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> | DESCRIPTION |
|-------------|---|
| 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 inperson 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.



Area of Interest (AOI) Information

May 13 2024 15:57:14 Eastern Daylight Time





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Summary

| Name | Count | Area(mi²) | 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 |

| 0 | N/A | N/A |
|---|----------------------------|---|
| 0 | N/A | N/A |
| | 0 0 0 0 0 0 | 0 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_Exposu re_Percent | Overburd_Exposu re_Percentile | Overburd_Poll_En viro_Percent | Overburd_Poll_En viro_Percentile | Sensitive_Populati on_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 | RentalsOccupiedP re79Percent | 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 | PercentPowerPlan ts | 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 | PollutionEnvironment alPercent | PollnEnvironmentalP ercentile | 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_Po | ор | PercentNATA_Can cer | Percentile_NATA_ Cancer | Perce | ntNATA_Res p_HI | Percentile_N Resp_H | | PercentNATA_Dies |
|---|----------------------------|--|---------------------|-------|---------------------|----------------------------|--------|--------------------------|------------------------|--------|------------------|
| 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_PM: 5 | PercentileNa M25 | ATA_P | PercentOzone | PercentileOzone | Per | centTraffic | PercentileT | raffic | PercentTRI |
| 1 | 3.54 | 78.43 | 2.56 | | 93.00 | 9.18 | 0.34 | | 2.17 | | 5.26 |
| # | PercentileTRI | Percenti | lazWasteLF | Perc | entile_HazWasteLF | PollutionExposureF | Percen | DRYANGGAMOS COM PROGRAMS | oosurePercen ile | | Area(mi²) |
| | 00.10 | 0.00 | | 0.00 | | 00.00 | | 5.40 | | | - |

| # | PercentileTRI | PercentHazWasteLF | Percentile_HazWasteLF | PollutionExposurePercen t | PollutionExposurePercen tile | 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 |

| # | 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 acoss Maryland) | Area(mi²) |
|---|-------------------------|--|------------------|-----------------|------------------|---|--|--|-----------|
| 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(mi²) |
|---|-----------|------------|------------|---------|--------|-------------------|-------------------------------------|--|-----------------------------|-----------|
| 1 | 24 | 041 | 00592947 | 24041 | Talbot | No Data | Attainment/Unc lassifiable | No Data | No Data | N/A |

Fine Particles (2012)

| | # | STATEFP10 | COUNTYFP10 | COUNTYNS10 | GEOID10 | NAME10 | PM2.5 (2012) Status | Area(mi²) |
|---|---|-----------|------------|------------|---------|--------|----------------------------|-----------|
| 1 | | 24 | 041 | 00592947 | 24041 | Talbot | Attainment/Unclassifia ble | N/A |

Biosolids FY 2020 and Current Permits Distribution By Acreage

| # | County Name | FY2020andAfter | Area(mi²) |
|---|-------------|----------------|-----------|
| 1 | Talbot | 2,395.40 | N/A |

Biosolids FY2015 - 2019 Permits Distribution By Acreage

| # | County Name | FY2015to2019 | Area(mi²) |
|---|-------------|--------------|-----------|
| 1 | Talbot | 2,119.40 | N/A |

Biosolids FY2010 - 2014 Permits Distribution By Acreage

| # | County Name | FY2010to2014 | Area(mi²) |
|---|-------------|--------------|-----------|
| 1 | Talbot | 3,884.10 | N/A |

Biosolids FY2009 Permits Expired Distribution By Acreage

| # | County Name | FY2009 | Area(mi²) |
|---|-------------|---------|-----------|
| 1 | Talbot | No Data | N/A |

Biosolids FY 2020 and Current Permit Distribution By Percent Coverage

| # | County Name | FY2020andAfter | Area(mi²) | |
|---|-------------|----------------|-----------|--|
| 1 | Talbot | 2,395.40 | N/A | |

Biosolids FY2015 - 2019 Permit Distribution By Percent Coverage

| # | County Name | FY2015to2019 | Area(mi²) |
|---|-------------|--------------|-----------|
| 1 | Talbot | 2,119.40 | N/A |

