, Inc. on August 4, 2022, for the installation of one (1) Powerscreen (Terex) Chieftain 1700 coal screen rated at 200 TPH and powered by a CAT 83 kW diesel engine rated at 111 HP. The proposed installation will be located at Westernport Road and Taylor Highway Mine Road 39.511160, -79.094170 Westernport, in Garret County, Maryland 21562.

Copies of the application and other supporting documents are available for public inspection on the Department's website. Look for Docket #17-22 at the following link:

<https://mde.maryland.gov/programs/Permits/AirManagementPermits/Pages/index.aspx>

Pursuant to the Environment Article, Section 1-603, Annotated Code of Maryland, the Department will hold an informational meeting to discuss the application and the permit review process if the Department receives a written request for a meeting within 10 working days from the date of the second publication of this notice. All requests for an informational meeting should be directed to the attention of Ms. Shannon Heafey, Air Quality Permits Program, Air and Radiation Administration, 1800 Washington Boulevard, Baltimore, Maryland 21230.

Further information may be obtained by contacting Ms. Shannon Heafey at 410-537-4433 or via email at shannon.heafey@maryland.gov.

Christopher R. Hoagland, Director
Air and Radiation Administration



SURVEYORS-SITE PLANNING & DESIGN-ENVIRONMENTAL PERMITTING

16260 Veterans Memorial Hwy ♦ Kingwood, WV 26537 ♦ 304.329.3000 ♦ www.prosurvey.com

August 3, 2022

ATTN: Ms. Suna Sariscak
Maryland Department of the Environment
Via email: suna.sariscak@maryland.gov

Subject: ARJ Construction Co., Inc.
BOM Permit: #17-114 Lower Bakerstown Deep Mine
Air Quality Permit Application
Permit to Construct and Operate

Dear Ms. Sariscak:

ADVANCED LAND SERVICES, INC., on behalf of the operator, ARJ Construction Co., Inc., hereby submits the attached MDE Forms 5, 5T, and 5EP being the required documentation for the issuance of an Air Quality Permit. The subject operation is a bituminous coal surface mine located in Allegheny County, Maryland mining the Upper Freeport coal seam.

ARJ Construction Co., Inc. desires to place in service on the site a temporary, portable 200 ton-per-hour diesel powered screen for the separation and processing of mined coal. The screen is a Powerscreen® Chieftain 1700 powered by a CAT 83kW diesel engine with an on-board fuel capacity of 88 gallons. Coal will be transported to the preparation area via truck where it will be loaded into the screen hopper by a wheel loader. The screened product will be stockpiled on-site according to grade and then transported to market by truck. The waste by-product will be disposed of according to the approved mining permit.

It is anticipated that the screen will operate intermittently as market conditions dictate. The maximum operational time is expected to be 4 hours per day, 3 days per week. The monthly production at the site is approximately 12,500 tons per month.

Should you have any comments or require additional information please feel free to contact me at the address or telephone number provided.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Kenneth L. Moran", is written over a light blue horizontal line.

Kenneth L. Moran, President
Responsible Professional



AIR QUALITY PERMIT TO CONSTRUCT APPLICATION CHECKLIST

OWNER OF EQUIPMENT/PROCESS	
COMPANY NAME:	
COMPANY ADDRESS:	
LOCATION OF EQUIPMENT/PROCESS	
PREMISES NAME:	
PREMISES ADDRESS:	
CONTACT INFORMATION FOR THIS PERMIT APPLICATION	
CONTACT NAME:	
JOB TITLE:	
PHONE NUMBER:	
EMAIL ADDRESS:	
DESCRIPTION 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.

- ☐ Application package cover letter describing the proposed project
- ☐ Complete application forms (Note the number of forms included or NA if not applicable.)

