

MARYLAND DEPARTMENT OF THE ENVIRONMENT

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

DOCKET #10-24

COMPANY: Mountaire Farms of Delaware, Inc.

LOCATION: 14209 Wye Mills Rd., Wye Mills, MD 21679

APPLICATION: A grain drying and handling facility

<u>ITEM</u>	<u>DESCRIPTION</u>
1	Notice of Application and Opportunity to Request an Informational Meeting
2	Environmental Justice (EJ) Information - EJ Fact Sheet and MDE Score and Screening Report
3	Permit to Construct Application Forms – Forms 5, Equipment List, Emissions Calculations, Process Flow Diagram
4	Zoning Approval

**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 Mountaire Farms of Delaware, Inc. on July 19, 2024 for a grain drying and handling facility. The proposed installation is located at 14209 Wye Mills Rd., Wye Mills, MD 21679.

In accordance with HB 1200/Ch. 588 of 2022, the applicant provided an environmental justice (EJ) Score for the census tract in which the project is located using the MDE EJ Screening Tool. The EJ Score, expressed as a statewide percentile, was shown to be 42 which the Department has verified. This score considers three demographic indicators, minority population above 50%, poverty rate above 25% and limited English proficiency above 15%, to identify underserved communities. Multiple environmental health indicators are used to identify overburdened communities.

Copies of the application, the MDE EJ Screening Tool Report (which includes the score), and other supporting documents are available for public inspection on the Department's website at <https://mde.maryland.gov/programs/Permits/AirManagementPermits/Pages/index.aspx> (click on Docket Number 10-24). Any applicant-provided information regarding a description of the environmental and socioeconomic indicators contributing to that EJ score can also be found at the listed website. Such information has not yet been reviewed by the Department. A review of the submitted information will be conducted when the Department undertakes its technical review of all documents included in the application.

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. A requested informational meeting will be held virtually using teleconference or internet-based conferencing technology unless a specific request for an in-person informational meeting is received. All requests for an informational meeting should be directed to the attention of Ms. Shannon Heafey, Air Quality Permits Program by email to shannon.heafey@maryland.gov or by mail to the Air and Radiation Administration, 1800 Washington Boulevard, Baltimore, Maryland 21230. Further information may be obtained by calling Ms. Shannon Heafey at 410-537-4433.

Christopher R. Hoagland, Director
Air and Radiation Administration



The Applicant's Guide to Environmental Justice and Permitting

What You Need to Know

This fact sheet is designed to provide guidance to applicants on incorporating environmental justice screening requirements pursuant to House Bill 1200, effective October 1, 2022.

What is Environmental Justice?

The concept behind the term environmental justice (EJ) is that regardless of race, color, national origin, or income, all Maryland residents and communities should have an equal opportunity to enjoy an enhanced quality of life. How to assess whether equal protection is being applied is the challenge.

Communities surrounded by a disproportionate number of polluting facilities puts residents at a higher risk for health problems from environmental exposures. It is important that residents who may be adversely affected by a proposed source be aware of the current environmental issues in their community in order to have meaningful involvement in the permitting process. Resources may be available from government and private entities to ensure that community health is not negatively impacted by a new source located in the community.

Extensive research has documented that health disparities exist between demographic groups in the United States, such as differences in mortality and morbidity associated with factors that include race/ethnicity, income, and educational attainment. House Bill 1200 adds to MDE's work incorporating diversity, equity and inclusion into our mission to help overburdened and underserved communities with environmental issues.

What is House Bill 1200 and what does it require?

Effective October 1, 2022, House Bill 1200 requires a person applying for a permit from the Department under §1-601 of the Environment Article of the Annotated Code of Maryland or any permit requiring public notice and participation to include in the application an EJ Score for the census tract where the applicant is seeking the permit; requiring the Department, on receiving a certain permit application to review the EJ Score; and requiring notices to include information related to EJ Scores and generally relating to environmental permits and environmental justice screenings.

What is a "Maryland EJ Tool"?

The term "Maryland EJ Tool" means a publicly available state mapping tool that allows users to: (1) explore layers of environmental justice concern; (2) determine an overall EJ score for census tracts in the state; and (3) view additional context layers relevant to an area. The MDE EJ Screening Tool is considered a Maryland EJ Tool.

What is an "EJ Score"?

The term "EJ Score" means an overall evaluation of an area's environment and environmental justice indicators, as defined by MDE in regulation, including: (1) pollution burden exposure; (2) pollution burden environmental effects; (3) sensitive populations; and (4) socioeconomic factors.

The MDE EJ Screening Tool considers three demographic indicators, minority population above 50%, poverty rate above 25% and limited English proficiency above 15%, to identify underserved communities, and multiple environmental health indicators to identify overburdened communities. The tool uses these indicators to calculate a



The Applicant's Guide to Environmental Justice and Permitting

What You Need to Know

Final EJ Score Percentile, statewide. It is that score, linked to the census tract where the project is to be located, that needs to be reported to MDE as part of your permit application.

What does the application require?

The link for the MDE EJ Screening Tool is located on the Department's website, www.mde.maryland.gov. Click on the Environmental Justice header at the top of the Department's home page, then select EJ Screening Tool from the menu on the left. Click on Launch the EJ Screening Tool. After you open the tool, click okay on the opening screen. At the top right, please click the first button for the MDE Screening Report. Input the address of the proposed installation in the address bar. Click on the Report button. Once the report has been generated select the print icon and save it in a .pdf format.

The applicant needs to include the MDE Screening Report with the EJ Score from the MDE EJ Screening Tool as part of the permit application upon submission. An application will not be considered complete without the report.

The applicant is encouraged to provide the Department with a discussion about the environmental exposures in the community. This will provide pertinent information about how the applicant should proceed with engaging with the community. Residents of a community with a high indicator score and a high degree of environmental exposure should be afforded broader opportunities to participate in the permit process and understand the impacts a project seeking permit approval may have on them.

Questions

For air quality permits, please call 410-537-3230.

For water permits, please call 410-537-4145.

For land permits pertaining to Solid Waste, please call 410-537-3098. For land permits pertaining to Oil Control, please call 410-537-3483.

For land permits pertaining to Animal Feeding Operations, please call 410-537-4423.

For land permits pertaining to Biosolids, please call 410-537-3403.

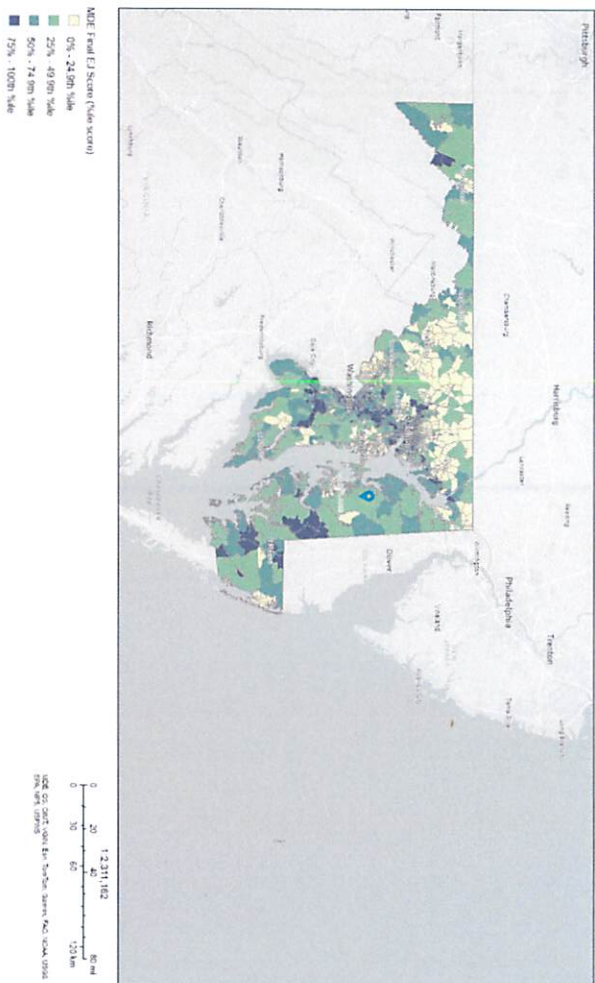


MDE Screening Report

Area of Interest (AOI) Information

May 13 2024 15:57:14 Eastern Daylight Time

Tabloid ANSI B Landscape



Summary

Name	Count	Area(mi ²)	Length(mi)
MDE Final EJ Score (%ile score)	1	N/A	N/A
Overburdened Communities Combined Score	1	N/A	N/A
Overburdened Pollution Environmental Score (%ile score)	1	N/A	N/A
Overburdened Exposure Score (%ile score)	1	N/A	N/A
Overburdened Sensitive Population (%ile score)	1	N/A	N/A
Socioeconomic/Demographic Score 2020 (Percentile score) (Underserved Community)	1	N/A	N/A
Air Emissions Facilities	0	N/A	N/A
Sulfur Dioxide (2010)	0	N/A	N/A
Ozone (2015)	1	N/A	N/A
Fine Particles (2012)	1	N/A	N/A
Biosolids FY 2020 and Current Permit Details	0	N/A	N/A
Biosolids FY2010 - 2014 Permit Details	0	N/A	N/A
Biosolids FY2009 Expired Permit Details	0	N/A	N/A
Biosolids FY 2020 and Current Permits Distribution By Acreage	1	N/A	N/A
Biosolids FY2015 - 2019 Permits Distribution By Acreage	1	N/A	N/A
Biosolids FY2010 - 2014 Permits Distribution By Acreage	1	N/A	N/A
Biosolids FY2009 Permits Expired Distribution By Acreage	1	N/A	N/A
Biosolids FY 2020 and Current Permit Distribution By Percent Coverage	1	N/A	N/A
Biosolids FY2015 - 2019 Permit Distribution By Percent Coverage	1	N/A	N/A
Biosolids FY2010 - 2014 Permit Distribution By Percent Coverage	1	N/A	N/A
Biosolids FY2009 Expired Permit Distribution By Percent Coverage	1	N/A	N/A
Concentrated Animal Feeding Operations (CAFOs)	0	N/A	N/A
Composting Facilities	0	N/A	N/A
Food Scrap Acceptors	0	N/A	N/A
Landfills	0	N/A	N/A
Correctional Facilities	0	N/A	N/A
Industrial Food Suppliers	0	N/A	N/A
Residential Colleges	0	N/A	N/A
Non-Residential Colleges	0	N/A	N/A
Hospitals	0	N/A	N/A
High Schools	0	N/A	N/A
Grocery Stores	0	N/A	N/A
10 Miles from Landfill	1	N/A	N/A
10 Miles from Composting Facility	0	N/A	N/A
General Composting Facilities Tier 2 (MD)	0	N/A	N/A
Commercial Anaerobic Digester (MD)	0	N/A	N/A
Out of State Facilities	0	N/A	N/A
30 mile buffer (Maryland)	1	N/A	N/A
30 Mile Buffer (Out of State)	0	N/A	N/A
Land Restoration Facilities	0	N/A	N/A
Determinations (points)	0	N/A	N/A
Determinations (areas)	0	N/A	N/A
Entities	0	N/A	N/A
Active Coal Mine Sites	0	N/A	N/A
Historic Mine Facilities	0	N/A	N/A

All Permitted Solid Waste Acceptance Facilities	0	N/A	N/A
Municipal Solid Waste Acceptance Facilities	0	N/A	N/A
Maryland Dam Locations	0	N/A	N/A
Maryland Pond Locations	0	N/A	N/A
Surface Water Intakes	0	N/A	N/A
Wastewater Discharge Facilities	0	N/A	N/A
Drinking Water	0	N/A	N/A
Clean Water	0	N/A	N/A

MDE Final EJ Score (%ile score)

#	Census tract identifier	Geographic Area Name	Total Population	Final EJ Score Percent (for this tract)	Final EJ Score Percentile (Distribution across Maryland)	Area(mi²)
1	24041960100	Census Tract 9601, Talbot County, Maryland	3853	28.42	42.24	N/A

Overburdened Communities Combined Score

#	GEOID20	Geographic_Area_Name	TotalPop	Overburd_Exposure_Percent	Overburd_Exposure_Percentile	Overburd_Poll_Enviro_Percent	Overburd_Poll_Enviro_Percentile	Sensitive_Population_Percent
1	24041960100	Census Tract 9601, Talbot County, Maryland	3,853	36.30	5.19	2.87	16.95	86.27

#	Sensitive_Population_Percentile	OverburdenedAllPercent	OverburdenedAllPercentile	Area(mi²)
1	97.13	73.55	58.65	N/A

Overburdened Pollution Environmental Score (%ile score)

#	GEOID20	Geographic_Area_Name	RentalsOccupiedPer79Percent	Percentile	PercentRMP	PercentRMPEJ	PercentHazWaste	PercentHazWaste EJ
1	24041960100	Census Tract 9601, Talbot County, Maryland	10.84	45.66	4.93	6.83	0.33	2.17

#	PercentSuperFund NPL	PercentSuperFund NPLEJ	PercentHazWW	PercentHazWWEJ	BrownFPercent	Percentile_1	PercentPowerPlans	Percentile_12
1	1.67	3.09	0.00	0.00	8.02	99.86	0.00	0.00

#	PercentCAFOS	Percentile_12_13	PercentActiveMines	Percentile_12_13_14	PollutionEnvironmentalPercent	PollInEnvironmentalPercentile	Area(mi²)
1	20.16	98.56	0.00	0.00	2.87	16.95	N/A

Overburdened Exposure Score (%ile score)

#	GEOID20	Geographic_Area_Name	Total_Pop	PercentNATA_Cancer	Percentile_NATA_Cancer	PercentNATA_Res p_HI	Percentile_NATA_Resp_HI	PercentNATA_Diesel
1	24041960100	Census Tract 9601, Talbot County, Maryland	3,853.00	40.00	4.41	60.00	7.33	13.33

#	Percentile_NATA_Diesel	PercentNATA_PM25	PercentileNATA_PM25	PercentOzone	PercentileOzone	PercentTraffic	PercentileTraffic	PercentTRI
1	3.54	78.43	2.56	93.00	9.18	0.34	2.17	5.26

#	PercentileTRI	PercentHazWasteLF	Percentile_HazWasteLF	PollutionExposurePercent	PollutionExposurePercentile	Area(mi²)
1	80.18	0.00	0.00	36.30	5.19	N/A

Overburdened Sensitive Population (%ile score)

#	GEOID20	Geographic_Area_Name	PerAstma	PercentileAst	PerMyo	PercentileMyo	PerLow	PercentileLow
1	24041960100	Census Tract 9601, Talbot County, Maryland	98.70	84.21	98.60	81.68	59.30	63.36

#	PercentBroad	PercentileBroad	PercentSens	PercentileSens	Area(mi²)
1	11.51	59.88	67.03	72.28	N/A

Socioeconomic/Demographic Score 2020 (Percentile score) (Underserved Community)

#	Census tract identifier	Geographic Area Name	Total Population	Percent Poverty	Percent Minority	Percent Limited English Proficiency	Demographic Score (Percent for this tract)	Demographic Score (Percentile Distribution across Maryland)	Area(mi ²)
1	24041960100	Census Tract 9601, Talbot County, Maryland	3,853	13.83	8.62	0.07	7.50	8.70	N/A

Ozone (2015)

#	STATEFP10	COUNTYFP10	COUNTYNS10	GEOID10	NAME10	Ozone NAA Area	8-Hr Ozone (2015) Designation	8-HR Ozone (2015) Classification	8-Hr Ozone (2015) Status	Area(mi ²)
1	24	041	00592947	24041	Talbot	No Data	Attainment/Unclassifiable	No Data	No Data	N/A

Fine Particles (2012)

#	STATEFP10	COUNTYFP10	COUNTYNS10	GEOID10	NAME10	PM2.5 (2012) Status	Area(mi ²)
1	24	041	00592947	24041	Talbot	Attainment/Unclassifiable	N/A

Biosolids FY 2020 and Current Permits Distribution By Acreage

#	County Name	FY2020andAfter	Area(mi ²)
1	Talbot	2,395.40	N/A

Biosolids FY2015 - 2019 Permits Distribution By Acreage

#	County Name	FY2015to2019	Area(mi ²)
1	Talbot	2,119.40	N/A

Biosolids FY2010 - 2014 Permits Distribution By Acreage

#	County Name	FY2010to2014	Area(mi ²)
1	Talbot	3,884.10	N/A

Biosolids FY2009 Permits Expired Distribution By Acreage

#	County Name	FY2009	Area(mi ²)
1	Talbot	No Data	N/A

Biosolids FY 2020 and Current Permit Distribution By Percent Coverage

#	County Name	FY2020andAfter	Area(mi ²)
1	Talbot	2,395.40	N/A

Biosolids FY2015 - 2019 Permit Distribution By Percent Coverage

#	County Name	FY2015to2019	Area(mi ²)
1	Talbot	2,119.40	N/A

Biosolids FY2010 - 2014 Permit Distribution By Percent Coverage

#	County Name	FY2010to2014	Area(mi ²)
1	Talbot	3,884.10	N/A

Biosolids FY2009 Expired Permit Distribution By Percent Coverage

#	County Name	FY2009	Area(mi ²)
1	Talbot	No Data	N/A

10 Miles from Landfill

#	County	Type	Facility_N	ADDRESS	FILL	SITE__ACRE	AI_No_	Owner_Type
1	QUEEN ANNE'S	WRF	Baker RubbleLandfill	501 4-H Park Road, Queenstown MD 21658.	15.9	18.50	37,443.00	PRI

#	MD_GRID__E	PERMITNUMB	EXPIRATION	Area(mi ²)
1	1046 /429	2013-WRF-0622	4/23/2018, 8:00 PM	N/A

30 mile buffer (Maryland)

#	Facility_Name_1	Facility_Contact_1	Contact_Phone	Contact_Email_1	Contact_2	Contact_2_Phone	Contact_2_Email	URL	Area(mi²)
1	Twin Maples Compost Facility	Ryan Slack	(336) 207-9310	rslack@midatlanticorganic.com	No Data	No Data	No Data	https://midatlanticorganic.com/	N/A



May 13, 2024

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

Reference: Mountaire Farms of Delaware Inc. – Wye Mills Grain Facility

Mr. Hafner:

Please find enclosed the application packet for our Wye Mills Grain Facility which involves air permitting the facility properly. Mountaire purchased the facility in December of 2023 from Nagle's Farm Services.