Biosolids FY2010 - 2014 Permit Distribution By Percent Coverage

| | # | County Name | FY2010to2014 | Area(mi²) |
|---|---|-------------|--------------|-----------|
| 1 | 1 | Talbot | 3,884.10 | N/A |

Biosolids FY2009 Expired Permit Distribution By Percent Coverage

| | # | County Name | FY2009 | Area(mi²) |
|---|---|-------------|---------|-----------|
| ſ | 1 | Talbot | No Data | N/A |

10 Miles from Landfill

| # | County | Туре | 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_GRIDE | PERMITNUMB | EXPIRATION | Area(mi²) |
|---|-----------|---------------|--------------------|-----------|
| 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_Phon | Contact_2_Emai | URL | Area(mi²) |
|---|---------------------------------|---------------------|----------------|-----------------------------------|-----------|----------------|----------------|-------------------------------------|-----------|
| 1 | Twin Maples Compost Facility | Ryan Slack | (336) 207-9310 | rslack@midatlanti corganic.com | No Data | No Data | No Data | https://midatlantic organic.com/ | N/A |

© MDE



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 McCornell

Kyle McConnell

Environmental Manager

Mountaire Farms

Mountaire Farms of Delaware Inc. – Preston Grain Facility

Equipment List

West Side

Grain Storage

| Identification | No. of Bushels |
|---------------------------------|----------------|
| 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

| Identification | No. of Bushels | |
|-------------------------------------|----------------|--|
| 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

| Identification | No. of Bushels / Hour |
|-------------------------|-----------------------|
| Grain Dryer 1 (Propane) | 6,000 |
| Grain Dryer 2 (Propane) | 2,500 |

Truck Receiving Pit

| Identification | No. of Bushels |
|-----------------------------------|----------------------------|
| 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

| Identification | No. of Bushels / Hour |
|-----------------------------|-----------------------|
| 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

| Identification | Туре |
|----------------|----------------------------|
| 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

| Identification | No. of Bushels / Hour |
|----------------|-----------------------|
| #11/12/13/14 | 6,000 |
| #15/16 | 15,000 |
| #17 | 15,000 |

Drags

| Identification | No. of Bushels / Hour |
|------------------------|-----------------------|
| 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

| Identification | No. of Bushels / Hour |
|----------------|-----------------------|
| (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

| Identification | No. of Bushels / Hour |
|-----------------------|-----------------------|
| #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

| Identification | No. of Bushels / Hour |
|----------------|-----------------------|
| 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

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

Grain Elevator Legs

| Identification | No. of Bushels / Hour |
|-----------------------------|-----------------------|
| Grain Receiving Leg – Leg 6 | 8,500 |
| Elevator Leg 7 | 10,000 |

Grain Turn Heads

| Identification | Туре |
|----------------|----------------------------|
| Turn Head 4 | 5-hole flat back turn head |
| Turn Head 6 | 3-hole flat back turn head |

Overhead Grain Transfer Drags

| Identification | No. of Bushels / Hour |
|--------------------------|-----------------------|
| 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

| Identification | No. of Bushels / Hour |
|----------------|-----------------------|
| #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

| Identification | No. of Bushels |
|------------------------------------|----------------|
| 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 |
| Total Grain Storage (East Side) | 3,585,000 |

Mechanical Load Outs

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

Gravity Loadouts

| Identification | No. of Bushels / Hour |
|----------------|-----------------------|
| 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

| Identification | No. of Bushels / Hour |
|---|-----------------------|
| #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

| Identification | No. of Bushels / Hour |
|------------------------------|-----------------------|
| Load in Hamilton Belt System | 10,000 |
| Loadout Hamilton Belt System | 10,000 |