No. _____ Form 5	No. _____ Form 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
- ☐ 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
Air and Radiation Management Administration / Air Quality Permits Program
1800 Washington Boulevard, STE 720 Baltimore, MD 21230-1720
(410) 537-3230 • 1-800-633-6101 • www.mde.state.md.us

Mail application to

MDE/ARMA

**1800 Washington Blvd, Suite 720
Baltimore, MD 21230-1720**

Don't forget to:

- ✓ Sign the application
- ✓ Include a sketch or aerial photo of job site
- ✓ Include vendor literature

Air Quality Permit to Construct Application for
**PORTABLE CRUSHING / SCREENING EQUIPMENT
AT TEMPORARY SITES**

1) Applicability

You must check off all the following items to use this application form

- ☐ A finite amount of material already located and generated by operations on the site will be crushed/screened
- ☐ No new material generated by operations on the site will be crushed/screened
- ☒ No material generated off-site will be crushed/screened

You must check off one of the following items to use this application form

- ☒ Material has never been crushed/screened at the site
- ☐ It has been at least three years since material was crushed/screened on the site.

Date materials last crushed / screened at the site: _____

2) Job site location

☐ Check if this is a federal facility

Name: ARJ CONSTRUCTION CO., INC. Phone: 301.268.3762
Street Address: (None Assigned) Westernport Road
City: Westernport State: MD Zip Code: 21562 County: Garrett

3) Owner/Operator of the equipment

Name: ARJ CONSTRUCTION CO., INC. Phone: 301.268.3762
Mailing Address: 3834 Westernport Rd.
City: Westernport State: MD Zip Code: 21562

4) Job Description

*Examples: (1) Removal of Tie-Gee department store from South-lawn Mall
(2) Demolition of parking garage at Milton Business Complex*

(Check all that apply)

- ☐ Demolition project (describe) _____
- ☐ Site development – crushing / screening of in-situ stone
- ☐ Waste concrete generated at a concrete batch plant
- ☒ Other processing of finite amount of material generated by operations on-site
(describe) Surface Mining Operations

Material to be crushed/screened: Bituminous Coal

Estimated total tons of material to be crushed/screened: 3000 Tn/Month

Operating schedule

Projected start date: 10/01/2022 Projected end date: 10/01/2027

Hours/day: 4 Days/week: 3 Total # of days: 2250



5) Equipment Information

Crushers & Screens

Crusher	Screen	Manufacturer / Model	Capacity (tons/hr)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Power Screen</u>	<u>120</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Conveyers

Total number of conveyers on site: 0

Engines

Manufacturer / Model	Horsepower	Diesel	Gasoline	Fuel Usage (gallons/month)
<u>Powerscreen</u>	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>100</u>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

6) Dust Suppression Information

Dust from the equipment, roads, stockpiles, and materials handling operations MUST be controlled

(Check all that apply)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Wet suppression on equipment
(crushers and screens) | <input type="checkbox"/> Work practices: |
| <input type="checkbox"/> Wet suppression on stockpiles | <input type="checkbox"/> Avoid overfilling front-end loaders |
| <input type="checkbox"/> Flush / sweep paved roads | <input checked="" type="checkbox"/> Minimize drop height of material when loading trucks or stockpiles |
| <input checked="" type="checkbox"/> Water on unpaved roads | <input checked="" type="checkbox"/> Minimize working of stockpiles especially on windy or dry days |
| <input type="checkbox"/> Truck washing station | <input checked="" type="checkbox"/> Remove debris and spillage from on and around the plant |
| | <input type="checkbox"/> Post signs and control speed of all vehicles |
| <input type="checkbox"/> Other (describe) | |

7) Required Attachments

(Check that they are attached)

- ☐ Vendor literature
☒ Sketch or aerial photograph of the job site

8) Workers Compensation (Environmental article §1-202)

Workers insurance policy or binder number: WC 686788

☐ Check if self employed or otherwise exempt from this requirement

"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."