The application includes all air operating equipment, best control technologies that will be constructed along with the facility air emissions. Air emissions were calculated on the worst-case scenario of the facility operating 24 hours a day, 7 days a week. Control technologies include applying mineral oil to all grains received and installing the Dust Control by Wings baffle system inside the receiving pit. Additionally, all gravity and mechanical load outs will have a dust sock on them.

The annual throughput for the facility will be: 600,000 tons of grain.

If there are any questions, feel free to reach out to me.

Regards,

Kyle McConnell

Kyle McConnell
Environmental Manager
Mountaire Farms

Mountaire Farms of Delaware Inc. – Preston Grain Facility

Equipment List

West Side

Grain Storage

<i>Identification</i>	<i>No. of Bushels</i>
Tank 11	37,000
Tank 12	37,000
Tank 13	43,000
Tank 14	80,000
Tank 15	95,000
Tank 16	95,000
Tank 17	95,000
Tank 18	95,000
Total Grain Storage (West Side)	577,000

Wet Tanks

<i>Identification</i>	<i>No. of Bushels</i>
Wet Tank 1	30,000
Wet Tank 2	20,000
Wet Tank 3	30,000
Wet Tank 4	10,000
Wet Tank 5	5,000
Wet Tank 6	5,000
Total Wet Grain Storage (West Side)	100,000

Grain Dryers

<i>Identification</i>	<i>No. of Bushels / Hour</i>
Grain Dryer 1 (Propane)	6,000
Grain Dryer 2 (Propane)	2,500

Truck Receiving Pit

<i>Identification</i>	<i>No. of Bushels</i>
Truck Receiving Pit 1 (West Side)	750-bushel capacity
Receiving Pit Drag	18,000
Truck Receiving Pit 2 (West Side)	Permanently out of service

Grain Elevator Legs

<i>Identification</i>	<i>No. of Bushels / Hour</i>
Grain Receiving Leg – Leg 1	18,000
Wet Grain Leg – Wet Leg 2	10,000
Dry Grain Leg – Dry Leg 3	10,000
Leg 4	5,000
Loadout Leg 5	5,000

Grain Turn Heads

<i>Identification</i>	<i>Type</i>
Turn Head 1	6-hole flat back turn head
Turn Head 2	6-hole flat back turn head
Turn Head 3	7-hole flat back turn head

Overhead Grain Transfer Drags

<i>Identification</i>	<i>No. of Bushels / Hour</i>
#11/12/13/14	6,000
#15/16	15,000
#17	15,000

Drags

<i>Identification</i>	<i>No. of Bushels / Hour</i>
Small Dryer Drag	5,000
Reversible Dryer Drag	8,000
#17/18 Reversible Drag	5,000

Wet #2/4 Drag	10,000
Wet #1 Drag	8,500
Wet #3 Drag	5,000

Mechanical Load Outs

<i>Identification</i>	<i>No. of Bushels / Hour</i>
(1) Leg 4	5,000
(2) Wet Leg 2	10,000
(2) Wet Leg 3	10,000
(3) Wet Leg 2	10,000
(3) Wet Leg 3	10,000
(4) Leg 4	5,000

Tube Transfer / Loadout Screws

<i>Identification</i>	<i>No. of Bushels / Hour</i>
#5 U Trough Screw	2,500
#6 U Trough Screw	2,500
#11 U Trough Screw	4,000
#12/13 U Trough Screw	4,000
#14 U Trough Screw	3,000
#15 U Trough Screw	3,500
#16 U Trough Screw	3,500

Gravity Loadouts

<i>Identification</i>	<i>No. of Bushels / Hour</i>
Tank 15	6,000
Tank 16	6,000
Tank 17	6,000
Tank 18	6,000

Mountaire Farms of Delaware Inc. – Preston Grain Facility

Equipment List

East Side

Truck Receiving Pit

<i>Identification</i>	<i>No. of Bushels</i>
Truck Receiving Pit 1 (East Side)	750-bushel capacity
Receiving Pit Drag #3	8,000

Grain Elevator Legs

<i>Identification</i>	<i>No. of Bushels / Hour</i>
Grain Receiving Leg – Leg 6	8,500
Elevator Leg 7	10,000

Grain Turn Heads

<i>Identification</i>	<i>Type</i>
Turn Head 4	5-hole flat back turn head
Turn Head 6	3-hole flat back turn head

Overhead Grain Transfer Drags

<i>Identification</i>	<i>No. of Bushels / Hour</i>
Top Drag #1	16,500
#19 Top Drag	8,500
#19/20 Top Drag	8,500
#21/22/23 Top Drag	8,500
Main Reversible Top Drag	25,000
#24 Top Drag	25,000
#25 Top Drag	25,000
#26 Top Drag	25,000

Drags

<i>Identification</i>	<i>No. of Bushels / Hour</i>
#19/20 drag	5,000
#21/22/23 drag	5,000
#21 drag	5,000
#24 drag	5,000
#25 drag	5,000
#26 drag	5,000

Grain Storage

<i>Identification</i>	<i>No. of Bushels</i>
Tank 19	165,000
Tank 20	165,000
Tank 21	165,000
Tank 22	165,000
Tank 23	165,000
Tank 24	400,000
Tank 25	400,000
Tank 26	450,000
Shipping Container Load Out Tank 1	5,000
Shipping container Load Out Tank 2	5,000
Ground Pile Storage	1,500,000
<i>Total Grain Storage (East Side)</i>	<i>3,585,000</i>

Mechanical Load Outs

<i>Identification</i>	<i>No. of Bushels / Hour</i>
Shipping Container Belt Loadout	10,000
Shipping Container Screw Loadout x 2	6,000 bph, each
Leg 6	8,500

Gravity Loadouts

<i>Identification</i>	<i>No. of Bushels / Hour</i>
Tank 19	6,000
Tank 20	6,000
Tank 21	6,000
Tank 22	6,000
Tank 23	6,000
Tank 24	6,000
Tank 25	6,000
Tank 26	6,000

Tube Transfer / Loadout Screws

<i>Identification</i>	<i>No. of Bushels / Hour</i>
#19 Tube Screw	5,000
#20 Tube Screw	5,000
#21 Tube Screw	5,000
#22 Tube Screw	5,000
#23 Tube Screw	5,000
Loadout 1&2 U-Trough Screw (Right and Left)	8,000

Ground Corn Pile Storage Equipment

<i>Identification</i>	<i>No. of Bushels / Hour</i>
Load in Hamilton Belt System	10,000
Loadout Hamilton Belt System	10,000

Facility Potential Emissions:

Grain elevator potential emissions										
Source: unless otherwise noted EPA AP-42 Chapter 9.9.1										
Activity	a	b	c	d	e	f	g	h	i	j
	Maximum Capacity (tort/year)	FV/Cortrid Efficiency (%/cortrid)	FV/Emission Factor (lb/cort)	FV/Emissions (tort/year)	FM ₁₀ Cortrid Efficiency (%/cortrid)	FM ₁₀ Emission Factor (lb/cort)	FM ₁₀ Emissions (tort/year)	FM _{2.5} Emission Factor (lb/cort)	FM _{2.5} Emissions (tort/year)	PM _{10.5} Emissions (tort/year)
Roaming	Truck straight	600,000		0.18	54.00		0.039	17.70	0.01	3.00
	Truck tripper	00		0.035	0.00		0.0078	0.00	0.0013	0.00
	Rail	00		0.032	0.00		0.0078	0.00	0.0013	0.00
	Bag/unloaded	00	0%	0.029	0.00	0%	0.0073	0.00	0.0019	0.00
	Bag/unloaded	00		0.15	0.00		0.038	0.00	0.005	0.00
Load/unloading	Truck/unspecified	600,000		0.036	25.80		0.029	8.70	0.0049	1.47
	Railcar	00		0.027	0.00		0.0022	0.00	0.00037	0.00
	Bag	00	0%	0.016	0.00	0%	0.004	0.00	0.00055	0.00
	Ship	00		0.048	0.00		0.012	0.00	0.0022	0.00
	Headhouse & handling ¹	1,800,000		0.031	54.90		0.034	30.60	0.0038	5.22
Gain Cleaning ²	00		0.375	0.00		0.035	0.00	0.015	0.00	
Storage Bin (vert)	1,200,000		0.025	15.00		0.0053	3.78	0.0011	0.66	
Gain Dying	Rack	00		3	0.00		0.75	0.00	0.13	0.00
	Rack (<50 mesh)	00		0.47	0.00		0.12	0.00	0.02	0.00
Column	600,000		0.22	66.00		0.035	16.50	0.0034	2.82	
Total tons of emissions (excluding dryer controls)										
215.70										
77.23										
13.17										

Actual Air Emissions with Control Efficiencies:

Gaindevator actual emissions											
Sourceless of raws entered EPA/R20/rtr 991											
a	b	c	d	e	f	g	h	h	i		
Activity	Actual Throughput (ton/year)	FM/Control Efficiency ¹ (%/control)	FMEmission Factor (lb/ct)	FMEmissions (ton/year)	FM ₀ Control Efficiency ¹ (%/control)	FM ₀ Emission Factor (lb/ct)	FM ₀ Emissions (ton/year)	FM _{0.5} Emission Factor (lb/ct)	FM _{0.5} Emissions (ton/year)	FM _{1.5} Emissions (ton/year)	
Resaing	Truck straight	83%	0.18	8.10	83%	0.039	266	0.01	0.45	bnt(1+2)200	
	Truck paper	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		
	Bagout/cort	0%	0.029	0.00	0%	0.0073	0.00	0.0019	0.00		
	Bagout/rtrkg	0%	0.15	0.00	0%	0.038	0.00	0.005	0.00		
Stip	0%	0.15	0.00	0%	0.038	0.00	0.005	0.00			
Loadout / Shipping	Truck ungraded	60%	0.086	10.32	60%	0.029	3.48	0.0049	0.59		
	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		
Stip	0%	0.048	0.00	0%	0.012	0.00	0.0022	0.00			
Headrose&l handling ⁵	1,800,000	60%	0.061	21.96	60%	0.034	12.24	0.0038	2.09		
Gain Clearing ⁶		0%	0.375	0.00	0%	0.035	0.00	0.016	0.00		
Storage Bn(vert)	1,200,000	60%	0.025	6.00	60%	0.0083	1.51	0.0011	0.25		
Gain Drying	Peak	0%	3	0.00	0%	0.75	0.00	0.13	0.00		
	Peak (<Dref)	0%	0.47	0.00	0%	0.12	0.00	0.02	0.00		
	Column	60%	0.22	26.40	60%	0.035	6.60	0.0094	1.13		
Total ton emissions(excluding combustion from dryes)				72.78	26.49				4.52		

Pollutant	a GWP ¹	b Dryer hourly propane usage (gal/hr) (Btu/hr) / (91500 Btu/gal)	c Actual propane burned (gal/yr)	d Hours in a Year (hr/yr) 24 hrs/day * 365 days/yr	e Emission Factor (lb/gal) by pollutant	Potential Emissions	Actual Emissions
						(ton/yr) (b * d * e) / 2000	(tons/yr) (c * e) / 2000
		723.50	38138.80	8760			
Criteria Air Pollutants						Source: EPA AP-42 Chapter 1.5	
PM					0.0007	2.22	0.01
PM10					0.0007	2.22	0.01
PM2.5					0.0007	2.22	0.01
SOx					0.00018	0.57	0.00
NOx					0.0130	41.20	0.25
VOC					0.0010	3.17	0.02
CO					0.0075	23.77	0.14
Lead					n/a		
Greenhouse Gas Emissions						Source: 40 CFR 98, Subp. C, Table C-1 and C-2	
CO ₂	1				12.40	39287.94	236.42
CH ₄	25				0.0002017	0.6392	0.0038
N ₂ O	298				0.0000202	0.0639	0.0004
GHG Total (CO ₂ e) ²						39322.97	236.63
Hazardous Air Pollutants						Source: EPA AP-42 Chapter 1.4	
Benzene					0.0000000772	0.0002	0.0000
Formaldehyde					0.0000028	0.0087	0.0001
Hexane					0.0000662	0.2098	0.0013
Naphthalene					0.0000002243	0.0001	0.0000
Toluene					0.0000001250	0.0004	0.0000
Arsenic					0.0000000736	0.0000	0.0000
Beryllium					0.00000000441	0.0000	0.0000
Cadmium					0.000000405	0.0001	0.0000
Chromium					0.0000000515	0.0002	0.0000
Cobalt					0.00000003089	0.0000	0.0000
Manganese					0.0000001398	0.0000	0.0000
Mercury					0.0000000956	0.0000	0.0000
Nickel					0.0000000772	0.0002	0.0000
Selenium					0.00000000883	0.0000	0.0000
HAP total						0.2199	0.0013

Grain Dryer 1:

Propane potential and actual emissions

Pollutant	a GWP ¹	b Dryer hourly propane usage	c Actual propane burned	d Hours in a Year	e Emission Factor	Potential Emissions	Actual Emissions
		(gal/hr) (Btu/hr) / (91500 Btu/gal)	(gal/yr)	(hr/yr) 24 hrs/day * 365 days/yr	(lb/gal) by pollutant	(ton/yr) (b * d * e) / 2000	(tons/yr) (c * e) / 2000
		150.82	38138.80	8760			
Criteria Air Pollutants						Source: EPA AP-42 Chapter 1.5	
PM					0.0007	0.46	0.01
PM10					0.0007	0.46	0.01
PM2.5					0.0007	0.46	0.01
SOx					0.00018	0.12	0.00
NOx					0.0130	8.59	0.25
VOC					0.0010	0.66	0.02
CO					0.0075	4.95	0.14
Lead					n/a		
Greenhouse Gas Emissions						Source: 40 CFR 98, Subp. C, Table C-1 and C-2	
CO ₂	1				12.40	8189.93	236.42
CH ₄	25				0.0002017	0.1333	0.0038
N ₂ O	298				0.0000202	0.0133	0.0004
GHG Total (CO ₂ e) ²						8197.24	236.63
Hazardous Air Pollutants						Source: EPA AP-42 Chapter 1.4	
Benzene					0.0000000772	0.0001	0.0000
Formaldehyde					0.0000028	0.0018	0.0001
Hexane					0.0000662	0.0437	0.0013
Naphthalene					0.0000002243	0.0000	0.0000
Toluene					0.000001250	0.0001	0.0000
Arsenic					0.0000000736	0.0000	0.0000
Beryllium					0.00000000441	0.0000	0.0000
Cadmium					0.000000405	0.0000	0.0000
Chromium					0.0000000515	0.0000	0.0000
Cobalt					0.00000003089	0.0000	0.0000
Manganese					0.0000001398	0.0000	0.0000
Mercury					0.0000000956	0.0000	0.0000
Nickel					0.0000000772	0.0001	0.0000
Selenium					0.00000000883	0.0000	0.0000
HAP total						0.0458	0.0013

Grain Dryer 2:

Actual emissions: Grain elevators and feed mills

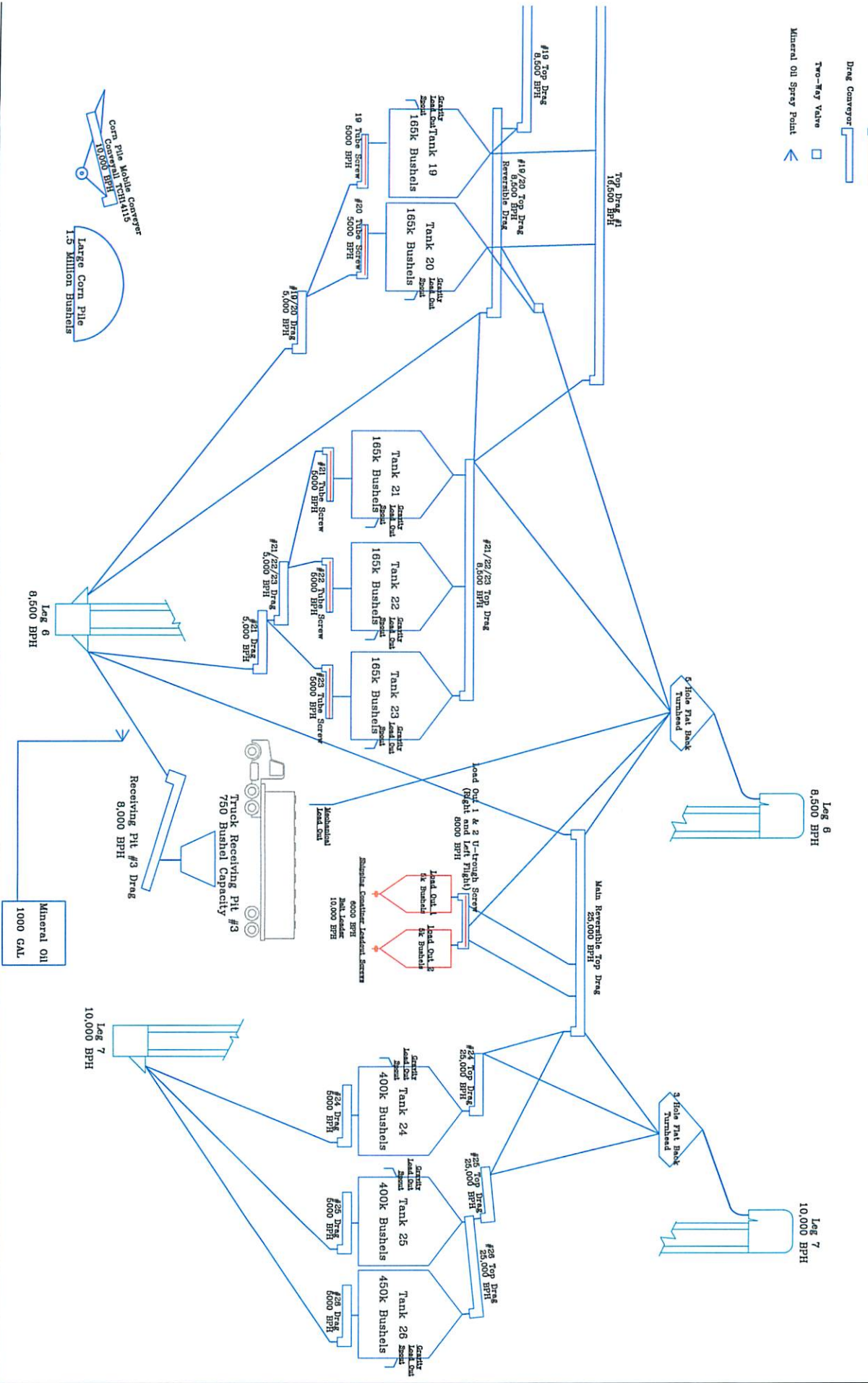
Wye Mills Grain Facility Actual Air Emissions Combined with Controls:

Pollutant	Grain Elevator (ton/yr)	Feed Mill (ton/yr)	Natural Gas (ton/yr)	Propane (ton/yr)	Fugitive (ton/yr)	Actual Emissions (ton/yr)	
Criteria Air Pollutants							
PM	72.78			0.03		72.81	
PM10	26.49			0.03		26.52	
PM2.5	4.52			0.03		4.55	
SOx						0.00	
NOx				0.75		0.75	
VOC				0.06		0.06	
CO				0.42		0.42	
Lead						0.00	
Greenhouse Gas Emissions							
CO ₂				236.42		472.84	
CH ₄				0.00		0.0076	
N ₂ O				0.00		0.0080	
GHG Total CO ₂ e				236.63		473.26	
Hazardous Air Pollutants							
Benzene				0.00		0.0000	
Formaldehyde				0.00		0.0001	
Hexane				0.00		0.0026	
Naphthalene				0.00		0.0000	
Toluene				0.00		0.0000	
Arsenic				0.00		0.0000	
Beryllium				0.00		0.0000	
Cadmium				0.00		0.0000	
Chromium				0.00		0.0000	
Cobalt				0.00		0.0000	
Manganese				0.00		0.0000	
Mercury				0.00		0.0000	
Nickel				0.00		0.0000	
Selenium				0.00		0.0000	
HAP Indiv. Max		Hexane				0.0026	
HAP total						0.0027	

LEGEND

- Tube Screw
- Drag Conveyor
- Two-Way Valve
- Mineral Oil Spray Point

East Side



DATE: 3/5/2024
 REV: 5/21/24
 DRAWN BY: HDU
 REVISED BY: HDU

MOUNTAIRE FARMS
 TITLE: Wye Mills Process Flow Diagram (East Side)

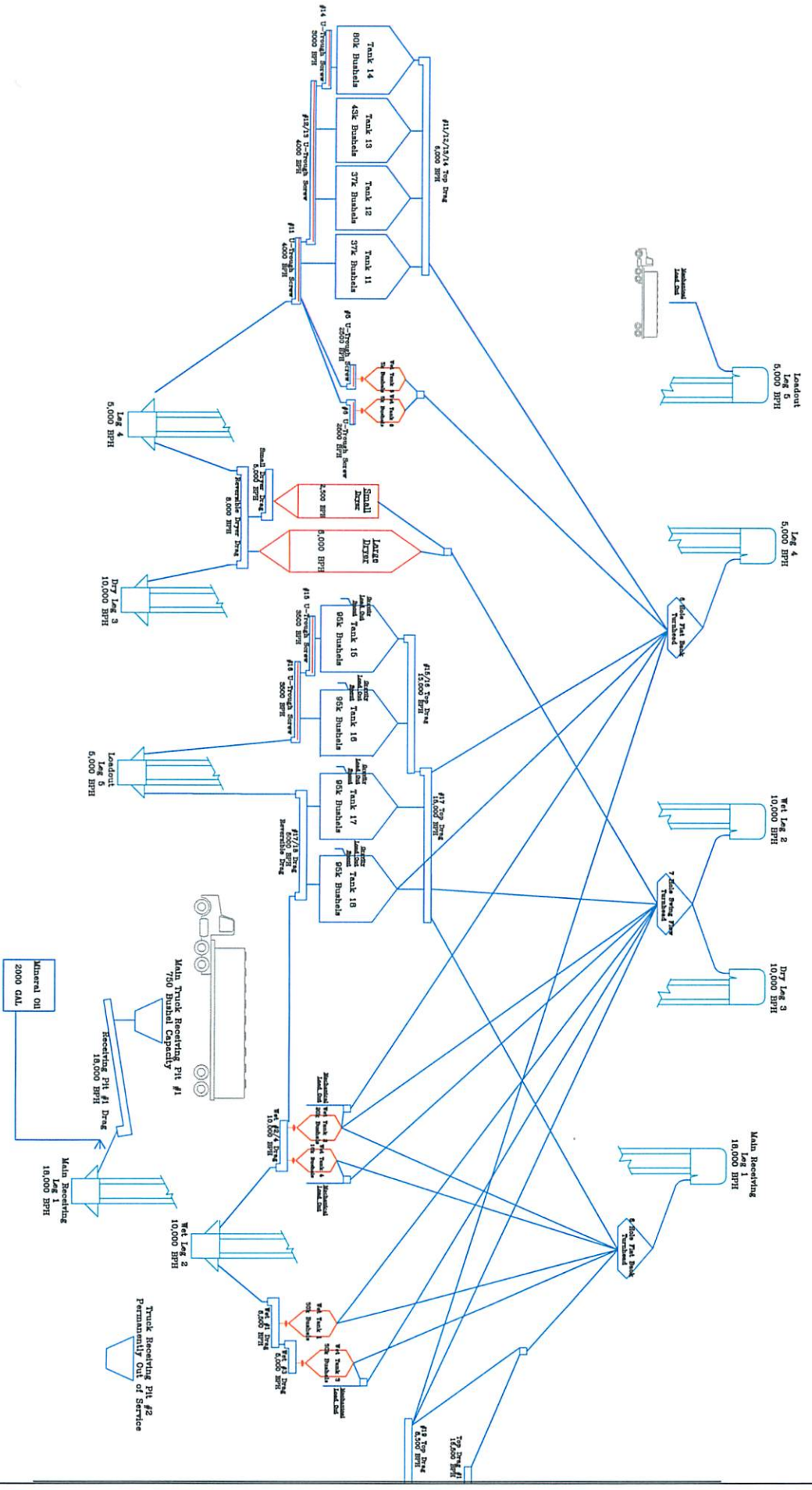
SCALE: XXX
 DRAWING # XXX

SHEET
A-1

LEGEND

- Tube Saver
- Dry Conveyor
- Pre-Kay Valve
- Mineral Oil Spray Point

West Side



MOUNTAIRE FARMS

Wye Mills Process Flow Diagram (West Side)

DATE: 3/5/2024
REV: 5/13/2024

DRAWN BY: HDU
REVISED BY: HDU



SCALE: XXX

DRAWING # XXX

SHEET
A-1



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/29/2024

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

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

PRODUCER Stephens Insurance, LLC 111 Center Street, Suite 100 Little Rock, AR 72201 www.stephensinsurance.com	CONTACT NAME: Cheri Johnson PHONE (A/C, No, Ext): (501)377-6319 FAX (A/C, No): E-MAIL ADDRESS: cheri.johnson@stephens.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Hartford Fire Insurance Company</td> <td>19682</td> </tr> <tr> <td>INSURER B : Property & Casualty Insurance Co. of Hartford</td> <td>34690</td> </tr> <tr> <td>INSURER C : Navigators Insurance Company</td> <td>42307</td> </tr> <tr> <td>INSURER D : Twin City Fire Insurance Company</td> <td>29459</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Hartford Fire Insurance Company	19682	INSURER B : Property & Casualty Insurance Co. of Hartford	34690	INSURER C : Navigators Insurance Company	42307	INSURER D : Twin City Fire Insurance Company	29459	INSURER E :		INSURER F :
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INSURER D : Twin City Fire Insurance Company	29459													
INSURER E :														
INSURER F :														
INSURED Mountaire Farms Inc. P. O. Box 710 Selbyville DE 19975														

COVERAGES

CERTIFICATE NUMBER: 78865374


REVISION NUMBER:

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

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

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

CERTIFICATE HOLDER**CANCELLATION**

Verification of Coverage	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  Stan Payne

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AIR QUALITY PERMIT TO CONSTRUCT APPLICATION CHECKLIST

OWNER OF EQUIPMENT/PROCESS	
COMPANY NAME:	Mountaire Farms of Delaware Inc.
COMPANY ADDRESS:	29106 John J Williams Highway, Millsboro, Delaware, 19966
LOCATION OF EQUIPMENT/PROCESS	
PREMISES NAME:	Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility
PREMISES ADDRESS:	14209 Old Wye Mills Road, Wye Mills, Maryland, 21679
CONTACT INFORMATION FOR THIS PERMIT APPLICATION	
CONTACT NAME:	Kyle McConnell
JOB TITLE:	Environmental Manager
PHONE NUMBER:	(302) 841-4629
EMAIL ADDRESS:	kmccconnell@mountaire.com
DESCRIPTION OF EQUIPMENT OR PROCESS	
Facility Drags	

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> 1 </u> Form 5	No. <u> NA </u> Form 11
No. <u> NA </u> Form 5T	No. <u> NA </u> Form 41
No. <u> NA </u> Form 5EP	No. <u> NA </u> Form 42
No. <u> NA </u> Form 6	No. <u> NA </u> Form 44
No. <u> NA </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

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

Air and Radiation Management Administration ▪ Air Quality Permits Program

APPLICATION FOR PROCESSING/MANUFACTURING EQUIPMENT

Permit to Construct

Registration Update

Initial Registration

1A. Owner of Equipment/Company Name

Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility

Mailing Address

P.O. Box 1320

Street Address

Millsboro Delaware 19966

City State Zip

Telephone Number

(302) 841-4629

Signature

Phillip Plylar

Phillip Plylar - President

Print Name and Title

DO NOT WRITE IN THIS BLOCK

2. REGISTRATION NUMBER

County No.

Premises No.

Registration grid boxes

Premises registration grid boxes

1-2

3-6

Registration Class Equipment No.

Registration class grid boxes

Equipment number grid boxes

7

8-11

Data Year

Data year grid boxes

12-13

Application Date

5-22-2024

Date

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

14209 Old Wye Mills Road

Street Number and Street Name

Wye Mills Maryland 21679 (302) 841-4629
City/Town State Zip Telephone Number

Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility

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)

Status box with 'C'

New Construction Begun grid boxes

New Construction Completed grid boxes

Existing Initial Operation grid boxes

15

16-19

20-23

20-23

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

Facility Grain Drags

5. Workmen's Compensation Coverage See attached.

Binder/Policy Number

Expiration Date

Company

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

6A. Number of Pieces of Identical Equipment Units to be Registered/Permitted at this Time 13

6B. Number of Stack/Emission Points Associated with this Equipment None, totally enclosed.



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

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

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

Grain Elevator - receives, dries and ships all grains.

9. Control Devices Associated with this Equipment

None
 24-0

Simple/Multiple Cyclone	Spray/Adsorb Tower	Venturi Scrubber	Carbon Adsorber	Electrostatic Precipitator	Baghouse	Thermal/Catalytic Afterburner	Dry Scrubber
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24-1	24-2	24-3	24-4	24-5	24-6	24-7	24-8

Other
 Describe Mineral oil applied to all grains received.
 24-9

10. Annual Fuel Consumption for this Equipment

OIL-1000 GALLONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 26-31	SULFUR % GRADE <input type="text"/> <input type="text"/> 32-33	GRADE <input type="text"/> 34	NATURAL GAS-1000 FT ³ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 35-41	LP GAS-100 GALLONS GRADE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 42-45
COAL- TONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 46-52	SULFUR % <input type="text"/> <input type="text"/> 53-55	ASH% <input type="text"/> <input type="text"/> 56-58	WOOD-TONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 59-63	MOISTURE % <input type="text"/> <input type="text"/> 64-65

OTHER FUELS ANNUAL AMOUNT CONSUMED OTHER FUEL ANNUAL AMOUNT CONSUMED
 (Specify Type) 66-1 (Specify Units of Measure) (Specify Type) 66-2 (Specify Units of Measure)
 1= Coke 2= COG 3=BFG 4=Other

11. Operating Schedule (for this Equipment)

Continuous Operation <input type="checkbox"/> 67-1	Batch Process <input type="checkbox"/> 67-2	Hours per Batch <input type="text"/> <input type="text"/> 68-69	Batch per Week <input type="text"/> 70-71	Hours per Day <input type="text"/> <input type="text"/> 72	Days Per Week <input type="text"/> 73-75
--	---	---	---	--	--

Seasonal Variation in Operation:
 No Variation Winter Percent Spring Percent Summer Percent Fall Percent
 76 77-78 79-80 81-82 83-84 (Total Seasons= 100%)

12. Equivalent Stack Information- is Exhaust through Doors, Windows, etc. Only? (Y/N) 85

If not, then

Height Above Ground (FT)	Inside Diameter at Top	Exit Temperature (°F)	Exit Velocity (FT/SEC)
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
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? (Y or N)

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

TOTAL

14. Output Materials (for this equipment)
 Process/Product Stream

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

TOTAL

15. Waste Streams- Solid and Liquid

	NAME	CAS NO. (IF APPLICABLE)	PER HOUR	OUTPUT RATE		UNITS
				UNITS	PER YEAR	
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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99-104	Oxides of Sulfur <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 105-110	Oxides of Nitrogen <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 111-116
Carbon Monoxide <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 177-122	Volatile Organic Compounds <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 123-128	PM-10 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 129-134

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

Particulate Matter <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> See attached air emissions 135-139	Oxides of Sulfur <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 140-144	Oxides of Nitrogen <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 145-149
Carbon Monoxide <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 150-154	Volatile Organic Compounds <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 155-159	PM-10 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 160-164

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

TSP <input type="checkbox"/> 165	SOX <input type="checkbox"/> 166	NOX <input type="checkbox"/> 167	CO <input type="checkbox"/> 168	VOC <input type="checkbox"/> 169	PM10 <input type="checkbox"/> 170
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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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 171-174	Equipment Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 175-177	SCC Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 178-185
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20. Annual Operating Rate <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 186-192	Maximum Design Hourly Rate <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 193-199	Permit to Operate Month <input type="text"/> <input type="text"/> 200-201	Transaction Date (MM/DD/YR) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 202-207
--	---	--	--

Staff Code <input type="text"/> <input type="text"/> <input type="text"/> 208-210	VOC Code <input type="text"/> <input type="text"/> 211 212	SIP Code <input type="text"/> <input type="text"/> 213 214	Regulation Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 215-218	Confidentiality <input type="checkbox"/> 219
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Point Description <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 220-238	Action <input type="checkbox"/> A: Add <input type="checkbox"/> C: Change 239
---	---



AIR QUALITY PERMIT TO CONSTRUCT APPLICATION CHECKLIST

OWNER OF EQUIPMENT/PROCESS	
COMPANY NAME:	Mountaire Farms of Delaware Inc.
COMPANY ADDRESS:	29106 John J Williams Highway, Millsboro, Delaware 19966
LOCATION OF EQUIPMENT/PROCESS	
PREMISES NAME:	Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility
PREMISES ADDRESS:	14209 Old Wye Mills Road, Wye Mills, Maryland, 21679
CONTACT INFORMATION FOR THIS PERMIT APPLICATION	
CONTACT NAME:	Kyle McConnell
JOB TITLE:	Environmental Manager
PHONE NUMBER:	(302) 841-4629
EMAIL ADDRESS:	kmccconnell@mountaire.com
DESCRIPTION OF EQUIPMENT OR PROCESS	
Grain Elevator Legs	

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> 1 </u> Form 5	No. <u> NA </u> Form 11
No. <u> NA </u> Form 5T	No. <u> NA </u> Form 41
No. <u> NA </u> Form 5EP	No. <u> NA </u> Form 42
No. <u> NA </u> Form 6	No. <u> NA </u> Form 44
No. <u> NA </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

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

Air and Radiation Management Administration ▪ Air Quality Permits Program

APPLICATION FOR PROCESSING/MANUFACTURING EQUIPMENT

Permit to Construct

Registration Update

Initial Registration

1A. Owner of Equipment/Company Name

Mountaire Farms of Delaware Inc.

Mailing Address

P.O. Box 1320

Street Address

Millsboro Delaware 19966

City State Zip

Telephone Number

(302) 841-4629

Signature



Phillip Plylar - President

Print Name and Title

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

5-22-24

Date

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

14209 Old Wye Mills Road

Street Number and Street Name

Wye Mills Maryland 21679 (302) 841-4629

City/Town State Zip Telephone Number

Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility

Premises Name (if different from above)

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

Status

C

15

New Construction
Begun (MM/YY)

--	--	--	--

16-19

New Construction
Completed (MM/YY)

--	--	--	--

20-23

Existing Initial
Operation (MM/YY)

--	--	--	--

20-23

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

Multiple grain elevator legs - See attached ESA.

5. Workmen's Compensation Coverage See attached.

Binder/Policy Number

Expiration Date

Company

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

6A. Number of Pieces of Identical Equipment Units to be Registered/Permitted at this Time 7

6B. Number of Stack/Emission Points Associated with this Equipment None, totally enclosed.

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

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

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

Grain Elevator - receives, dries and ships all grains.

9. Control Devices Associated with this Equipment

None

 24-0

Simple/Multiple Cyclone	Spray/Adsorb Tower	Venturi Scrubber	Carbon Adsorber	Electrostatic Precipitator	Baghouse	Thermal/Catalytic Afterburner	Dry Scrubber
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24-1	24-2	24-3	24-4	24-5	24-6	24-7	24-8

Other

Describe All grain elevator legs are totally enclosed units. Mineral will be applied to all grains received.

24-9

10. Annual Fuel Consumption for this Equipment

OIL-1000 GALLONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 26-31	SULFUR % GRADE <input type="text"/> <input type="text"/> 32-33	GRADE <input type="text"/> 34	NATURAL GAS-1000 FT ³ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 35-41	LP GAS-100 GALLONS GRADE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 42-45
COAL- TONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 46-52	SULFUR % <input type="text"/> <input type="text"/> 53-55	ASH% <input type="text"/> <input type="text"/> 56-58	WOOD-TONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 59-63	MOISTURE % <input type="text"/> <input type="text"/> 64-65
OTHER FUELS <input type="checkbox"/> ANNUAL AMOUNT CONSUMED (Specify Type) 66-1 (Specify Units of Measure)	OTHER FUEL <input type="checkbox"/> 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 <input type="checkbox"/> 67-1	Batch Process <input type="checkbox"/> 67-2	Hours per Batch <input type="text"/> <input type="text"/> 68-69	Batch per Week <input type="text"/> 70-71	Hours per Day <input type="text"/> <input type="text"/> 72	Days Per Week <input type="text"/> 73-75
Seasonal Variation in Operation:					
No Variation <input type="checkbox"/> 76	Winter Percent <input type="text"/> <input type="text"/> 77-78	Spring Percent <input type="text"/> <input type="text"/> 79-80	Summer Percent <input type="text"/> <input type="text"/> 81-82	Fall Percent <input type="text"/> <input type="text"/> 83-84	(Total Seasons= 100%)

12. Equivalent Stack Information- is Exhaust through Doors, Windows, etc. Only? (Y/N) 85

If not, then

Height Above Ground (FT)	Inside Diameter at Top	Exit Temperature (°F)	Exit Velocity (FT/SEC)													
<table border="1" style="width: 100px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>				<table border="1" style="width: 100px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>				<table border="1" style="width: 100px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
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? (Y or N)

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

TOTAL

14. Output Materials (for this equipment)
 Process/Product Stream

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

TOTAL

15. Waste Streams- Solid and Liquid

	NAME	CAS NO. (IF APPLICABLE)	PER HOUR	OUTPUT RATE		UNITS
				UNITS	PER YEAR	
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 See attached air emissions 99-104	Oxides of Sulfur <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 105-110	Oxides of Nitrogen <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 111-116
Carbon Monoxide <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 177-122	Volatile Organic Compounds <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 123-128	PM-10 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 129-134

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

Particulate Matter See attached air emissions 135-139	Oxides of Sulfur <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 140-144	Oxides of Nitrogen <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 145-149
Carbon Monoxide <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 150-154	Volatile Organic Compounds <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 155-159	PM-10 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 160-164

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

TSP <input type="checkbox"/> 165	SOX <input type="checkbox"/> 166	NOX <input type="checkbox"/> 167	CO <input type="checkbox"/> 168	VOC <input type="checkbox"/> 169	PM10 <input type="checkbox"/> 170
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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 _____ Reviewed by State _____
 Date _____ By _____ Date _____ By _____

19. Inventory Date
 Month/Year
 Equipment Code
 SCC Code
 171-174 175-177 178-185

20. Annual Operating Rate
 Maximum Design Hourly Rate
 Permit to Operate Month
 Transaction Date (MM/DD/YR)
 186-192 193-199 200-201 202-207

Staff Code <input type="text"/> <input type="text"/> <input type="text"/> 208-210	VOC Code <input type="text"/> <input type="text"/> 211 212	SIP Code <input type="text"/> <input type="text"/> 213 214	Regulation Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 215-218	Confidentiality <input type="checkbox"/> 219
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Point Description
 220-238

Action
 A: Add
 C: Change
 239



AIR QUALITY PERMIT TO CONSTRUCT APPLICATION CHECKLIST

OWNER OF EQUIPMENT/PROCESS	
COMPANY NAME:	Mountaire Farms of Delaware Inc.
COMPANY ADDRESS:	29106 John J Williams Highway, Millsboro, Delaware, 19966
LOCATION OF EQUIPMENT/PROCESS	
PREMISES NAME:	Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility
PREMISES ADDRESS:	14209 Old Wye Mills Road, Wye Mills, Maryland, 21679
CONTACT INFORMATION FOR THIS PERMIT APPLICATION	
CONTACT NAME:	Kyle McConnell
JOB TITLE:	Environmental Manager
PHONE NUMBER:	(302) 841-4629
EMAIL ADDRESS:	kmccconnell@mountaire.com
DESCRIPTION OF EQUIPMENT OR PROCESS	
(2) Two Grain Dryers, 1@ 6,000 BPH, 1 @2,500 BPH	

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>1</u> Form 5	No. <u>NA</u> Form 11
No. <u>NA</u> Form 5T	No. <u>NA</u> Form 41
No. <u>NA</u> Form 5EP	No. <u>NA</u> Form 42
No. <u>NA</u> Form 6	No. <u>NA</u> Form 44
No. <u>NA</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

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

Air and Radiation Management Administration ▪ Air Quality Permits Program

APPLICATION FOR PROCESSING/MANUFACTURING EQUIPMENT

Permit to Construct Registration Update Initial Registration

1A. Owner of Equipment/Company Name

Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility

Mailing Address

P.O. Box 1320

Street Address

Millsboro Delaware 19966

City State Zip

Telephone Number

(302) 841-4629

Signature



Phillip Plylar - President

Print Name and Title

DO NOT WRITE IN THIS BLOCK
2. REGISTRATION NUMBER

County No.

--	--

1-2

Premises No.

--	--	--	--

3-6

Registration Class Equipment No.

--

7

--	--	--	--

8-11

Data Year

--	--

12-13

Application Date

5-22-24

Date

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

14209 Old Wye Mills Road

Street Number and Street Name

Wye Mills Maryland 21679 (302) 841-4629

City/Town State Zip Telephone Number

Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility

Premises Name (if different from above)

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

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

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

(1) one grain dryer max throughput = 6,000 BPH, (1) grain dryer max throughput (2,500 BPH)

5. Workmen's Compensation Coverage See attached.

Binder/Policy Number

Expiration Date

Company

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

6A. Number of Pieces of Identical Equipment Units to be Registered/Permitted at this Time 2

6B. Number of Stack/Emission Points Associated with this Equipment 2

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

Grain Elevator - receives, dries and ships all grains.

9. Control Devices Associated with this Equipment

None

 24-0

Simple/Multiple Cyclone

 24-1

Spray/Adsorb Tower

 24-2

Venturi Scrubber

 24-3

Carbon Adsorber

 24-4

Electrostatic Precipitator

 24-5

Baghouse

 24-6

Thermal/Catalytic Afterburner

 24-7

Dry Scrubber

 24-8

Other

Describe Mineral oil applied to all grains received.
 24-9

10. Annual Fuel Consumption for this Equipment

OIL-1000 GALLONS
 26-31

SULFUR % GRADE
 32-33 34

NATURAL GAS-1000 FT³
 35-41

LP GAS-100 GALLONS GRADE
 42-45 **See attached air emissions**

COAL-TONS
 46-52

SULFUR %
 53-55

ASH%
 56-58

WOOD-TONS
 59-63

MOISTURE %
 64-65

OTHER FUELS ANNUAL AMOUNT CONSUMED OTHER FUEL ANNUAL AMOUNT CONSUMED
 (Specify Type) 66-1 (Specify Units of Measure) (Specify Type) 66-2 (Specify Units of Measure)
 1= Coke 2= COG 3=BFG 4=Other

11. Operating Schedule (for this Equipment)

Continuous Operation Batch Process Hours per Batch
 67-1 67-2 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 Winter Percent
 76 77-78

Spring Percent
 79-80

Summer Percent
 81-82

Fall Percent
 83-84

(Total Seasons= 100%)

12. Equivalent Stack Information- is Exhaust through Doors, Windows, etc. Only? (Y/N) 85

If not, then

Height Above Ground (FT)	Inside Diameter at Top	Exit Temperature (°F)	Exit Velocity (FT/SEC)													
<table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>				<table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>				<table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>					<table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>			
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)
 Is any of this data to be considered confidential? (Y or N)

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

14. Output Materials (for this equipment)
 Process/Product Stream

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

15. Waste Streams- Solid and Liquid

	NAME	CAS NO. (IF APPLICABLE)	PER HOUR	OUTPUT RATE		UNITS
				UNITS	PER YEAR	
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 See attached air emissions 99-104	Oxides of Sulfur See attached air emissions 105-110	Oxides of Nitrogen See attached air emissions 111-116
Carbon Monoxide See attached air emissions 177-122	Volatile Organic Compounds See attached air emissions 123-128	PM-10 See attached air emissions 129-134

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

Particulate Matter See attached air emissions 135-139	Oxides of Sulfur See attached air emissions 140-144	Oxides of Nitrogen See attached air emissions 145-149
Carbon Monoxide See attached air emissions 150-154	Volatile Organic Compounds See attached air emissions 155-159	PM-10 See attached air emissions 160-164

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

TSP 2 165	SOX 2 166	NOX 2 167	CO 2 168	VOC 2 169	PM10 2 170
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AIR AND RADIATION MANAGEMENT ADMINISTRATION USE ONLY

18. Date Rec'd. Local _____	Date Rec'd. State _____	Return to Local Jurisdiction Date _____ By _____
Reviewed by Local Jurisdiction Date _____ By _____	Reviewed by State Date _____ By _____	

19. Inventory Date _____	Month/Year ____	Equipment Code ____	SCC Code _____
171-174	175-177	178-185	

20. Annual Operating Rate _____	Maximum Design Hourly Rate _____	Permit to Operate Month ____	Transaction Date (MM/DD/YR) _____
186-192	193-199	200-201	202-207

Staff Code ____	VOC Code ____	SIP Code ____	Regulation Code ____	Confidentiality ____
208-210	211 212	213 214	215-218	219
Point Description _____				Action ____ A: Add C: Change
220-238				239



AIR QUALITY PERMIT TO CONSTRUCT APPLICATION CHECKLIST

OWNER OF EQUIPMENT/PROCESS	
COMPANY NAME:	Mountaire Farms of Delaware Inc.
COMPANY ADDRESS:	29106 John J Williams Highway, Millsboro, Delaware, 19966
LOCATION OF EQUIPMENT/PROCESS	
PREMISES NAME:	Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility
PREMISES ADDRESS:	14209 Old Wye Mills Road, Wye Mills, Maryland, 21679
CONTACT INFORMATION FOR THIS PERMIT APPLICATION	
CONTACT NAME:	Kyle McConnell
JOB TITLE:	Environmental Manager
PHONE NUMBER:	(302) 841-4629
EMAIL ADDRESS:	kmccconnell@mountaire.com
DESCRIPTION OF EQUIPMENT OR PROCESS	
Load In Hamilton Belt System (10,000 BPH) - Load Out Hamilton System (10,000 BPH)	

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> 1 </u> Form 5	No. <u> NA </u> Form 11
No. <u> NA </u> Form 5T	No. <u> NA </u> Form 41
No. <u> NA </u> Form 5EP	No. <u> NA </u> Form 42
No. <u> NA </u> Form 6	No. <u> NA </u> Form 44
No. <u> NA </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

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

Air and Radiation Management Administration ▪ Air Quality Permits Program

APPLICATION FOR PROCESSING/MANUFACTURING EQUIPMENT

Permit to Construct

Registration Update

Initial Registration

1A. Owner of Equipment/Company Name

Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility

Mailing Address

P.O. Box 1320

Street Address

Millsboro Delaware 19966

City State Zip

Telephone Number

(302) 841-4629

Signature

Phillip Plylar

Phillip Plylar - President

Print Name and Title

DO NOT WRITE IN THIS BLOCK
2. REGISTRATION NUMBER

County No.

Premises No.

Registration Class

Equipment No.

1-2

3-6

Registration Class

Equipment No.

Data Year

7

8-11

Data Year

Application Date

12-13

Application Date

5-22-24

Date

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

14209 Old Wye Mills Road

Street Number and Street Name

Wye Mills Maryland 21679 (302) 841-4629

City/Town State Zip Telephone Number

Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility

Premises Name (if different from above)

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

Status

C

15

New Construction Begun (MM/YY)

16-19

16-19

New Construction Completed (MM/YY)

20-23

20-23

Existing Initial Operation (MM/YY)

20-23

20-23

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

Hamilton Belt System - Load In and Load Out

5. Workmen's Compensation Coverage See attached.

Binder/Policy Number

Expiration Date

Company

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

6A. Number of Pieces of Identical Equipment Units to be Registered/Permitted at this Time 2

6B. Number of Stack/Emission Points Associated with this Equipment 4

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

Grain Elevator - receives, dries and ships all grains.

9. Control Devices Associated with this Equipment

None

 24-0

Simple/Multiple Cyclone <input type="checkbox"/> 24-1	Spray/Adsorb Tower <input type="checkbox"/> 24-2	Venturi Scrubber <input type="checkbox"/> 24-3	Carbon Adsorber <input type="checkbox"/> 24-4	Electrostatic Precipitator <input type="checkbox"/> 24-5	Baghouse <input type="checkbox"/> 24-6	Thermal/Catalytic Afterburner <input type="checkbox"/> 24-7	Dry Scrubber <input type="checkbox"/> 24-8
--	---	---	--	---	--	--	---

Other

Describe Mineral oil applied to all grains received. Dust sock attached to the loadout.
 24-9

10. Annual Fuel Consumption for this Equipment

OIL-1000 GALLONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 26-31	SULFUR % <input type="text"/> <input type="text"/> 32-33	GRADE <input type="text"/> 34	NATURAL GAS-1000 FT ³ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 35-41	LP GAS-100 GALLONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 42-45	GRADE <input type="text"/> 43-45
--	--	-------------------------------------	---	---	--

COAL- TONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 46-52	SULFUR % <input type="text"/> <input type="text"/> 53-55	ASH% <input type="text"/> <input type="text"/> 56-58	WOOD-TONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 59-63	MOISTURE % <input type="text"/> <input type="text"/> 64-65
--	--	--	--	--

OTHER FUELS (Specify Type) <input type="text"/> 66-1	ANNUAL AMOUNT CONSUMED (Specify Units of Measure)	OTHER FUEL (Specify Type) <input type="text"/> 66-2	ANNUAL AMOUNT CONSUMED (Specify Units of Measure)
---	--	--	--

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

11. Operating Schedule (for this Equipment)

Continuous Operation <input type="checkbox"/> 67-1	Batch Process <input type="checkbox"/> 67-2	Hours per Batch <input type="text"/> <input type="text"/> 68-69	Batch per Week <input type="text"/> 70-71	Hours per Day <input type="text"/> <input type="text"/> 72	Days Per Week <input type="text"/> 73-75
--	---	---	---	--	--

Seasonal Variation in Operation:

No Variation <input type="checkbox"/> 76	Winter Percent <input type="text"/> <input type="text"/> 77-78	Spring Percent <input type="text"/> <input type="text"/> 79-80	Summer Percent <input type="text"/> <input type="text"/> 81-82	Fall Percent <input type="text"/> <input type="text"/> 83-84	(Total Seasons= 100%)
--	--	--	--	--	-----------------------

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

85

If not, then

Height Above Ground (FT)

Inside Diameter at Top

Exit Temperature (°F)

Exit Velocity (FT/SEC)

--	--	--

86-88

--	--	--

89-91

--	--	--	--

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? (Y or N)

INPUT RATE

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

TOTAL

15. Waste Streams - Solid and Liquid

OUTPUT RATE

	NAME	CAS NO. (IF APPLICABLE)	PER HOUR	OUTPUT RATE		UNITS
				UNITS	PER YEAR	
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 See attached air emissions 99-104	Oxides of Sulfur 105-110	Oxides of Nitrogen 111-116
Carbon Monoxide 177-122	Volatile Organic Compounds 123-128	PM-10 129-134

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

Particulate Matter 135-139	Oxides of Sulfur 140-144	Oxides of Nitrogen 145-149
Carbon Monoxide 150-154	Volatile Organic Compounds 155-159	PM-10 160-164

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

TSP <input type="checkbox"/> 165	SOX <input type="checkbox"/> 166	NOX <input type="checkbox"/> 167	CO <input type="checkbox"/> 168	VOC <input type="checkbox"/> 169	PM10 <input type="checkbox"/> 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 _____ Reviewed by State _____
Date _____ By _____ Date _____ By _____

19. Inventory Date _____ Month/Year _____ Equipment Code _____ SCC Code _____
171-174 175-177 178-185

20. Annual Operating Rate _____ Maximum Design Hourly Rate _____ Permit to Operate Month _____ Transaction Date (MM/DD/YR) _____
186-192 193-199 200-201 202-207

Staff Code <input type="checkbox"/> 208-210	VOC Code <input type="checkbox"/> 211 212	SIP Code <input type="checkbox"/> 213 214	Regulation Code <input type="checkbox"/> 215-218	Confidentiality <input type="checkbox"/> 219
---	---	---	--	--

Point Description <input type="checkbox"/> 220-238	Action <input type="checkbox"/> 239 A: Add C: Change
--	--



AIR QUALITY PERMIT TO CONSTRUCT APPLICATION CHECKLIST

OWNER OF EQUIPMENT/PROCESS	
COMPANY NAME:	Mountaire Farms of Delaware Inc.
COMPANY ADDRESS:	29106 John J Williams Highway, Millsboro, Delaware, 19966
LOCATION OF EQUIPMENT/PROCESS	
PREMISES NAME:	Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility
PREMISES ADDRESS:	14209 Old Wye Mills Road, Wye Mills, Maryland, 21679
CONTACT INFORMATION FOR THIS PERMIT APPLICATION	
CONTACT NAME:	Kyle McConnell
JOB TITLE:	Environmental Manager
PHONE NUMBER:	(302) 841-4629
EMAIL ADDRESS:	kmccconnell@mountaire.com
DESCRIPTION OF EQUIPMENT OR PROCESS	
Grain Storage Bins	

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> 1 </u> Form 5	No. <u> N/A </u> Form 11
No. <u> N/A </u> Form 5T	No. <u> N/A </u> Form 41
No. <u> N/A </u> Form 5EP	No. <u> N/A </u> Form 42
No. <u> N/A </u> Form 6	No. <u> N/A </u> Form 44
No. <u> N/A </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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(410) 537-3230 ▪ 1-800-633-6101 ▪ www.mde.state.md.us

Air and Radiation Management Administration ▪ Air Quality Permits Program

APPLICATION FOR PROCESSING/MANUFACTURING EQUIPMENT

Permit to Construct

Registration Update

Initial Registration

1A. Owner of Equipment/Company Name

Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility

Mailing Address

P.O. Box 1320

Street Address

Millsboro Delaware 19966

City State Zip

Telephone Number

(302) 841-4629

Signature

Phillip Plylar

Phillip Plylar - President

Print Name and Title

DO NOT WRITE IN THIS BLOCK

2. REGISTRATION NUMBER

County No.