Owners Signature

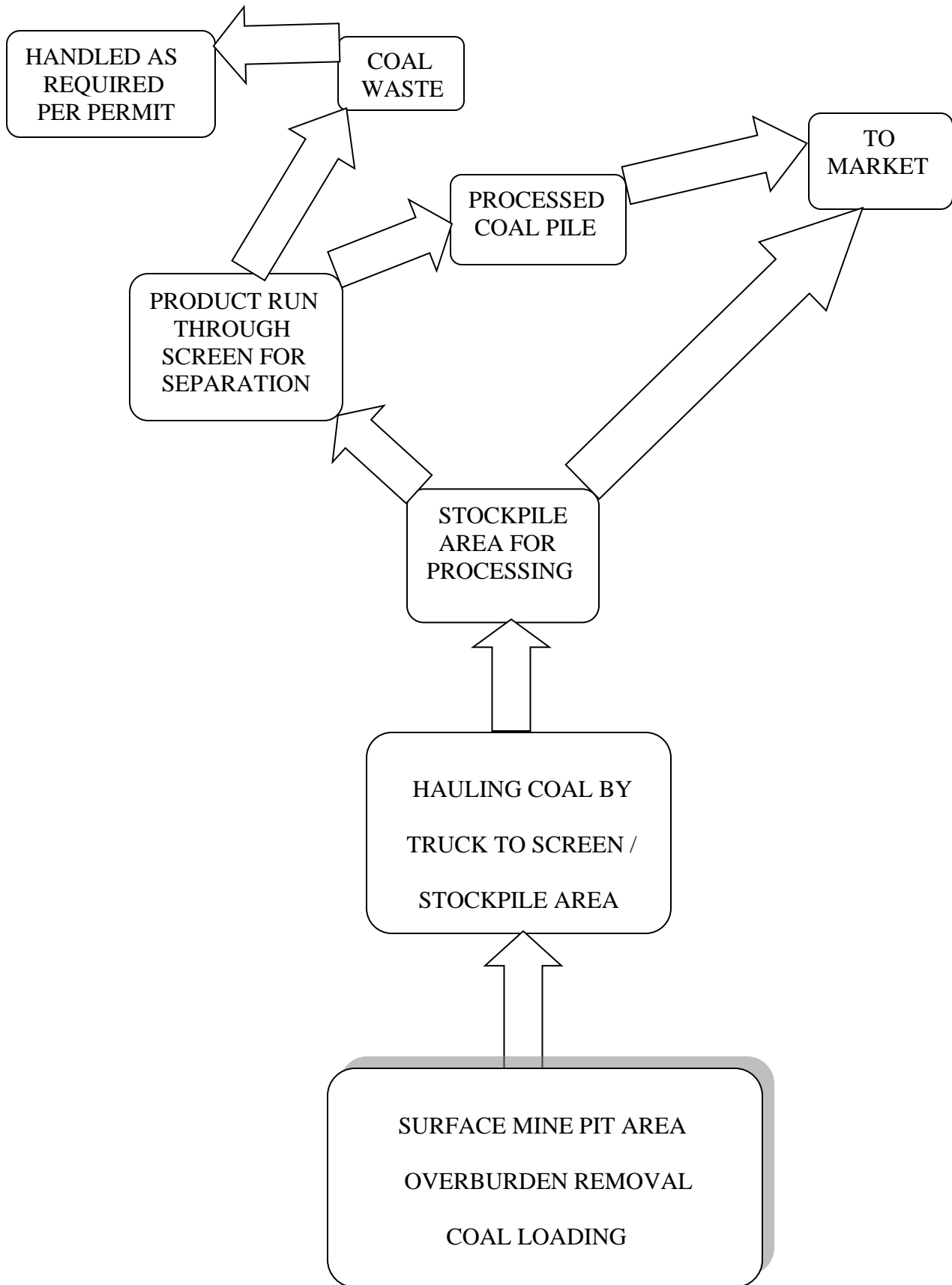
F. Anthony Taylor / President

Printed Name & Title

8/03/2022

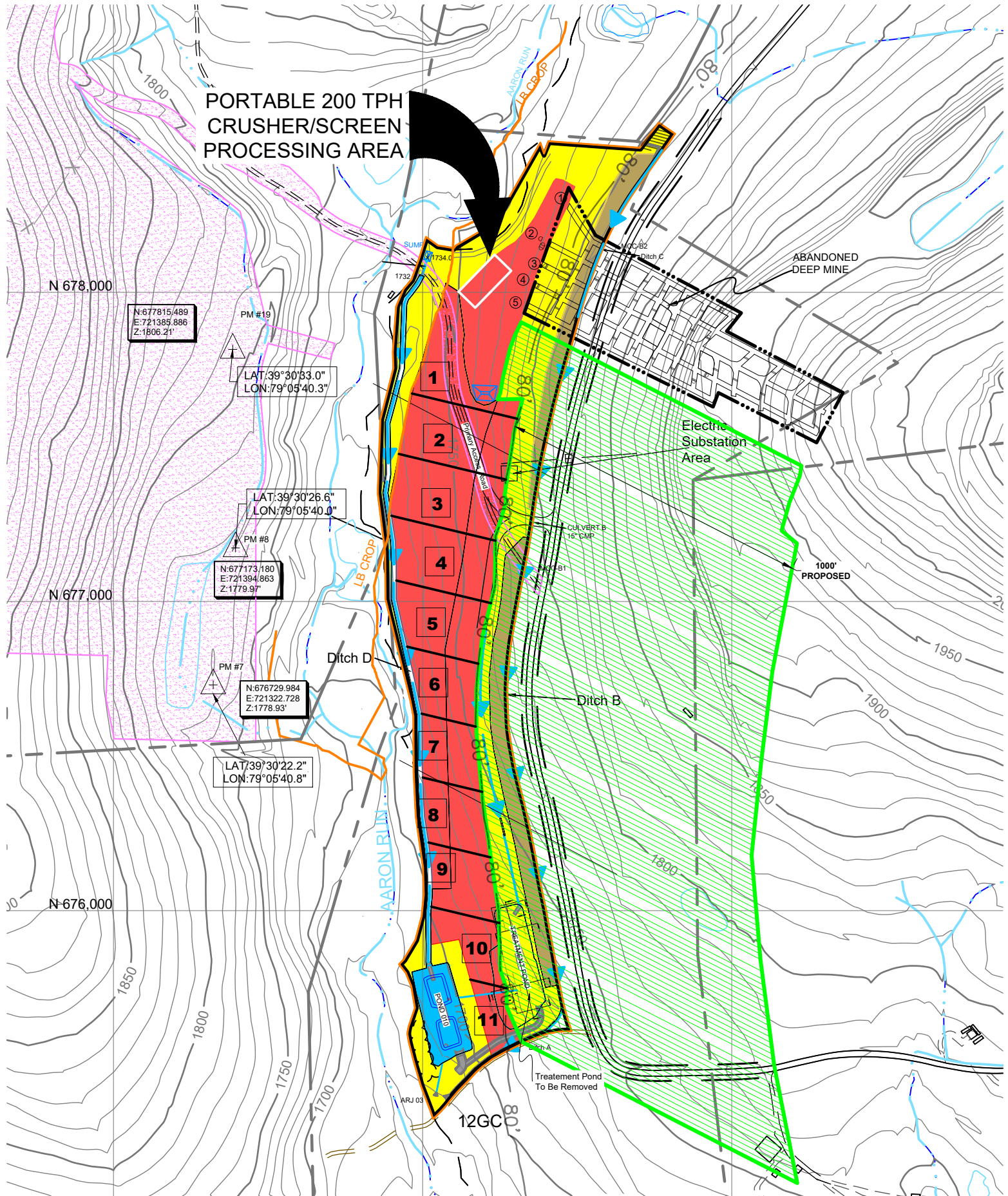
Date

SITE FLOW SHEET



AQ SITE PLAN 17-114

SCALE 1" = 400'