Premises No.

Registration grid for County No.

Registration grid for Premises No.

1-2

3-6

Registration Class

Equipment No.

Registration grid for Registration Class

Registration grid for Equipment No.

7

8-11

Data Year

Registration grid for Data Year

12-13

Application Date

5-22-24

Date

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

14209 Old Wye Mills Road

Street Number and Street Name

Wye Mills Maryland 21679 (302) 841-4629

City/Town State Zip Telephone Number

Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility

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)

Status grid with 'C'

15

Registration grid for New Construction Begun

16-19

Registration grid for New Construction Completed

20-23

Registration grid for Existing Initial Operation

20-23

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

Metal grain storage tanks.

5. Workmen's Compensation Coverage See attached.

Binder/Policy Number

Expiration Date

Company

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

6A. Number of Pieces of Identical Equipment Units to be Registered/Permitted at this Time 24

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

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

Grain Elevator - receives, dries and ships all grains.

9. Control Devices Associated with this Equipment

None

 24-0

Simple/Multiple Cyclone	Spray/Adsorb Tower	Venturi Scrubber	Carbon Adsorber	Electrostatic Precipitator	Baghouse	Thermal/Catalytic Afterburner	Dry Scrubber
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24-1	24-2	24-3	24-4	24-5	24-6	24-7	24-8

Other

Describe Mineral oil applied to all grains received.
 24-9

10. Annual Fuel Consumption for this Equipment

OIL-1000 GALLONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 26-31	SULFUR % <input type="text"/> <input type="text"/> 32-33	GRADE <input type="text"/> 34	NATURAL GAS-1000 FT ³ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 35-41	LP GAS-100 GALLONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 42-45	GRADE <input type="text"/> 43-45
COAL- TONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 46-52	SULFUR % <input type="text"/> <input type="text"/> 53-55	ASH% <input type="text"/> <input type="text"/> 56-58	WOOD-TONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 59-63	MOISTURE % <input type="text"/> <input type="text"/> 64-65	
OTHER FUELS <input type="checkbox"/> ANNUAL AMOUNT CONSUMED (Specify Type) 66-1 (Specify Units of Measure)	OTHER FUEL <input type="checkbox"/> 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 <input type="checkbox"/> 67-1	Batch Process <input type="checkbox"/> 67-2	Hours per Batch <input type="text"/> <input type="text"/> 68-69	Batch per Week <input type="text"/> 70-71	Hours per Day <input type="text"/> <input type="text"/> 72	Days Per Week <input type="text"/> 73-75	Days per Year <input type="text"/> <input type="text"/> <input type="text"/> 76
Seasonal Variation in Operation:						(Total Seasons= 100%)
No Variation <input type="checkbox"/> 76	Winter Percent <input type="text"/> <input type="text"/> 77-78	Spring Percent <input type="text"/> <input type="text"/> 79-80	Summer Percent <input type="text"/> <input type="text"/> 81-82	Fall Percent <input type="text"/> <input type="text"/> 83-84		

12. Equivalent Stack Information- is Exhaust through Doors, Windows, etc. Only? (Y/N) 85

If not, then

Height Above Ground (FT)	Inside Diameter at Top	Exit Temperature (°F)	Exit Velocity (FT/SEC)												
<table border="1" style="display: inline-table; width: 100px; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>				<table border="1" style="display: inline-table; width: 100px; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>				<table border="1" style="display: inline-table; width: 100px; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>				<table border="1" style="display: inline-table; width: 100px; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
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? (Y or N)

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

TOTAL

14. Output Materials (for this equipment)
 Process/Product Stream

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

TOTAL

15. Waste Streams- Solid and Liquid

	NAME	CAS NO. (IF APPLICABLE)	PER HOUR	OUTPUT RATE		UNITS
				UNITS	PER YEAR	
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 See attached air emissions 99-104	Oxides of Sulfur <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 105-110	Oxides of Nitrogen <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 111-116
Carbon Monoxide <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 177-122	Volatile Organic Compounds <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 123-128	PM-10 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 129-134

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

Particulate Matter See attached air emissions 135-139	Oxides of Sulfur <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 140-144	Oxides of Nitrogen <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 145-149
Carbon Monoxide <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 150-154	Volatile Organic Compounds <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 155-159	PM-10 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 160-164

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

TSP <input type="checkbox"/> 165	SOX <input type="checkbox"/> 166	NOX <input type="checkbox"/> 167	CO <input type="checkbox"/> 168	VOC <input type="checkbox"/> 169	PM10 <input type="checkbox"/> 170
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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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 171-174	Equipment Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 175-177	SCC Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 178-185
------------------------------------	---	---	---

20. Annual Operating Rate <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 186-192	Maximum Design Hourly Rate <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 193-199	Permit to Operate Month <input type="text"/> <input type="text"/> 200-201	Transaction Date (MM/DD/YR) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 202-207
--	---	--	--

Staff Code <input type="text"/> <input type="text"/> <input type="text"/> 208-210	VOC Code <input type="text"/> <input type="text"/> 211 212	SIP Code <input type="text"/> <input type="text"/> 213 214	Regulation Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 215-218	Confidentiality <input type="checkbox"/> 219
--	---	---	--	---

Point Description <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 220-238	Action <input type="checkbox"/> A: Add <input type="checkbox"/> C: Change 239
--	---



AIR QUALITY PERMIT TO CONSTRUCT APPLICATION CHECKLIST

OWNER OF EQUIPMENT/PROCESS	
COMPANY NAME:	Mountaire Farms of Delaware Inc.
COMPANY ADDRESS:	29106 John J Williams Highway, Millsboro, Delaware, 19966
LOCATION OF EQUIPMENT/PROCESS	
PREMISES NAME:	Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility
PREMISES ADDRESS:	14209 Old Wye Mills Road, Wye Mills, Maryland, 21679
CONTACT INFORMATION FOR THIS PERMIT APPLICATION	
CONTACT NAME:	Kyle McConnell
JOB TITLE:	Environmental Manager
PHONE NUMBER:	(302) 841-4629
EMAIL ADDRESS:	kmccconnell@mountaite.com
DESCRIPTION OF EQUIPMENT OR PROCESS	
Gravity Grain Loadouts	

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> 1 </u> Form 5	No. <u> NA </u> Form 11
No. <u> NA </u> Form 5T	No. <u> NA </u> Form 41
No. <u> NA </u> Form 5EP	No. <u> NA </u> Form 42
No. <u> NA </u> Form 6	No. <u> NA </u> Form 44
No. <u> NA </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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(410) 537-3230 ▪ 1-800-633-6101 ▪ www.mde.state.md.us

Air and Radiation Management Administration ▪ Air Quality Permits Program

APPLICATION FOR PROCESSING/MANUFACTURING EQUIPMENT

Permit to Construct

Registration Update

Initial Registration

1A. Owner of Equipment/Company Name

Mountaire Farms of Delaware Inc.

Mailing Address

P.O. Box 1320

Street Address

Millsboro Delaware 19966

City State Zip

Telephone Number

(302) 841-4629

Signature

Phillip Plylar

Phillip Plylar - President

Print Name and Title

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

5-22-24

Date

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

14209 Old Wye Mills Road

Street Number and Street Name

Wye Mills Maryland 21679 (302) 841-4629

City/Town State Zip Telephone Number

Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility

Premises Name (if different from above)

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

Status

C

15

New Construction Begun (MM/YY)

16-19

16-19

New Construction Completed (MM/YY)

20-23

20-23

Existing Initial Operation (MM/YY)

20-23

20-23

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

Gravity grain loadouts

5. Workmen's Compensation Coverage See attached.

Binder/Policy Number

Expiration Date

Company

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

6A. Number of Pieces of Identical Equipment Units to be Registered/Permitted at this Time 12

6B. Number of Stack/Emission Points Associated with this Equipment 12

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

Grain Elevator - receives, dries and ships all grains.

9. Control Devices Associated with this Equipment

None

 24-0

Simple/Multiple Cyclone	Spray/Adsorb Tower	Venturi Scrubber	Carbon Adsorber	Electrostatic Precipitator	Baghouse	Thermal/Catalytic Afterburner	Dry Scrubber
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24-1	24-2	24-3	24-4	24-5	24-6	24-7	24-8

Other
 Describe Mineral oil applied to all grains received. Dust sock attached to the loadout. Dust socks attached to all load out points.
 24-9

10. Annual Fuel Consumption for this Equipment

OIL-1000 GALLONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 26-31	SULFUR % <input type="text"/> <input type="text"/> 32-33	GRADE <input type="text"/> 34	NATURAL GAS-1000 FT ³ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 35-41	LP GAS-100 GALLONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 42-45	GRADE <input type="text"/> 42-45
COAL- TONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 46-52	SULFUR % <input type="text"/> <input type="text"/> 53-55	ASH% <input type="text"/> <input type="text"/> 56-58	WOOD-TONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 59-63	MOISTURE % <input type="text"/> <input type="text"/> 64-65	

OTHER FUELS ANNUAL AMOUNT CONSUMED OTHER FUEL ANNUAL AMOUNT CONSUMED
 (Specify Type) 66-1 (Specify Units of Measure) (Specify Type) 66-2 (Specify Units of Measure)
 1= Coke 2= COG 3=BFG 4=Other

11. Operating Schedule (for this Equipment)

Continuous Operation	Batch Process	Hours per Batch	Batch per Week	Hours per Day	Days Per Week	Days per Year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
67-1	67-2	68-69		70-71	72	73-75

Seasonal Variation in Operation:
 No Variation Winter Percent Spring Percent Summer Percent Fall Percent (Total Seasons= 100%)

 76 77-78 79-80 81-82 83-84

12. Equivalent Stack Information- is Exhaust through Doors, Windows, etc. Only? (Y/N) 85

If not, then

Height Above Ground (FT)	Inside Diameter at Top	Exit Temperature (°F)	Exit Velocity (FT/SEC)
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
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? (Y or N)

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

TOTAL

14. Output Materials (for this equipment)
Process/Product Stream

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

TOTAL

15. Waste Streams- Solid and Liquid

	NAME	CAS NO. (IF APPLICABLE)	PER HOUR	OUTPUT RATE		UNITS
				UNITS	PER YEAR	
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 See attached air emissions 99-104	Oxides of Sulfur 105-110	Oxides of Nitrogen 111-116
Carbon Monoxide 177-122	Volatile Organic Compounds 123-128	PM-10 129-134

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

Particulate Matter See attached air emissions 135-139	Oxides of Sulfur 140-144	Oxides of Nitrogen 145-149
Carbon Monoxide 150-154	Volatile Organic Compounds 155-159	PM-10 160-164

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

TSP <input type="checkbox"/> 165	SOX <input type="checkbox"/> 166	NOX <input type="checkbox"/> 167	CO <input type="checkbox"/> 168	VOC <input type="checkbox"/> 169	PM10 <input type="checkbox"/> 170
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AIR AND RADIATION MANAGEMENT ADMINISTRATION USE ONLY

18. Date Rec'd. Local _____	Date Rec'd. State _____	Return to Local Jurisdiction Date _____ By _____
Reviewed by Local Jurisdiction Date _____ By _____	Reviewed by State Date _____ By _____	

19. Inventory Date _____	Month/Year ____	Equipment Code ____	SCC Code _____
171-174	175-177	178-185	

20. Annual Operating Rate _____	Maximum Design Hourly Rate _____	Permit to Operate Month ____	Transaction Date (MM/DD/YR) _____
186-192	193-199	200-201	202-207

Staff Code ____	VOC Code ____	SIP Code ____	Regulation Code ____	Confidentiality <input type="checkbox"/>
208-210	211 212	213 214	215-218	219

Point Description _____	Action <input type="checkbox"/>
220-238	239 A: Add C: Change



AIR QUALITY PERMIT TO CONSTRUCT APPLICATION CHECKLIST

OWNER OF EQUIPMENT/PROCESS	
COMPANY NAME:	Mountaire Farms of Delaware Inc.
COMPANY ADDRESS:	29106 John J Williams Highway, Millsboro, Delaware, 19966
LOCATION OF EQUIPMENT/PROCESS	
PREMISES NAME:	Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility
PREMISES ADDRESS:	14209 Old Wye Mills Road, Wye Mills, Maryland, 21679
CONTACT INFORMATION FOR THIS PERMIT APPLICATION	
CONTACT NAME:	Kyle McConnell
JOB TITLE:	Environmental Manager
PHONE NUMBER:	(302) 841-4629
EMAIL ADDRESS:	kmccconnell@mountaire.com
DESCRIPTION OF EQUIPMENT OR PROCESS	
Grain Mechanical Load-outs	

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> 1 </u> Form 5	No. <u> NA </u> Form 11
No. <u> NA </u> Form 5T	No. <u> NA </u> Form 41
No. <u> NA </u> Form 5EP	No. <u> NA </u> Form 42
No. <u> NA </u> Form 6	No. <u> NA </u> Form 44
No. <u> NA </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

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

Mountaie Farms of Delaware Inc.

Mailing Address

P.O. Box 1320

Street Address

Millsboro Delaware 19966

City State Zip

Telephone Number

(302) 841-4629

Signature



Phillip Plylar - President

Print Name and Title

DO NOT WRITE IN THIS BLOCK

2. REGISTRATION NUMBER

County No.

Premises No.

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1-2

3-6

Registration Class

Equipment No.

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--	--	--	--

7

8-11

Data Year

--	--

12-13

Application Date

5-22-24

Date

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

14209 Old Wye Mills Road

Street Number and Street Name

14209 Old Wye Mills Road

City/Town State Zip Telephone Number

Mountaie Farms of Delaware Inc. - Wye Mills Grain Facility

Premises Name (if different from above)

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

Status

C

15

New Construction Begun (MM/YY)

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16-19

New Construction Completed (MM/YY)

--	--	--	--

20-23

Existing Initial Operation (MM/YY)

--	--	--	--

20-23

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

Mechanical Grain Loadouts (Leg 5, 6, 4, 2,3, Shipping Container belt, shipping container screw loadouts.)

5. Workmen's Compensation Coverage See attached.

Binder/Policy Number

Expiration Date

Company

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

6A. Number of Pieces of Identical Equipment Units to be Registered/Permitted at this Time 9

6B. Number of Stack/Emission Points Associated with this Equipment 9

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

Grain Elevator - receives, dries and ships all grains.

9. Control Devices Associated with this Equipment

None

 24-0

Simple/Multiple Cyclone <input type="checkbox"/> 24-1	Spray/Adsorb Tower <input type="checkbox"/> 24-2	Venturi Scrubber <input type="checkbox"/> 24-3	Carbon Adsorber <input type="checkbox"/> 24-4	Electrostatic Precipitator <input type="checkbox"/> 24-5	Baghouse <input type="checkbox"/> 24-6	Thermal/Catalytic Afterburner <input type="checkbox"/> 24-7	Dry Scrubber <input type="checkbox"/> 24-8
--	---	---	--	---	--	--	---

Other

Describe Mineral oil applied to all grains received. Dust sock attached to the loadout.
 24-9

10. Annual Fuel Consumption for this Equipment

OIL-1000 GALLONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 26-31	SULFUR % <input type="text"/> <input type="text"/> 32-33	GRADE <input type="text"/> 34	NATURAL GAS-1000 FT ³ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 35-41	LP GAS-100 GALLONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 42-45	GRADE <input type="text"/> 42-45
COAL- TONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 46-52	SULFUR % <input type="text"/> <input type="text"/> 53-55	ASH% <input type="text"/> <input type="text"/> 56-58	WOOD-TONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 59-63	MOISTURE % <input type="text"/> <input type="text"/> 64-65	

OTHER FUELS ANNUAL AMOUNT CONSUMED OTHER FUEL ANNUAL AMOUNT CONSUMED
 (Specify Type) 66-1 (Specify Units of Measure) (Specify Type) 66-2 (Specify Units of Measure)
 1= Coke 2= COG 3=BFG 4=Other

11. Operating Schedule (for this Equipment)

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

12. Equivalent Stack Information- is Exhaust through Doors, Windows, etc. Only? (Y/N) 85

If not, then

Height Above Ground (FT)	Inside Diameter at Top	Exit Temperature (°F)	Exit Velocity (FT/SEC)
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
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? (Y or N)

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

TOTAL

14. Output Materials (for this equipment)
Process/Product Stream

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

TOTAL

15. Waste Streams- Solid and Liquid

	NAME	CAS NO. (IF APPLICABLE)	PER HOUR	OUTPUT RATE		UNITS
				UNITS	PER YEAR	
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 See attached air emissions 99-104	Oxides of Sulfur <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 105-110	Oxides of Nitrogen <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 111-116
Carbon Monoxide <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 177-122	Volatile Organic Compounds <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 123-128	PM-10 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 129-134

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

Particulate Matter See attached air emissions 135-139	Oxides of Sulfur <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 140-144	Oxides of Nitrogen <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 145-149
Carbon Monoxide <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 150-154	Volatile Organic Compounds <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 155-159	PM-10 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 160-164

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

TSP <input type="checkbox"/> 165	SOX <input type="checkbox"/> 166	NOX <input type="checkbox"/> 167	CO <input type="checkbox"/> 168	VOC <input type="checkbox"/> 169	PM10 <input type="checkbox"/> 170
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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 _____ Reviewed by State _____
Date _____ By _____ 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 <input type="text"/> <input type="text"/> <input type="text"/> 208-210	VOC Code <input type="text"/> <input type="text"/> 211 212	SIP Code <input type="text"/> <input type="text"/> 213 214	Regulation Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 215-218	Confidentiality <input type="checkbox"/> 219
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Point Description
220-238

Action
 A: Add
 C: Change
239



AIR QUALITY PERMIT TO CONSTRUCT APPLICATION CHECKLIST

OWNER OF EQUIPMENT/PROCESS	
COMPANY NAME:	Mountaire Farms of Delaware Inc.
COMPANY ADDRESS:	29106 John J Williams Highway, Millsboro, Delaware, 19966
LOCATION OF EQUIPMENT/PROCESS	
PREMISES NAME:	Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility
PREMISES ADDRESS:	14209 Old Wye Mills Road, Wye Mills, Maryland, 21679
CONTACT INFORMATION FOR THIS PERMIT APPLICATION	
CONTACT NAME:	Kyle McConnell
JOB TITLE:	Environmental Manager
PHONE NUMBER:	(302) 841-4629
EMAIL ADDRESS:	kmccconnell@mountaire.com
DESCRIPTION OF EQUIPMENT OR PROCESS	
Overhead Grain Transfer Drags	

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> 1 </u> Form 5	No. <u> NA </u> Form 11
No. <u> NA </u> Form 5T	No. <u> NA </u> Form 41
No. <u> NA </u> Form 5EP	No. <u> NA </u> Form 42
No. <u> NA </u> Form 6	No. <u> NA </u> Form 44
No. <u> NA </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

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

Air and Radiation Management Administration ▪ Air Quality Permits Program

APPLICATION FOR PROCESSING/MANUFACTURING EQUIPMENT

Permit to Construct

Registration Update

Initial Registration

1A. Owner of Equipment/Company Name

Mountaire Farms of Delaware Inc.