ARJCONS-01

JSEWNARINE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/2/2022

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 Keller Stonebraker Insurance 1120 C Professional Court Hagerstown, MD 21740	CONTACT NAME: Pamela Baer, CISR	
	PHONE (A/C, No, Ext): (301) 723-7209 FAX (A/C, No):	
	E-MAIL ADDRESS: pam.baer@blueridgeriskpartners.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Rockwood Casualty Ins.	18446
INSURED ARJ Construction Company Inc. 3834 Westernport Road Westernport, MD 21562	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Waiver of Subrogatio GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			CGL0043991	12/15/2021	12/15/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	WC0699404	5/29/2022	5/29/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER

CANCELLATION

Bureau of Mines
160 South Water Street
Frostburg, MD 21532

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

APPLICATION FOR FUEL BURNING EQUIPMENT

Information Regarding Public Outreach

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

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

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

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

All parties benefit when there is good communication. The Department can assist applicants in developing an outreach plan that fits the needs of both the company and the public.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

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

Air and Radiation Management Administration ▪ Air Quality Permits Program

APPLICATION FOR PROCESSING/MANUFACTURING EQUIPMENT

Permit to Construct ☒

Registration Update ☐

Initial Registration ☒

1A. Owner of Equipment/Company Name

ARJ CONSTRUCTION CO., INC.

Mailing Address

3834 Westernport Road

Street Address

Westernport MD 21562
City State Zip

Telephone Number

(301) 359.9050

Signature

F. Anthony Taylor

F. Anthony Taylor, President
Print Name and Title

August 3, 2022
Date

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

Westernport Road Street Number and Street
Name

Westernport MD 21562 301.268.3762
City/Town State Zip Telephone Number

Lower Bakerstown Deep Mine
Premises Name (if different from above)

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

Status	New Construction Begun (MM/YY)	New Construction Completed (MM/YY)	Existing Initial Operation (MM/YY)
C	1 0 2 2	1 0 2 2	1 1 2 2
15	16-19	20-23	20-23

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

Powerscreen (Terex) Chieftain 1700, Diesel Screen System, 200 TPH

5. Workmen's Compensation Coverage WC 686788 05/29/2020

Binder/Policy Number

Expiration Date

Company Rockwood Casualty Insurance Company

NOTE: Before a Permit to Construct may be issued by the Department, the applicant must provide the Department with proof of worker's compensation coverage as required under Section 1-202 of the Worker's Compensation Act.

6A. Number of Pieces of Identical Equipment Units to be Registered/Permitted at this Time 1

6B. Number of Stack/Emission Points Associated with this Equipment 1

DO NOT WRITE IN THIS BLOCK 2. REGISTRATION NUMBER

County No.

Premises No.

--	--

--	--	--	--

1-2

3-6

Registration Class

Equipment No.

--

--	--	--	--

7

8-11

Data Year

--	--

12-13

Application Date



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

Name _____ Title _____

Company _____

Mailing Address/Street _____

City/Town _____ State _____ Telephone (____) _____

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

Surface Coal Mine, Lower Bakerstown Coal Seam

9. Control Devices Associated with this Equipment

None

X

24-0

Simple/Multiple
Cyclone☐

24-1

Spray/Adsorb
Tower☐

24-2

Venturi
Scrubber☐

24-3

Carbon
Adsorber☐

24-4

Electrostatic
Precipitator☐

24-5

Baghouse

☐

24-6

Thermal/Catalytic
Afterburner☐

24-7

Dry
Scrubber☐

24-8

Other

☐

Describe _____

24-9

10. Annual Fuel Consumption for this Equipment

OIL-1000 GALLONS

26-31

SULFUR %

32-33

GRADE

34

NATURAL GAS-1000 FT³

35-41

LP GAS-100 GALLONS

42-45

COAL - TONS

46-52

SULFUR %

53-55

ASH%

56-58

WOOD-TONS

59-63

MOISTURE %

64-65

OTHER FUELS

NA

ANNUAL AMOUNT CONSUMED

(Specify Type)

66-1

(Specify Units of Measure)

OTHER FUEL

NA

ANNUAL AMOUNT CONSUMED

(Specify Type)

66-2

(Specify Units of Measure)