Mailing Address

P.O. Box 1320

Street Address

Millsboro Delaware 19966
 City State Zip

Telephone Number

(302) 841-4629

Signature



Phillip Plylar - President

Print Name and Title

DO NOT WRITE IN THIS BLOCK
 2. REGISTRATION NUMBER

County No.

Premises No.

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1-2

3-6

Registration Class

Equipment No.

--

--	--	--	--

7

8-11

Data Year

--	--

12-13

Application Date

5-22-24

Date

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

14209 Old Wye Mills Road

Street Number and Street Name

Wye Mills Maryland 21679 (302) 841-4629
 City/Town State Zip Telephone Number

Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility

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			
15	16-19	20-23	20-23

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

5. Workmen's Compensation Coverage See attached.

Company _____ Binder/Policy Number _____ Expiration Date _____

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 18

6B. Number of Stack/Emission Points Associated with this Equipment None, totally enclosed.

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

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

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

Grain Elevator - receives, dries and ships all grains.

9. Control Devices Associated with this Equipment

None

 24-0

Simple/Multiple Cyclone

 24-1

Spray/Adsorb Tower

 24-2

Venturi Scrubber

 24-3

Carbon Adsorber

 24-4

Electrostatic Precipitator

 24-5

Baghouse

 24-6

Thermal/Catalytic Afterburner

 24-7

Dry Scrubber

 24-8

Other

Describe Mineral oil applied to all grains received.
 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

 (Specify Type) 66-1

ANNUAL AMOUNT CONSUMED
 (Specify Units of Measure)

OTHER FUEL

 (Specify Type) 66-2

ANNUAL AMOUNT CONSUMED
 (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

 70-71

Hours per Day

 72

Days Per Week

 73-75

Days per Year

 76

Seasonal Variation in Operation:

No Variation

 76

Winter Percent

 77-78

Spring Percent

 79-80

Summer Percent

 81-82

Fall Percent

 83-84

(Total Seasons= 100%)

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

85

If not, then

Height Above Ground (FT)

Inside Diameter at Top

Exit Temperature (°F)

Exit Velocity (FT/SEC)

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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? (Y or N)

INPUT RATE

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

TOTAL

15. Waste Streams- Solid and Liquid

OUTPUT RATE

	NAME	CAS NO. (IF APPLICABLE)	PER HOUR	OUTPUT RATE		UNITS
				UNITS	PER YEAR	
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 See attached air emissions 99-104	Oxides of Sulfur <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 105-110	Oxides of Nitrogen <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 111-116
Carbon Monoxide <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 177-122	Volatile Organic Compounds <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 123-128	PM-10 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 129-134

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

Particulate Matter See attached air emissions 135-139	Oxides of Sulfur <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 140-144	Oxides of Nitrogen <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 145-149
Carbon Monoxide <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 150-154	Volatile Organic Compounds <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 155-159	PM-10 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 160-164

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

TSP <input type="checkbox"/> 165	SOX <input type="checkbox"/> 166	NOX <input type="checkbox"/> 167	CO <input type="checkbox"/> 168	VOC <input type="checkbox"/> 169	PM10 <input type="checkbox"/> 170
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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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 171-174	Equipment Code <input type="text"/> <input type="text"/> <input type="text"/> 175-177	SCC Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 178-185
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20. Annual Operating Rate <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 186-192	Maximum Design Hourly Rate <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 193-199	Permit to Operate Month <input type="text"/> <input type="text"/> 200-201	Transaction Date (MM/DD/YR) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 202-207
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Staff Code <input type="text"/> <input type="text"/> <input type="text"/> 208-210	VOC Code <input type="text"/> <input type="text"/> 211 212	SIP Code <input type="text"/> <input type="text"/> 213 214	Regulation Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 215-218	Confidentiality <input type="checkbox"/> 219
Point Description <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 220-238				Action <input type="checkbox"/> A: Add <input type="checkbox"/> C: Change 239



AIR QUALITY PERMIT TO CONSTRUCT APPLICATION CHECKLIST

OWNER OF EQUIPMENT/PROCESS	
COMPANY NAME:	Mountaire Farms of Delaware Inc.
COMPANY ADDRESS:	29106 John J Williams Highway, Millsboro, Delaware, 19966
LOCATION OF EQUIPMENT/PROCESS	
PREMISES NAME:	Mountaire Farms of Delaware Inc - Wye Mills Grain Facility
PREMISES ADDRESS:	14209 Old Wye Mills Road, Wye Mills, Maryland, 21679
CONTACT INFORMATION FOR THIS PERMIT APPLICATION	
CONTACT NAME:	Kyle McConnell
JOB TITLE:	Environmental Manager
PHONE NUMBER:	(302) 841-4629
EMAIL ADDRESS:	kmccconnell@mountaire.com
DESCRIPTION OF EQUIPMENT OR PROCESS	
Truck Receiving Pits 1 and 2 (750 bushel capacity)	

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> </u> Form 5	No. <u>NA</u> Form 11
No. <u>NA</u> Form 5T	No. <u>NA</u> Form 41
No. <u>NA</u> Form 5EP	No. <u>NA</u> Form 42
No. <u>NA</u> Form 6	No. <u>NA</u> Form 44
No. <u>NA</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

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

Air and Radiation Management Administration ▪ Air Quality Permits Program

APPLICATION FOR PROCESSING/MANUFACTURING EQUIPMENT

Permit to Construct Registration Update Initial Registration

1A. Owner of Equipment/Company Name

Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility

Mailing Address

P.O. Box 1320

Street Address

Millsboro Delaware 19966

City State Zip

Telephone Number

(302) 841-4629

Signature

Phillip Plylar

Phillip Plylar - President

Print Name and Title

DO NOT WRITE IN THIS BLOCK
2. REGISTRATION NUMBER

County No.

1-2

Premises No.

3-6

Registration Class Equipment No.

7

8-11

Data Year

12-13

Application Date

5-22-24
Date

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

14209 Old Wye Mills Road

Street Number and Street Name

Wye Mills Maryland 21679 (302) 841-4629

City/Town State Zip Telephone Number

Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility

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 15	<input type="text"/> 16-19	<input type="text"/> 20-23	<input type="text"/> 20-23

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

Grain Truck Receiving Pits - 750 bushel capacity.

5. Workmen's Compensation Coverage See attached.

Binder/Policy Number

Expiration Date

Company

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

6A. Number of Pieces of Identical Equipment Units to be Registered/Permitted at this Time 2

6B. Number of Stack/Emission Points Associated with this Equipment 2

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

Grain Elevator - receives, dries and ships all grains.

9. Control Devices Associated with this Equipment

None
 24-0

Simple/Multiple Cyclone	Spray/Adsorb Tower	Venturi Scrubber	Carbon Adsorber	Electrostatic Precipitator	Baghouse	Thermal/Catalytic Afterburner	Dry Scrubber
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24-1	24-2	24-3	24-4	24-5	24-6	24-7	24-8

Other
 Describe Dust control by Wings Baffle System
 24-9

10. Annual Fuel Consumption for this Equipment

OIL-1000 GALLONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 26-31	SULFUR % <input style="width: 20px; height: 20px; border: 1px solid black; position: relative; margin: 0 auto;"/> 32-33	GRADE <input type="text"/> 34	NATURAL GAS-1000 FT ³ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 35-41	LP GAS-100 GALLONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 42-45	GRADE <input type="text"/> 43-44
COAL- TONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 46-52	SULFUR % <input style="width: 20px; height: 20px; border: 1px solid black; position: relative; margin: 0 auto;"/> 53-55	ASH% <input style="width: 20px; height: 20px; border: 1px solid black; position: relative; margin: 0 auto;"/> 56-58	WOOD-TONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 59-63	MOISTURE % <input style="width: 20px; height: 20px; border: 1px solid black; position: relative; margin: 0 auto;"/> 64-65	

OTHER FUELS <input type="checkbox"/> ANNUAL AMOUNT CONSUMED (Specify Type) 66-1 (Specify Units of Measure)	OTHER FUEL <input type="checkbox"/> 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 <input type="checkbox"/> 67-1	Batch Process <input type="checkbox"/> 67-2	Hours per Batch <input type="text"/> <input type="text"/> 68-69	Batch per Week <input type="text"/> 69-70	Hours per Day <input type="text"/> <input type="text"/> 70-71	Days Per Week <input type="text"/> 72	Days per Year <input type="text"/> <input type="text"/> <input type="text"/> 73-75
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Seasonal Variation in Operation:
 No Variation Winter Percent Spring Percent Summer Percent Fall Percent
 76 77-78 79-80 81-82 83-84 (Total Seasons= 100%)

12. Equivalent Stack Information- is Exhaust through Doors, Windows, etc. Only? (Y/N) 85

If not, then

Height Above Ground (FT)	Inside Diameter at Top	Exit Temperature (°F)	Exit Velocity (FT/SEC)
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
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? (Y or N)

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

TOTAL

14. Output Materials (for this equipment)
 Process/Product Stream

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

TOTAL

15. Waste Streams- Solid and Liquid

	NAME	CAS NO. (IF APPLICABLE)	PER HOUR	OUTPUT RATE		UNITS
				UNITS	PER YEAR	
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 <input type="text" value="See attached air emissions"/> 99-104	Oxides of Sulfur <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 105-110	Oxides of Nitrogen <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 111-116
Carbon Monoxide <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 177-122	Volatile Organic Compounds <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 123-128	PM-10 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 129-134

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

Particulate Matter <input type="text" value="See attached air emissions"/> 135-139	Oxides of Sulfur <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 140-144	Oxides of Nitrogen <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 145-149
Carbon Monoxide <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 150-154	Volatile Organic Compounds <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 155-159	PM-10 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 160-164

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

TSP <input type="text"/> 165	SOX <input type="text"/> 166	NOX <input type="text"/> 167	CO <input type="text"/> 168	VOC <input type="text"/> 169	PM10 <input type="text"/> 170
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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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 171-174	Equipment Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 175-177	SCC Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 178-185
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20. Annual Operating Rate <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 186-192	Maximum Design Hourly Rate <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 193-199	Permit to Operate Month <input type="text"/> <input type="text"/> 200-201	Transaction Date (MM/DD/YR) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 202-207
--	---	--	--

Staff Code <input type="text"/> <input type="text"/> <input type="text"/> 208-210	VOC Code <input type="text"/> <input type="text"/> 211 212	SIP Code <input type="text"/> <input type="text"/> 213 214	Regulation Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 215-218	Confidentiality <input type="text"/> 219
Point Description <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 220-238				Action <input type="text"/> 239 A: Add C: Change



AIR QUALITY PERMIT TO CONSTRUCT APPLICATION CHECKLIST

OWNER OF EQUIPMENT/PROCESS	
COMPANY NAME:	Mountaire Farms of Delaware Inc.
COMPANY ADDRESS:	29106 John J Williams Highway, Millsboro, Delaware, 19966
LOCATION OF EQUIPMENT/PROCESS	
PREMISES NAME:	Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility
PREMISES ADDRESS:	14209 Old Wye Mills Road, Wye Mills, Maryland, 21679
CONTACT INFORMATION FOR THIS PERMIT APPLICATION	
CONTACT NAME:	Kyle McConnell
JOB TITLE:	Environmental Manager
PHONE NUMBER:	(302) 841-4629
EMAIL ADDRESS:	kmccconnell@mountaire.com
DESCRIPTION OF EQUIPMENT OR PROCESS	
Tube Transfer / Load Out Screws	

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> 1 </u> Form 5	No. <u> NA </u> Form 11
No. <u> NA </u> Form 5T	No. <u> NA </u> Form 41
No. <u> NA </u> Form 5EP	No. <u> NA </u> Form 42
No. <u> NA </u> Form 6	No. <u> NA </u> Form 44
No. <u> NA </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

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

Air and Radiation Management Administration ▪ Air Quality Permits Program

APPLICATION FOR PROCESSING/MANUFACTURING EQUIPMENT

Permit to Construct Registration Update Initial Registration

1A. Owner of Equipment/Company Name

Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility

Mailing Address

P.O. Box 1320

Street Address

Millsboro Delaware 19966

City State Zip

Telephone Number

(302) 841-4629

Signature

Phillip Plylar - President

Print Name and Title

DO NOT WRITE IN THIS BLOCK
2. REGISTRATION NUMBER

County No.

Registration boxes for County No.

1-2

Premises No.

Registration boxes for Premises No.

3-6

Registration Class Equipment No.

Registration box for Registration Class

7

Registration boxes for Equipment No.

8-11

Data Year

Registration boxes for Data Year

12-13

Application Date

5-22-24

Date

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

14209 Old Wye Mills Road

Street Number and Street Name

Wye Mills Maryland 21679 (302) 841-4629

City/Town State Zip Telephone Number

Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility

Premises Name (if different from above)

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

Status

Status box containing 'C'

15

New Construction Begun (MM/YY)

Registration boxes for New Construction Begun

16-19

New Construction Completed (MM/YY)

Registration boxes for New Construction Completed

20-23

Existing Initial Operation (MM/YY)

Registration boxes for Existing Initial Operation

20-23

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

Facility tube transfer/loadout screws

5. Workmen's Compensation Coverage See attached air emissions

Company

Binder/Policy Number

Expiration Date

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 See attached EA.

6B. Number of Stack/Emission Points Associated with this Equipment None, totally enclosed.

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

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

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

Grain Elevator - receives, dries and ships all grains.

9. Control Devices Associated with this Equipment

None

 24-0

Simple/Multiple Cyclone	Spray/Adsorb Tower	Venturi Scrubber	Carbon Adsorber	Electrostatic Precipitator	Baghouse	Thermal/Catalytic Afterburner	Dry Scrubber
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24-1	24-2	24-3	24-4	24-5	24-6	24-7	24-8

Other
 Describe Mineral oil applied to all grains received. Dust socks at all loadout points.
 24-9

10. Annual Fuel Consumption for this Equipment

OIL-1000 GALLONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 26-31	SULFUR % <input type="text"/> <input type="text"/> 32-33	GRADE <input type="text"/> 34	NATURAL GAS-1000 FT ³ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 35-41	LP GAS-100 GALLONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 42-45	GRADE <input type="text"/> 43-44
COAL- TONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 46-52	SULFUR % <input type="text"/> <input type="text"/> 53-55	ASH% <input type="text"/> <input type="text"/> 56-58	WOOD-TONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 59-63	MOISTURE % <input type="text"/> <input type="text"/> 64-65	

OTHER FUELS ANNUAL AMOUNT CONSUMED OTHER FUEL ANNUAL AMOUNT CONSUMED
 (Specify Type) 66-1 (Specify Units of Measure) (Specify Type) 66-2 (Specify Units of Measure)
 1=Coke 2= COG 3=BFG 4=Other

11. Operating Schedule (for this Equipment)

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

12. Equivalent Stack Information- is Exhaust through Doors, Windows, etc. Only? (Y/N) 85

If not, then

Height Above Ground (FT)	Inside Diameter at Top	Exit Temperature (°F)	Exit Velocity (FT/SEC)
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
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? (Y or N)

INPUT RATE

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

TOTAL

15. Waste Streams- Solid and Liquid

OUTPUT RATE

	NAME	CAS NO. (IF APPLICABLE)	PER HOUR	OUTPUT RATE		UNITS
				UNITS	PER YEAR	
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 See attached air emissions 99-104	Oxides of Sulfur 105-110	Oxides of Nitrogen 111-116
Carbon Monoxide 177-122	Volatile Organic Compounds 123-128	PM-10 129-134

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

Particulate Matter 135-139	Oxides of Sulfur 140-144	Oxides of Nitrogen 145-149
Carbon Monoxide 150-154	Volatile Organic Compounds 155-159	PM-10 160-164

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

TSP <input type="checkbox"/> 165	SOX <input type="checkbox"/> 166	NOX <input type="checkbox"/> 167	CO <input type="checkbox"/> 168	VOC <input type="checkbox"/> 169	PM10 <input type="checkbox"/> 170
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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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 171-174	Equipment Code <input type="text"/> <input type="text"/> <input type="text"/> 175-177	SCC Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 178-185
---------------------------	---	--	---

20. Annual Operating Rate <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 186-192	Maximum Design Hourly Rate <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 193-199	Permit to Operate Month <input type="text"/> <input type="text"/> 200-201	Transaction Date (MM/DD/YR) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 202-207
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Staff Code <input type="text"/> <input type="text"/> <input type="text"/> 208-210	VOC Code <input type="text"/> <input type="text"/> 211 212	SIP Code <input type="text"/> <input type="text"/> 213 214	Regulation Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 215-218	Confidentiality <input type="checkbox"/> 219
Point Description <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 220-238				Action <input type="checkbox"/> A: Add <input type="checkbox"/> C: Change 239



AIR QUALITY PERMIT TO CONSTRUCT APPLICATION CHECKLIST

OWNER OF EQUIPMENT/PROCESS	
COMPANY NAME:	Mountaire Farms of Delaware Inc.
COMPANY ADDRESS:	29106 John J Williams Highway, Millsboro, Delaware, 19966
LOCATION OF EQUIPMENT/PROCESS	
PREMISES NAME:	Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility
PREMISES ADDRESS:	14209 Old Wye Mills Road, Wye Mills, Maryland, 21679
CONTACT INFORMATION FOR THIS PERMIT APPLICATION	
CONTACT NAME:	Kyle McConnell
JOB TITLE:	Environmental Manager
PHONE NUMBER:	(302) 841-4629
EMAIL ADDRESS:	kmccconnell@mountairecom
DESCRIPTION OF EQUIPMENT OR PROCESS	
Grain Turnheads 1/2/3/4/6	

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> 1 </u> Form 5	No. <u> NA </u> Form 11
No. <u> NA </u> Form 5T	No. <u> NA </u> Form 41
No. <u> NA </u> Form 5EP	No. <u> NA </u> Form 42
No. <u> NA </u> Form 6	No. <u> NA </u> Form 44
No. <u> NA </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

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

Air and Radiation Management Administration ▪ Air Quality Permits Program

APPLICATION FOR PROCESSING/MANUFACTURING EQUIPMENT

Permit to Construct Registration Update Initial Registration

1A. Owner of Equipment/Company Name

Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility

Mailing Address

P.O. Box 1320

Street Address

Millsboro Delaware 19966
City State Zip

Telephone Number

(302) 841-4629

Signature

Phillip Plylar - President

Print Name and Title

DO NOT WRITE IN THIS BLOCK
2. REGISTRATION NUMBER

County No.

Registration Class

1-2

Premises No.

Equipment No.

3-6

Registration Class Equipment No.

Data Year

7

Application Date

8-11

Application Date

12-13

5-22-2024

Date

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

14209 Old Wye Mills Road

Street Number and Street Name

Wye Mills Maryland 21679 (302) 841-4629
City/Town State Zip Telephone Number

Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility

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			
15	16-19	20-23	20-23

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

Grain Turnheads - Direct grain throughout the facility - (grain handling equipment)

5. Workmen's Compensation Coverage See attached.

Company Binder/Policy Number Expiration Date

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

6A. Number of Pieces of Identical Equipment Units to be Registered/Permitted at this Time 5

6B. Number of Stack/Emission Points Associated with this Equipment None, totally enclosed.

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

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

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

Grain Elevator - receives, dries and ships all grains.

9. Control Devices Associated with this Equipment

None

 24-0

Simple/Multiple Cyclone <input type="checkbox"/> 24-1	Spray/Adsorb Tower <input type="checkbox"/> 24-2	Venturi Scrubber <input type="checkbox"/> 24-3	Carbon Adsorber <input type="checkbox"/> 24-4	Electrostatic Precipitator <input type="checkbox"/> 24-5	Baghouse <input type="checkbox"/> 24-6	Thermal/Catalytic Afterburner <input type="checkbox"/> 24-7	Dry Scrubber <input type="checkbox"/> 24-8
--	---	---	--	---	--	--	---

Other
 Describe Mineral oil applied to all grains received.
 24-9

10. Annual Fuel Consumption for this Equipment

OIL-1000 GALLONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 26-31	SULFUR % GRADE <input type="text"/> <input type="text"/> 32-33	GRADE <input type="text"/> 34	NATURAL GAS-1000 FT ³ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 35-41	LP GAS-100 GALLONS GRADE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 42-45
COAL- TONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 46-52	SULFUR % <input type="text"/> <input type="text"/> 53-55	ASH% <input type="text"/> <input type="text"/> 56-58	WOOD-TONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 59-63	MOISTURE % <input type="text"/> <input type="text"/> 64-65

OTHER FUELS ANNUAL AMOUNT CONSUMED OTHER FUEL ANNUAL AMOUNT CONSUMED
 (Specify Type) 66-1 (Specify Units of Measure) (Specify Type) 66-2 (Specify Units of Measure)
 1= Coke 2= COG 3=BFG 4=Other

11. Operating Schedule (for this Equipment)

Continuous Operation <input type="checkbox"/> 67-1	Batch Process <input type="checkbox"/> 67-2	Hours per Batch <input type="text"/> <input type="text"/> 68-69	Batch per Week <input type="text"/> 70-71	Hours per Day <input type="text"/> <input type="text"/> 72	Days Per Week <input type="text"/> 73-75
--	---	---	---	--	--

Seasonal Variation in Operation:
 No Variation Winter Percent Spring Percent Summer Percent Fall Percent
 76 77-78 79-80 81-82 83-84 (Total Seasons= 100%)

12. Equivalent Stack Information- is Exhaust through Doors, Windows, etc. Only? (Y/N) 85

If not, then

Height Above Ground (FT)	Inside Diameter at Top	Exit Temperature (°F)	Exit Velocity (FT/SEC)
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
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? (Y or N)

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

TOTAL

14. Output Materials (for this equipment)
Process/Product Stream

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

TOTAL

15. Waste Streams- Solid and Liquid

	NAME	CAS NO. (IF APPLICABLE)	PER HOUR	OUTPUT RATE		UNITS
				UNITS	PER YEAR	
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 <input type="text" value="See attached air emissions"/> 99-104	Oxides of Sulfur <input type="text"/> 105-110	Oxides of Nitrogen <input type="text"/> 111-116
Carbon Monoxide <input type="text"/> 177-122	Volatile Organic Compounds <input type="text"/> 123-128	PM-10 <input type="text"/> 129-134

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

Particulate Matter <input type="text" value="See attached air emissions"/> 135-139	Oxides of Sulfur <input type="text"/> 140-144	Oxides of Nitrogen <input type="text"/> 145-149
Carbon Monoxide <input type="text"/> 150-154	Volatile Organic Compounds <input type="text"/> 155-159	PM-10 <input type="text"/> 160-164

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

TSP <input type="checkbox"/> 165	SOX <input type="checkbox"/> 166	NOX <input type="checkbox"/> 167	CO <input type="checkbox"/> 168	VOC <input type="checkbox"/> 169	PM10 <input type="checkbox"/> 170
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AIR AND RADIATION MANAGEMENT ADMINISTRATION USE ONLY

18. Date Rec'd. Local _____	Date Rec'd. State _____	Return to Local Jurisdiction Date _____ By _____
Reviewed by Local Jurisdiction Date _____ By _____		Reviewed by State Date _____ By _____

19. Inventory Date	Month/Year	Equipment Code	SCC Code
	<input type="text"/> 171-174	<input type="text"/> 175-177	<input type="text"/> 178-185

20. Annual Operating Rate	Maximum Design Hourly Rate	Permit to Operate Month	Transaction Date (MM/DD/YR)
<input type="text"/> 186-192	<input type="text"/> 193-199	<input type="text"/> 200-201	<input type="text"/> 202-207

Staff Code	VOC Code	SIP Code	Regulation Code	Confidentiality
<input type="text"/> 208-210	<input type="text"/> 211 212	<input type="text"/> 213 214	<input type="text"/> 215-218	<input type="checkbox"/> 219

Point Description	Action
<input type="text"/> 220-238	<input type="checkbox"/> A: Add C: Change 239



AIR QUALITY PERMIT TO CONSTRUCT APPLICATION CHECKLIST

OWNER OF EQUIPMENT/PROCESS	
COMPANY NAME:	Mountaire Farms of Delaware Inc.
COMPANY ADDRESS:	29106 John J Williams Highway, Millsboro, Delaware, 19966
LOCATION OF EQUIPMENT/PROCESS	
PREMISES NAME:	Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility
PREMISES ADDRESS:	14209 John J Williams Highway, Wye Mills, Maryland, 21679
CONTACT INFORMATION FOR THIS PERMIT APPLICATION	
CONTACT NAME:	Kyle McConnell
JOB TITLE:	Environmental Manager
PHONE NUMBER:	(302) 841-4629
EMAIL ADDRESS:	kmccconnell@mountaire.com
DESCRIPTION OF EQUIPMENT OR PROCESS	
Wet Tank Grain Storage Tanks, Wet Tank 1 - Wet Tank 6	

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> 1 </u> Form 5	No. <u> NA </u> Form 11
No. <u> NA </u> Form 5T	No. <u> NA </u> Form 41
No. <u> NA </u> Form 5EP	No. <u> NA </u> Form 42
No. <u> NA </u> Form 6	No. <u> NA </u> Form 44
No. <u> NA </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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 (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

<p>1A. Owner of Equipment/Company Name Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility</p> <hr/> <p>Mailing Address P.O. Box 1320 Street Address Millsboro Delaware 19966 City State Zip</p> <p>Telephone Number (302) 841-4629</p> <p>Signature </p> <hr/> <p>Phillip Plylar - President Print Name and Title</p>	<p style="text-align: center;">DO NOT WRITE IN THIS BLOCK</p> <p style="text-align: center;">2. REGISTRATION NUMBER</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">County No.</td> <td style="width: 50%; text-align: center;">Premises No.</td> </tr> <tr> <td style="text-align: center;"> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> 1-2 </td> <td style="text-align: center;"> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> 3-6 </td> </tr> <tr> <td style="text-align: center;">Registration Class</td> <td style="text-align: center;">Equipment No.</td> </tr> <tr> <td style="text-align: center;"> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> 7 </td> <td style="text-align: center;"> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> 8-11 </td> </tr> <tr> <td style="text-align: center;">Data Year</td> <td style="text-align: center;">Application Date</td> </tr> <tr> <td style="text-align: center;"> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> 12-13 </td> <td style="text-align: center;"> 5-22-24 Date </td> </tr> </table>	County No.	Premises No.	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> 1-2					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> 3-6					Registration Class	Equipment No.	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> 7					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> 8-11					Data Year	Application Date	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> 12-13					5-22-24 Date
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<p>1B. Equipment Location and Telephone Number (if different from above) 14209 Old Wye Mills Road Street Number and Street Name</p> <hr/> <p>Wye Mills Maryland 21679 (302) 841-4629 City/Town State Zip Telephone Number</p> <hr/> <p>Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility Premises Name (if different from above)</p>																																	
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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

Grain Elevator - receives, dries and ships all grains.

9. Control Devices Associated with this Equipment

None
 24-0

Simple/Multiple Cyclone <input type="checkbox"/> 24-1	Spray/Adsorb Tower <input type="checkbox"/> 24-2	Venturi Scrubber <input type="checkbox"/> 24-3	Carbon Adsorber <input type="checkbox"/> 24-4	Electrostatic Precipitator <input type="checkbox"/> 24-5	Baghouse <input type="checkbox"/> 24-6	Thermal/Catalytic Afterburner <input type="checkbox"/> 24-7	Dry Scrubber <input type="checkbox"/> 24-8
--	---	---	--	---	--	--	---

Other
 Describe Mineral oil applied to all grains received.
 24-9

10. Annual Fuel Consumption for this Equipment

OIL-1000 GALLONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 26-31	SULFUR % <input type="text"/> <input type="text"/> 32-33	GRADE <input type="text"/> 34	NATURAL GAS-1000 FT ³ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 35-41	LP GAS-100 GALLONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 42-45	GRADE <input type="text"/> 43-44
COAL- TONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 46-52	SULFUR % <input type="text"/> <input type="text"/> 53-55	ASH% <input type="text"/> <input type="text"/> 56-58	WOOD-TONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 59-63	MOISTURE % <input type="text"/> <input type="text"/> 64-65	

OTHER FUELS ANNUAL AMOUNT CONSUMED OTHER FUEL ANNUAL AMOUNT CONSUMED
 (Specify Type) 66-1 (Specify Units of Measure) (Specify Type) 66-2 (Specify Units of Measure)
 1=Coke 2=COG 3=BFG 4=Other

11. Operating Schedule (for this Equipment)

Continuous Operation <input type="checkbox"/> 67-1	Batch Process <input type="checkbox"/> 67-2	Hours per Batch <input type="text"/> <input type="text"/> 68-69	Batch per Week <input type="text"/> 70-71	Hours per Day <input type="text"/> <input type="text"/> 72	Days Per Week <input type="text"/> 73-75	Days per Year <input type="text"/> <input type="text"/> <input type="text"/> 73-75
--	---	---	---	--	--	--

Seasonal Variation in Operation:
 No Variation Winter Percent Spring Percent Summer Percent Fall Percent
 76 77-78 79-80 81-82 83-84 (Total Seasons= 100%)

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

85

If not, then

Height Above Ground (FT)

Inside Diameter at Top

Exit Temperature (°F)

Exit Velocity (FT/SEC)

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86-88

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89-91

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92-95

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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? (Y or N)

INPUT RATE

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

TOTAL

15. Waste Streams- Solid and Liquid

OUTPUT RATE

	NAME	CAS NO. (IF APPLICABLE)	PER HOUR	OUTPUT RATE		UNITS
				UNITS	PER YEAR	
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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99-104	Oxides of Sulfur <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 105-110	Oxides of Nitrogen <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 111-116
Carbon Monoxide <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 177-122	Volatile Organic Compounds <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 123-128	PM-10 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 129-134

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

Particulate Matter See attached air emissions <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 135-139	Oxides of Sulfur <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 140-144	Oxides of Nitrogen <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 145-149
Carbon Monoxide <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 150-154	Volatile Organic Compounds <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 155-159	PM-10 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 160-164

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

TSP <input type="checkbox"/> 165	SOX <input type="checkbox"/> 166	NOX <input type="checkbox"/> 167	CO <input type="checkbox"/> 168	VOC <input type="checkbox"/> 169	PM10 <input type="checkbox"/> 170
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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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 171-174	Equipment Code <input type="text"/> <input type="text"/> <input type="text"/> 175-177	SCC Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 178-185
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20. Annual Operating Rate <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 186-192	Maximum Design Hourly Rate <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 193-199	Permit to Operate Month <input type="text"/> <input type="text"/> 200-201	Transaction Date (MM/DD/YR) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 202-207
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Staff Code <input type="text"/> <input type="text"/> <input type="text"/> 208-210	VOC Code <input type="text"/> <input type="text"/> 211 212	SIP Code <input type="text"/> <input type="text"/> 213 214	Regulation Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 215-218	Confidentiality <input type="checkbox"/> 219
Point Description <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 220-238				Action <input type="checkbox"/> A: Add C: Change 239



AIR QUALITY PERMIT TO CONSTRUCT APPLICATION CHECKLIST

OWNER OF EQUIPMENT/PROCESS	
COMPANY NAME:	Mountaire Farms of Delaware Inc.
COMPANY ADDRESS:	29106 John J Williams Highway, Millsboro, Delaware, 19966
LOCATION OF EQUIPMENT/PROCESS	
PREMISES NAME:	Mountaire Farms of Delaware Inc - Wye Mills Grain Facility
PREMISES ADDRESS:	14209 Old Wye Mills Road, Wye Mills, Maryland, 21679
CONTACT INFORMATION FOR THIS PERMIT APPLICATION	
CONTACT NAME:	Kyle McConnell
JOB TITLE:	Environmental Manager
PHONE NUMBER:	(302) 841-4629
EMAIL ADDRESS:	kmccconnell@mountaire.com
DESCRIPTION OF EQUIPMENT OR PROCESS	
1.2 million bushel grain pile storage	

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> 1 </u> Form 5	No. <u> N/A </u> Form 11
No. <u> N/A </u> Form 5T	No. <u> N/A </u> Form 41
No. <u> N/A </u> Form 5EP	No. <u> N/A </u> Form 42
No. <u> N/A </u> Form 6	No. <u> N/A </u> Form 44
No. <u> N/A </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

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

Air and Radiation Management Administration ▪ Air Quality Permits Program

APPLICATION FOR PROCESSING/MANUFACTURING EQUIPMENT

Permit to Construct Registration Update Initial Registration

1A. Owner of Equipment/Company Name

Mountaire Farms of Delaware Inc.

Mailing Address

P.O. Box 1320

Street Address

Millsboro Delaware 19966

City State Zip

Telephone Number

(302) 841-4629

Signature



Phillip Plylar - President

Print Name and Title

**DO NOT WRITE IN THIS BLOCK
2. REGISTRATION NUMBER**

County No.

--	--

1-2

Premises No.

--	--	--	--

3-6

Registration Class

--

7

Equipment No.

--	--	--	--

8-11

Data Year

--	--

12-13

Application Date

5-22-24

Date

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

14209 Old Wye Mills Road

Street Number and Street Name

Wye Mills Maryland 21679 (302) 841-4629

City/Town State Zip Telephone Number

Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility

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	<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>					<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>					<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				
15	16-19	20-23	20-23												

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

Outside Grain Storage Pile - Covered as pile is expanded.

5. Workmen's Compensation Coverage See attached

Company _____ Binder/Policy Number _____ Expiration Date _____

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

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

Grain Elevator - receives, dries and ships all grains.