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

11. Operating Schedule (for this Equipment)

Continuous Operation

☐

67-1

Batch Process

☒

67-2

Hours per Batch

68-69

Batch per Week

Hours per Day

70-71

Days Per Week

72

Days per Year

73-75

Seasonal Variation in Operation:

No Variation

☒

76

Winter Percent

77-78

Spring Percent

79-80

Summer Percent

81-82

Fall Percent

83-84

(Total Seasons= 100%)



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

N

85

If not, then

Height Above Ground (FT)

Inside Diameter at Top

Exit Temperature (°F)

Exit Velocity (FT/SEC)

--	--	--

86-88

--	--	--

89-91

--	--	--	--

92-95

--	--	--

96-98

NOTE:

Attach a block diagram of process/process line, indicating new equipment as reported on this form and all existing equipment, including control devices and emission points.

13. Input Materials (for this equipment only)

Is any of this data to be considered confidential? N (Y or N)

INPUT RATE

NAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PER YEAR	UNITS
1. Bituminous Coal	NA	200 (Max.)	Tons	150,000	
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

TOTAL**14. Output Materials (for this equipment)****Process/Product Stream****OUTPUT RATE**

NAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PER YEAR	UNITS
1. Bituminous Coal & Waste Rock		200 (Max.)	Tons	150,000	
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

TOTAL**15. Waste Streams- Solid and Liquid****OUTPUT RATE**

NAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PER YEAR	UNITS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

TOTAL

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

Particulate Matter					

99-104

Oxides of Sulfur					
		0	.	4	1

105-110

Oxides of Nitrogen					
	3	0	.	9	7

111-116

Carbon Monoxide					
		6	.	6	7

177-122

Volatile Organic Compounds					
		2	.	4	7

123-128

PM-10					
		0	.	7	9

129-134

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

Particulate Matter					

135-139

Oxides of Sulfur					

140-144

Oxides of Nitrogen					

145-149

Carbon Monoxide					

150-154

Volatile Organic Compounds					

155-159

PM-10					
		3	.	7	4

160-164

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

TSP

165

SOX

166

NOX

167

CO

168

VOC

169

PM10
1

170

AIR AND RADIATION MANAGEMENT ADMINISTRATION USE ONLY**18. Date Rec'd. Local****Date Rec'd. State****Return to Local Jurisdiction**

Date _____ By _____

Reviewed by Local Jurisdiction

Date _____ By _____

Reviewed by State

Date _____ By _____

19. Inventory Date**Month/Year**

--	--	--	--

171-174

Equipment Code

--	--	--

175-177

SCC Code

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

178-185

20. Annual**Operating Rate**

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

186-192

Maximum Design**Hourly Rate**

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

193-199

Permit to Operate**Month**

--	--

200-201

Transaction Date**(MM/DD/YR)**

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

202-207

Staff Code

--	--	--

208-210

VOC Code

--	--

211 212

SIP Code

--	--

213 214

Regulation Code

--	--	--	--

215-218

Confidentiality

--

219

Point Description

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

220-238

Action

--

239

A: Add
C: Change

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Air and Radiation Management Administration • Air Quality Permits Program

1800 Washington Boulevard • Baltimore, Maryland 21230

(410)537-3225 • 1-800-633-6101 • www.mde.maryland.gov

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: ARJ Construction Co., 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:

Lower Bakerstown Deep Mine

2. Emission Point Description

Describe the emission point including all associated equipment and control devices:

Exhaust Stack

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:		Winter Percent	
Hours per day:	4	Spring Percent	
Days per week:	3	Summer Percent	
Weeks per year:	50	Fall Percent	

4. Emission Point Information

Height above ground (ft):		Length and width dimensions at top of rectangular stack (ft):	Length:		Width:	
Height above structures (ft):						
Exit temperature (°F):		Inside diameter at top of round stack (ft):				
Exit velocity (ft/min):		Distance from emission point to nearest property line (ft):				750
Exhaust gas volumetric flow rate (acfm):		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			

[illegible]

(Attach additional sheets as necessary.)

MARYLAND DEPARTMENT OF THE ENVIRONMENT
 Air and Radiation Management Administration • Air Quality Permits Program
 1800 Washington Boulevard • Baltimore, Maryland 21230
 (410)537-3225 • 1-800-633-6101 • www.mde.maryland.gov

FORM 5T: Toxic Air Pollutant (TAP) Emissions Summary and Compliance Demonstration

Applicant Name: _____

Step 1: Quantify premises-wide emissions of Toxic Air Pollutants (TAP) from new and existing installations in accordance with COMAR 26.11.15.04. Attach supporting documentation as necessary.

Toxic Air Pollutant (TAP)	CAS Number	Class I or Class II?	Screening Levels ($\mu\text{g}/\text{m}^3$)			Estimated Premises Wide Emissions of TAP			
						Actual Total Existing TAP Emissions	Projected TAP Emissions from Proposed Installation	Premises Wide Total TAP Emissions	
			1-hour	8-hour	Annual	(lb/hr)	(lb/hr)	(lb/hr)	(lb/yr)
<i>ex. ethanol</i>	64175	II	18843	3769	N/A	0.60	0.15	0.75	1500
<i>ex. benzene</i>	71432	I	80	16	0.13	0.5	0.75	1.00	400

(attach additional sheets as necessary.)

Note: Screening levels can be obtained from the Department's website (<http://www.mde.maryland.gov>) or by calling the Department.

Step 2: Determine which TAPs are exempt from further review. A TAP that meets either of the following Class I or Class II small quantity emitter exemptions is exempt from further TAP compliance demonstration requirements under Step 3 and Step 4.

Class II TAP Small Quantity Emitter Exemption Requirements (COMAR 26.11.15.03B(3)(a))

A Class II TAP is exempt from Step 3 and Step 4 if the Class II TAP meets the following requirements: Premises wide emissions of the TAP shall not exceed 0.5 pounds per hour, and any applicable 1-hour or 8-hour screening level for the TAP must be greater than $200 \mu\text{g}/\text{m}^3$.

Class I TAP Small Quantity Emitter Exemption Requirements (COMAR 26.11.15.03B(3)(b))

A Class I TAP is exempt from Step 3 and Step 4 if the Class I TAP meets the following requirements: Premises wide emissions of the TAP shall not exceed 0.5 pounds per hour and 350 pounds per year, any applicable 1-hour or 8-hour screening level for the TAP must be greater than $200 \mu\text{g}/\text{m}^3$, and any applicable annual screening level for the TAP must be greater than $1 \mu\text{g}/\text{m}^3$.

If a TAP meets either the Class I or Class II TAP Small Quantity Emitter Exemption Requirements, no further review under Step 3 and Step 4 are required for that specific TAP.

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Step 3: Best Available Control Technology for Toxics Requirement (T-BACT, COMAR 26.11.15.05)

In the following table, list all TAP emission reduction options considered when determining T-BACT for the proposed installation. The options should be listed in order beginning with the most effective control strategy to the least effective strategy. Attach supporting documentation as necessary.

Target Pollutants	Emission Control Option	% Emission Reduction	Costs		T-BACT Option Selected? (yes/no)
			Capital	Annual Operating	
<i>ex. ethanol and benzene</i>	<i>Thermal Oxidizer</i>	<i>99</i>	<i>\$50,000</i>	<i>\$100,000</i>	<i>no</i>
<i>ex. ethanol and benzene</i>	<i>Low VOC materials</i>	<i>80</i>	<i>0</i>	<i>\$100,000</i>	<i>yes</i>

(attach additional sheets as necessary)

Step 4: Demonstrating Compliance with the Ambient Impact Requirement (COMAR 26.11.15.06)

Each TAP not exempt in Step 2 must be individually evaluated to determine that the emissions of the TAP will not adversely impact public health. The evaluation consists of a series of increasingly non-conservative (and increasingly rigorous) tests. Once a TAP passes a test in the evaluation, no further analysis is required for that TAP. "Demonstrating Compliance with the Ambient Impact Requirement under the Toxic Air Pollutant (TAP) Regulations (COMAR 26.11.15.06)" provides guidance on conducting the evaluation. Summarize your results in the following table. Attach supporting documentation as necessary.