9. Control Devices Associated with this Equipment

None

 24-0

Simple/Multiple Cyclone	Spray/Adsorb Tower	Venturi Scrubber	Carbon Adsorber	Electrostatic Precipitator	Baghouse	Thermal/Catalytic Afterburner	Dry Scrubber
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24-1	24-2	24-3	24-4	24-5	24-6	24-7	24-8

Other
 Describe Mineral oil applied to all grains received.
 24-9

10. Annual Fuel Consumption for this Equipment

OIL-1000 GALLONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 26-31	SULFUR % <input type="text"/> <input type="text"/> 32-33	GRADE <input type="text"/> 34	NATURAL GAS-1000 FT ³ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 35-41	LP GAS-100 GALLONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 42-45	GRADE <input type="text"/> 43-44
COAL- TONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 46-52	SULFUR % <input type="text"/> <input type="text"/> 53-55	ASH% <input type="text"/> <input type="text"/> 56-58	WOOD-TONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 59-63	MOISTURE % <input type="text"/> <input type="text"/> 64-65	

OTHER FUELS ANNUAL AMOUNT CONSUMED OTHER FUEL ANNUAL AMOUNT CONSUMED
 (Specify Type) 66-1 (Specify Units of Measure) (Specify Type) 66-2 (Specify Units of Measure)
 1= Coke 2= COG 3=BFG 4=Other

11. Operating Schedule (for this Equipment)

Continuous Operation	Batch Process	Hours per Batch	Batch per Week	Hours per Day	Days Per Week	Days per Year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
67-1	67-2	68-69		70-71	72	73-75

Seasonal Variation in Operation:
 No Variation Winter Percent Spring Percent Summer Percent Fall Percent (Total Seasons= 100%)

 76 77-78 79-80 81-82 83-84

12. Equivalent Stack Information- is Exhaust through Doors, Windows, etc. Only? (Y/N) 85

If not, then

Height Above Ground (FT)	Inside Diameter at Top	Exit Temperature (°F)	Exit Velocity (FT/SEC)
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
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? (Y or N)

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

TOTAL

14. Output Materials (for this equipment)

Process/Product Stream

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

TOTAL

15. Waste Streams- Solid and Liquid

	NAME	CAS NO. (IF APPLICABLE)	PER HOUR	OUTPUT RATE		UNITS
				UNITS	PER YEAR	
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 See attached air emissions 99-104	Oxides of Sulfur <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 105-110	Oxides of Nitrogen <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 111-116
Carbon Monoxide <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 177-122	Volatile Organic Compounds <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 123-128	PM-10 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 129-134

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

Particulate Matter See attached air emissions 135-139	Oxides of Sulfur <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 140-144	Oxides of Nitrogen <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 145-149
Carbon Monoxide <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 150-154	Volatile Organic Compounds <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 155-159	PM-10 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 160-164

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

TSP <input type="checkbox"/> 165	SOX <input type="checkbox"/> 166	NOX <input type="checkbox"/> 167	CO <input type="checkbox"/> 168	VOC <input type="checkbox"/> 169	PM10 <input type="checkbox"/> 170
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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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 171-174	Equipment Code <input type="text"/> <input type="text"/> <input type="text"/> 175-177	SCC Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 178-185
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20. Annual Operating Rate <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 186-192	Maximum Design Hourly Rate <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 193-199	Permit to Operate Month <input type="text"/> <input type="text"/> 200-201	Transaction Date (MM/DD/YR) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 202-207
--	---	--	--

Staff Code <input type="text"/> <input type="text"/> <input type="text"/> 208-210	VOC Code <input type="text"/> <input type="text"/> 211 212	SIP Code <input type="text"/> <input type="text"/> 213 214	Regulation Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 215-218	Confidentiality <input type="checkbox"/> 219
Point Description <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 220-238				Action <input type="checkbox"/> A: Add <input type="checkbox"/> C: Change 239



AIR QUALITY PERMIT TO CONSTRUCT APPLICATION CHECKLIST

OWNER OF EQUIPMENT/PROCESS	
COMPANY NAME:	Mountaire Farms of Delaware Inc.
COMPANY ADDRESS:	29106 John J Williams Highway, Millsboro, Delaware, 19966
LOCATION OF EQUIPMENT/PROCESS	
PREMISES NAME:	Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility
PREMISES ADDRESS:	14209 Old Wye Mills Road, Wye Mills, Maryland, 21679
CONTACT INFORMATION FOR THIS PERMIT APPLICATION	
CONTACT NAME:	Kyle McConnell
JOB TITLE:	Environmental Manager
PHONE NUMBER:	(302) 841-4629
EMAIL ADDRESS:	kmccconnell@mountaire.com
DESCRIPTION OF EQUIPMENT OR PROCESS	
(2) Mineral Oil Application Spray Systems	

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> 1 </u> Form 5	No. <u> NA </u> Form 11
No. <u> NA </u> Form 5T	No. <u> NA </u> Form 41
No. <u> NA </u> Form 5EP	No. <u> NA </u> Form 42
No. <u> NA </u> Form 6	No. <u> NA </u> Form 44
No. <u> NA </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.

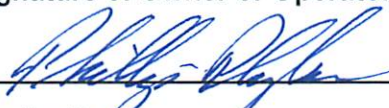
⁽²⁾ Required for applications subject to Expanded Public Participation Requirements.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

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 Permit to Construct Gas Cleaning or Emission Control Equipment

1. Owner of Installation		Telephone No.	Date of Application
Mountaire Farms of Delaware Inc.		(302) 841-4629	5-22-24
2. Mailing Address		City	Zip Code
P.O. Box 1320		Millsboro, DE	19966
3. Equipment Location		City/Town or P.O.	County
14209 Old Wye Mills Road		Wye Mills	Talbot
4. Signature of Owner or Operator		Title	Print or Type Name
		President	Phillip Plylar
5. Application Type:		Alteration <input type="checkbox"/>	New Construction <input checked="" type="checkbox"/>
6. Date Construction is to Start:		Completion Date (Estimate):	
To be decided			
7. Type of Gas Cleaning or Emission Control Equipment:			
Simple Cyclone <input type="checkbox"/>	Multiple Cyclone <input type="checkbox"/>	Afterburner <input type="checkbox"/>	Electrostatic Precipitator <input type="checkbox"/>
Scrubber <input type="checkbox"/>	_____ (type)	Other <input checked="" type="checkbox"/>	Mineral oil applied to all grains received. (type)
8. Gas Cleaning Equipment Manufacturer		Model No.	Collection Efficiency (Design Criteria)
9. Type of Equipment which Control Equipment is to Service:			
All grain handling, storage and drying equipment. Two spray points, one at each grain receiving leg.			
10. Stack Test to be Conducted:			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____ (Date)	
		(Stack Test to be Conducted By)	
11. Cost of Equipment _____			
Estimated Erection Cost _____			

12. The Following Shall Be Design Criteria:

	<u>INLET</u>	<u>OUTLET</u>
Gas Flow Rate	_____ ACFM*	_____ ACFM*
Gas Temperature	_____ °F	_____ °F
Gas Pressure	_____ INCHES W.G.	_____ INCHES W.G.
	PRESSURE DROP _____	
Dust Loading	_____ GRAINS/ACFD**	_____ GRAINS/ACFD**
Moisture Content	_____ %	_____ %
OR		
Wet Bulb Temperature	_____ °F	_____ °F
Liquid Flow Rate (Wet Scrubber)	_____ GALLONS/MINUTE	
	(WHEN SCRUBBER LIQUID OTHER THAN WATER INDICATE COMPOSITION OF SCRUBBING MEDIUM IN WEIGHT %)	
	*= ACTUAL CUBIC FEET PER MINUTE	**= ACTUAL CUBIC FEET DRY

WHEN APPLICATION INVOLVES THE REDUCTION OF GASEOUS POLLUTANTS, PROVIDE THE CONCENTRATION OF EACH POLLUTANT IN THE GAS STREAM IN VOLUME PERCENT. INCLUDE THE COMPOSITION OF THE GASES ENTERING THE CLEANING DEVICE AND THE COMPOSITION OF EXHAUSTED GASES BEING DISCHARGED INTO THE ATMOSPHERE. USE AVAILABLE SPACE IN ITEM 15 ON PAGE 3.

13. Particle Size Analysis

<u>Size of Dust Particles Entering Cleaning Unit</u>	<u>% of Total Dust</u>	<u>% to be Collected</u>
0 to 10 Microns	_____	_____
10 to 44 Microns	_____	_____
Larger than 44 Microns	_____	_____

14. For Afterburner Construction Only:

Volume of Contaminated Air _____ CFM (DO NOT INCLUDE COMBUSTION AIR)

Gas Inlet Temperature _____ °F

Capacity of Afterburner _____ BTU/HR

Diameter (or area) of Afterburner Throat _____

Combustion Chamber _____ (diameter) _____ (length) Operating Temperature at Afterburner _____ °F

Retention Time of Gases _____

15. Show Location of Dust Cleaning Equipment in the System. Draw or Sketch Flow Diagram Showing Emission Path from Source to Exhaust Point to Atmosphere.

See attached PDF.

Date Received: Local _____ State _____

Acknowledgement Date: _____

By _____

Reviewed By:

Local _____

State _____

Returned to Local:

Date _____

By _____

Application Returned to Applicant:

Date _____

By _____

REGISTRATION NUMBER OF ASSOCIATED EQUIPMENT:

--	--	--	--	--

PREMISES NUMBER:

--	--

--	--	--	--	--

Emission Calculations Revised By _____ Date _____



AIR QUALITY PERMIT TO CONSTRUCT APPLICATION CHECKLIST

OWNER OF EQUIPMENT/PROCESS	
COMPANY NAME:	Mountaire Farms of Delaware Inc.
COMPANY ADDRESS:	29106 John J Williams Highway, Millsboro, Delaware, 19966
LOCATION OF EQUIPMENT/PROCESS	
PREMISES NAME:	Mountaire Farms of Delaware Inc. - Wye Mills Grain Facility
PREMISES ADDRESS:	14209 Old Wye Mills Road, Wye Mills, Maryland, 21679
CONTACT INFORMATION FOR THIS PERMIT APPLICATION	
CONTACT NAME:	Kyle McConnell
JOB TITLE:	Environmental Manager
PHONE NUMBER:	(302) 841-4629
EMAIL ADDRESS:	kmccconnell@mountaire.com
DESCRIPTION OF EQUIPMENT OR PROCESS	
(2) Dust control by Wings Baffle System	

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> 1 </u> Form 5	No. <u> NA </u> Form 11
No. <u> NA </u> Form 5T	No. <u> NA </u> Form 41
No. <u> NA </u> Form 5EP	No. <u> NA </u> Form 42
No. <u> NA </u> Form 6	No. <u> NA </u> Form 44
No. <u> NA </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.

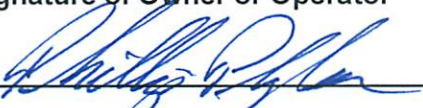
⁽²⁾ Required for applications subject to Expanded Public Participation Requirements.

MARYLAND DEPARTMENT OF THE ENVIRONMENT

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 Permit to Construct
Gas Cleaning or Emission Control Equipment**

1. Owner of Installation Mountaire Farms of Delaware Inc.	Telephone No. (302) 841-4629	Date of Application 5-22-24
2. Mailing Address P.O. Box 1320	City Millsboro	Zip Code 19966
	County Sussex, DE.	
3. Equipment Location 14209 Old Wye Mills Road	City/Town or P.O. Wye Mills	County Talbot
4. Signature of Owner or Operator 	Title	Print or Type Name Phillip Plylar
5. Application Type:	Alteration <input type="checkbox"/>	New Construction <input checked="" type="checkbox"/>
6. Date Construction is to Start: To be decided	Completion Date (Estimate):	
7. Type of Gas Cleaning or Emission Control Equipment:		
Simple Cyclone <input type="checkbox"/>	Multiple Cyclone <input type="checkbox"/>	Afterburner <input type="checkbox"/>
Scrubber <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	Electrostatic Precipitator <input type="checkbox"/>
	(type)	Dust control by Wings Baffle System (type)
8. Gas Cleaning Equipment Manufacturer	Model No.	Collection Efficiency (Design Criteria)
9. Type of Equipment which Control Equipment is to Service: Grain receiving pits, one placed in each receiving pit.		
10. Stack Test to be Conducted:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Date)
		(Stack Test to be Conducted By)
11. Cost of Equipment _____		
Estimated Erection Cost _____		

12. The Following Shall Be Design Criteria:

	<u>INLET</u>	<u>OUTLET</u>
Gas Flow Rate	_____ ACFM*	_____ ACFM*
Gas Temperature	_____ °F	_____ °F
Gas Pressure	_____ INCHES W.G.	_____ INCHES W.G.
	PRESSURE DROP _____	
Dust Loading	_____ GRAINS/ACFD**	_____ GRAINS/ACFD**
Moisture Content	_____ %	_____ %
OR		
Wet Bulb Temperature	_____ °F	_____ °F
Liquid Flow Rate (Wet Scrubber)	_____ GALLONS/MINUTE	
	(WHEN SCRUBBER LIQUID OTHER THAN WATER INDICATE COMPOSITION OF SCRUBBING MEDIUM IN WEIGHT %)	
	* = ACTUAL CUBIC FEET PER MINUTE	** = ACTUAL CUBIC FEET DRY

WHEN APPLICATION INVOLVES THE REDUCTION OF GASEOUS POLLUTANTS, PROVIDE THE CONCENTRATION OF EACH POLLUTANT IN THE GAS STREAM IN VOLUME PERCENT. INCLUDE THE COMPOSITION OF THE GASES ENTERING THE CLEANING DEVICE AND THE COMPOSITION OF EXHAUSTED GASES BEING DISCHARGED INTO THE ATMOSPHERE. USE AVAILABLE SPACE IN ITEM 15 ON PAGE 3.

13. Particle Size Analysis

<u>Size of Dust Particles Entering Cleaning Unit</u>	<u>% of Total Dust</u>	<u>% to be Collected</u>
0 to 10 Microns	_____	_____
10 to 44 Microns	_____	_____
Larger than 44 Microns	_____	_____

14. For Afterburner Construction Only:

Volume of Contaminated Air _____ CFM (DO NOT INCLUDE COMBUSTION AIR)

Gas Inlet Temperature _____ °F

Capacity of Afterburner _____ BTU/HR

Diameter (or area) of Afterburner Throat _____

Combustion Chamber _____ (diameter) _____ (length) Operating Temperature at Afterburner _____ °F

Retention Time of Gases _____

15. Show Location of Dust Cleaning Equipment in the System. Draw or Sketch Flow Diagram Showing Emission Path from Source to Exhaust Point to Atmosphere.

See attached process flow diagram.

Date Received: Local _____ State _____

Acknowledgement Date: _____

By _____

Reviewed By:

Local _____

State _____

Returned to Local:

Date _____

By _____

Application Returned to Applicant:

Date _____

By _____

REGISTRATION NUMBER OF ASSOCIATED EQUIPMENT:

--	--	--	--

PREMISES NUMBER:

--	--

--	--	--	--

Emission Calculations Revised By _____ Date _____



Talbot County Planning and Zoning Department
215 Bay Street, Suite 2
Easton, Maryland 21601

Phone: 410-770-8030
edeflaux@talbotcountymd.gov

FAX: 410-770-8043
TTY: 410-822-8735

July 1, 2024

Kyle McConnell
Environmental Manager – Eastern Shore
Mountaire Farms
(302) 841-4629

c/o Mountaire Farms of Delaware Inc.
P.O. Box 1320
Millsboro, DE 19966

Subject: Zoning Verification for the properties of Mountaire Farms:

1. 11761 Cordova Road
Cordova, MD 21625
Tax Map 11, Grid 12, Parcel 47
Tax Account # 147316
2. 14209 Old Wye Mills Road
Wye Mills, MD 21679
Map 1, Grid 10, Parcel 7
Tax Account # 156064

In response to your request for information regarding the above-referenced properties, I have researched our files and present the following:

1. The Cordova property is in the Village Mixed (VM) zoning district and is currently compliant with all zoning standards. The land use category is Agricultural Support Businesses and Services (*Talbot County Code §190-25.2 (Table IV-1) Table of Land Uses*). This property operates under the *Grain Processing, Drying, and Storage (wholesale commercial)* use permitted only by a Special Exception from the Board of Appeals in the VM zoning district. The property has been operating as this use since at

least the 1950's. The first Special Exception was granted in 1994 to construct a new 60' diameter storage tank (80' Height) and replace in-kind the existing tank with a 48' diameter tank (Appeal No. 927). In the year 2000, a modification to the existing Special Exception was granted by the Board to construct one (1) additional grain bin (Appeal No. 1123). In 2022, the Board approved another modification to the Special Exception to allow for the construction of an additional grain tank (SPEX-22-4).

2. The existing zoning for the property in Wye Mills is Village Hamlet (VH) and Critical Area Overlay (CAO). There are currently no outstanding zoning issues for this facility. The land use category is Agricultural Support Businesses and Services. This property operates under the *Grain Processing, Drying, and Storage (wholesale commercial)* use permitted only by a Special Exception from the Board of Appeals in the VH zoning district. The property was first granted a Special Exception for grain storage in 1977 (Appeal No. 237), to allow two grain storage tanks, in addition to a tank that existed since 1948. In 1979, the Board of Appeals granted a modification to the Special Exception (Appeal No. 357) to construct an additional two (2) grain storage tanks. At this time, the Board also granted a height variance of the 40' maximum height. Only one of the two approved tanks were constructed in the allotted time frame. In 1983, the property owner was again granted a Special Exception modification, and variance of the 40' height restriction, to construct an additional grain tank (Appeal No. 496). The Nagel company purchased the property in 1994. In 1995, the Board granted a modification to the Special Exception to construct two additional grain storage tanks and granted a variance for reduction of the 200' setback (Appeal No. 947). The applicant never constructed the approved tanks. In 1997, the applicant again requested a modification to the Special Exception to construct two (2) grain storage tanks and for a variance of the 200' setback. The Board, again, granted the request (Appeal No. 1036). In 1999, the Board granted a modification to the Special Exception to construct three (3) additional grain storage tanks (Appeal No. 1092). In 2015, the Board granted a modification of the Special Exception to approve six (6) grain storage tanks, one (1) grain dryer, and granted eight (8) setback variances necessary to construct the grain tanks (Appeal No. 14-1625). The *Talbot County Code* was amended in 2018, modifying setback requirements in the VH zoning district. As modified, "New or expanded structures shall maintain the minimum setback from lot lines of the existing structures on the same property." In 2023, the Board approved variances and a modification of the Special Exception to permit the construction of two (2) grain tanks at heights of 134.23' and 115.5' where the maximum height of 100' is a supplemental standard for a storage structure (SPEX-23-2). The office building on the property was destroyed by fire in December of 2023. The temporary office is permitted with a temporary use certificate (U-23-15). The demolition of the damaged building is currently underway (DEMO-24-13). This office has not yet received a building permit application for the replacement building.

The commonly owned properties adjacent to the subject property in Wye Mills are zoned Village Hamlet (VH), are in the Critical Area Overlay (CAO), and the land use category is Residential. All four dwellings are proposed to be demolished and removed and have demolition permits applied for as follows:

155068	28685 Queen Anne Hwy, Wye Mills, MD	0001	0010	0025	DEMO-24-16
155483	28681 Queen Anne Hwy, Wye Mills, MD	0001	0010	0005	DEMO-24-18
145100	28663 Queen Anne Hwy, Wye Mills, MD	0001	0010	0045	DEMO-24-20
145119	28665 Queen Anne Hwy, Wye Mills, MD	0001	0010	0042	DEMO-24-17

The standard setbacks of the parcels in the VH and VM are as follows:

Front	25'
Side	10'
Rear	25'
State Highway	50' (All parcels front on State Highways, Rt. 662, 309 or 404)

This information was researched on July 1, 2024, by the undersigned, per request and as a public service. The undersigned certifies that the above information contained herein is believed to be accurate and is based upon, or relates to, the information supplied by the requestor. The Authority assumes no liability for errors and omissions. All information was obtained from public records, which may be inspected during regular business hours.

Please contact me if you have any questions.

Sincerely,



Andrew Nixon
Talbot County Planning and Zoning