Toxic Air Pollutant (TAP)	CAS Number	Screening Levels (µg/m ³)			Premises Wide Total TAP Emissions		Allowable Emissions Rate (AER) per COMAR 26.11.16.02A		Off-site Concentrations per Screening Analysis (µg/m ³)			Compliance Method Used?
		1-hour	8-hour	Annual	(lb/hr)	(lb/yr)	(lb/hr)	(lb/yr)	1-hour	8-hour	Annual	AER or Screen
<i>ex. ethanol</i>	<i>64175</i>	<i>18843</i>	<i>3769</i>	<i>N/A</i>	<i>0.75</i>	<i>1500</i>	<i>0.89</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>AER</i>
<i>ex. benzene</i>	<i>71432</i>	<i>80</i>	<i>16</i>	<i>0.13</i>	<i>1.00</i>	<i>400</i>	<i>0.04</i>	<i>36.52</i>	<i>1.5</i>	<i>1.05</i>	<i>0.12</i>	<i>Screen</i>

(attach additional sheets as necessary)

If compliance with the ambient impact requirement cannot be met using the allowable emissions rate method or the screening analysis method, refined dispersion modeling techniques may be required. Please consult with the Department's Air Quality Permit Program prior to conducting dispersion modeling methods to demonstrate compliance.

CHIEFTAIN 1700

The Powerscreen® Chieftain 1700 is a mid-sized track mobile screen aimed at end users requiring high volumes of finished products in applications including topsoil, coal, crushed stone, recycling, iron ore, sand and gravel.

User benefits include a quick set-up time, drop down tail conveyor and screen mesh access system to aid screen media changes and a transverse power unit arrangement to simplify servicing.

- Features & Benefits**

 - 2 or 3 deck
 - Radio controlled tipping grid
 - Integrated high capacity variable speed belt feeder
 - Grease filled 2 bearing screenbox
 - Heavy duty single shaft screenboxes with adjustable stroke, angle and speed
 - Screen walkway and access ladder
 - Hydraulic folding conveyors with excellent stockpiling capacity
 - Patented fully mounted hydraulic folding auxiliary stockpile conveyor (3 deck)
- Options**

 - Wheel or track mobile
 - Double deck vibrating grizzly
 - Radio controlled tracking
 - Anti roll-back
 - Dual Power (additional electric hydraulic drive)
 - Roll-in bogie prepared
 - Roll-in bogie equipped
 - Quick release screen wedge tensioning
 - Auto lubrication system
 - Dust suppression
 - Extended recirculation conveyor attached for transport (3 deck)
 - Hydraulic screen tensioning (Bottom Deck)



CHIEFTAIN 1700	TRACK (2 DECK)	WHEEL (2 DECK)	TRACK (3 DECK)	WHEEL (3 DECK)
Weight (Est)	26,900kg (59,304lbs)	24,700kg (54,454lbs)	29,800kg (65,698lbs)	27,500kg (60,627lbs)
Transport width	3m (9'10")	3m (9'10")	3m (9'10")	3m (9'10")
Transport length	16.53m (54'3")	16.81m (55'2")	16.53m (54'3")	16.81m (55'2")
Transport height	3.43m (11'3")	3.6m (11'10")	3.5m (11'6")	3.88m (12'9")
Working width	17.32m (56'10")	17.32m (56'10")	17.32m (56'10")	17.32m (56'10")
Working length	17.22m (56'6")	17.22m (56'6")	17.22m (56'6")	17.22m (56'6")
Working height	5.82m (19'1")	6.21m (20'4")	5.89m (19'4")	6.19m (20'4")

*Output potential depends on application
Engines are available that are certified to US EPA and EU off road diesel emission standards. Talk to your dealer about possible certification options (i.e. Tier 3/Stage 3A, Tier 4/Stage 3B, Tier 4F/Stage 4).