Facility Potential Emissions:

| 1317 | | 77.28 | | | 21570 | | 9 | gdyercontasti | Total tarsaferissians (excluding dyer can hustian) | Total torsofe |
|-----------------|-----------------------------------|-----------------|--------------------------|------------------------|---------------------|--------------------|-------------------|---------------|--|------------------|
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| οω | 0005 | 000 | 0038 | | 000 | 0.15 | | ΩΟ | Bagenairekg | |
| αω | GCOD | αω | 00073 | | 000 | 0029 | | QO | Bageurbadoort | { ! |
| αω | acors | 000 | 00078 | | 000 | 0022 | | QO | 湿 | D |
| ΩΩ | acons | αω | 0,0078 | | αω | 0005 | | QO | Truckhapper | |
| 300 | 001 | 17.70 | OCED O | | 5400 | 0.18 | | ഞ്ഞാ | Truckstraigt | |
| מסבילו אומ | | ыдат | | | pd2000 | | | ഞ്ഞേയാ | | |
| (tan/sear) | (lbta) | (tar/year) | (lbfar) | (%cartrd) | (laskyeer) | (lbta) | (%artrd) | (ന്മാട്യക്കു) | Activity | 8 |
| Enissions | Factor | Enissians | Fado: | Efficiency | HVIETISBICTS | Fado | Bliderby | Capacity | | |
| HW ₅ | FM₂, Enission | HW ₀ | FM _ω Eπissiαn | FM ₆ Carted | | PVIErission | HVICantrol | Maximum | | |
| _ | ד | ד | 9 | ſ | Φ | Ω | O | σ | מ | |
| 420 apter 991 | Sureutesdhwiserded EAAP42Opper991 | œurlessdhaw | <u>Su</u> | | | | | ssions | Grain elevator potential emissions | Grain elevato |

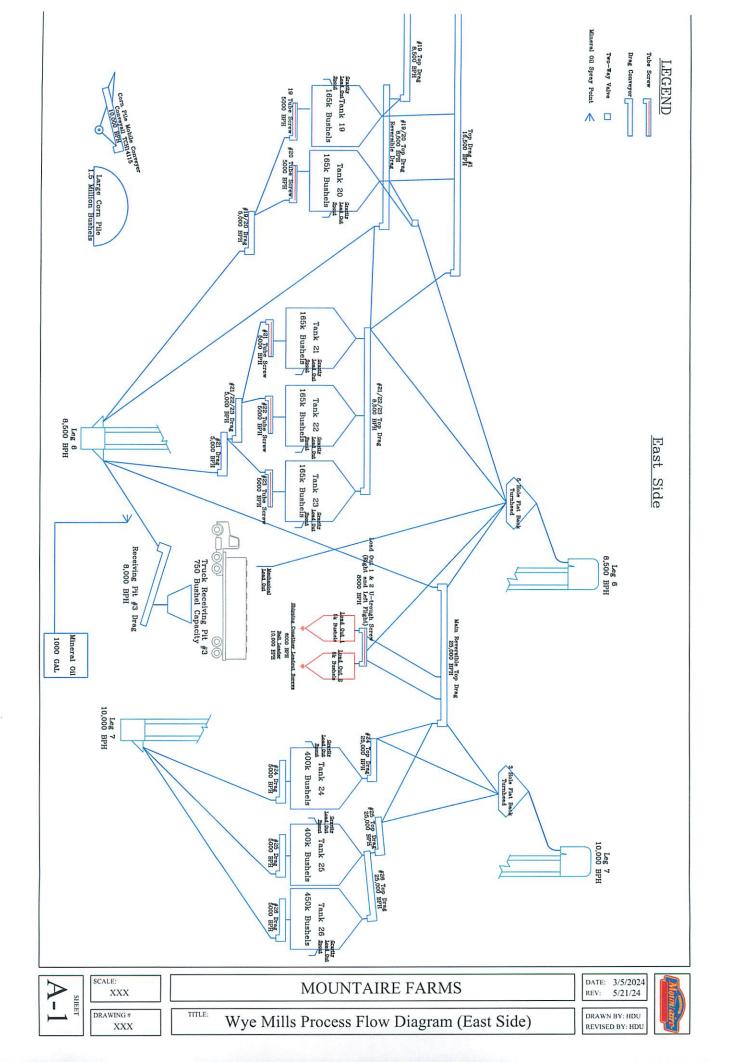
Actual Air Emissions with Control Efficiencies:

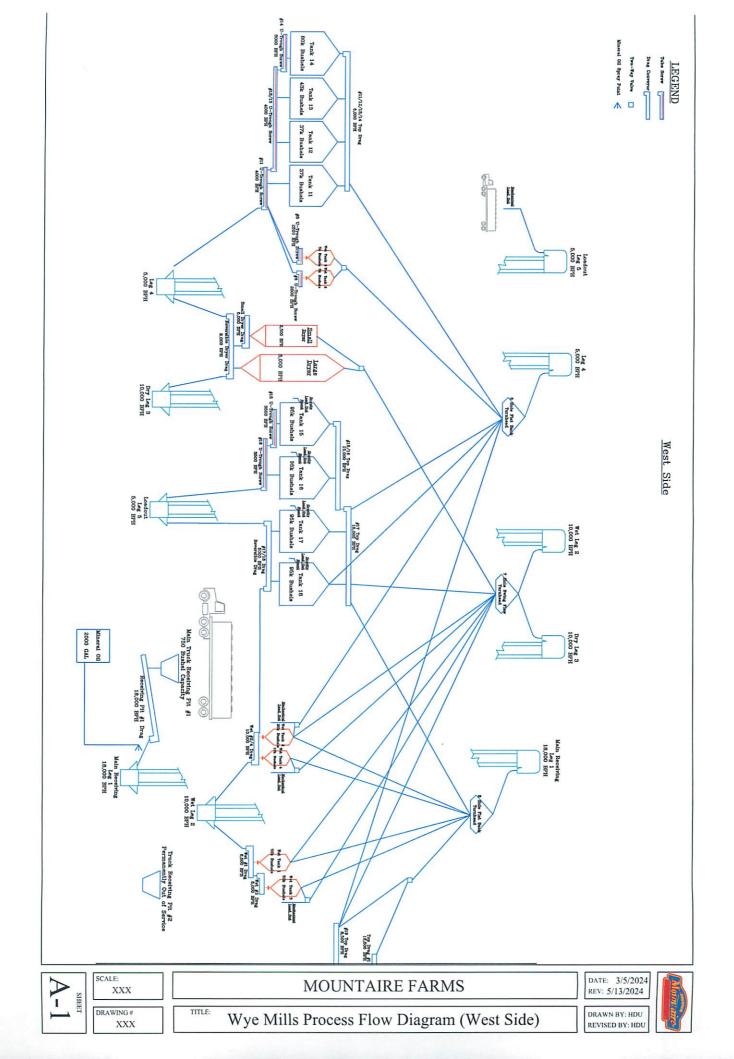
| Tdal tarsenissians (edular gan busion for mayes) | Glum 600,000 60% | GeinDyirg Rack(-somest) 0% | Rack 0% | SageBn(vert) 1,200,0000 60% | Gandearing 0% | Hadrase&Harding 1,800,000 60% | Sip 0% | Stipping Barge 0% | Leacht/ Railcar 0% | Tindkursperified 600,0000 60% | Stip 0% | Bagenairekg 0% | Bageuroadcort 0% | Rail 0% | Tirudk (1933)20 0% | Tinuk straight 600,0000 88% | | (tars/ser) (%cartd) | Activity Throughput Efficiency | Adual RVICarted | D C |
|--|------------------|----------------------------|---------|-----------------------------|---------------|-------------------------------|--------|-------------------|--------------------|-------------------------------|---------|----------------|------------------|---------|--------------------|-----------------------------|--------------|---------------------|--------------------------------|--------------------------|-----|
| | 022 | 047 | w | 0025 | 03/5 | 0061 | 0048 | 0016 | 0027 | 0086 | 0.15 | 0.15 | 0000 | 0032 | 0035 | 0.18 | | (lbtar) | Fador | RVEnission | a. |
| 7278 | 2640 | 000 | 000 | 600 | 000 | 21.96 | 000 | 000 | 000 | 1032 | 000 | 000 | 000 | 000 | 000 | 810 | ba(1-c)/2000 | (ന്മാർക്കു) | HVIETIBBOTS | | Ф |
| | 60% | 0% | 0% | 60% | 0% | 60% | 0% | 0% | 0% | 60% | 0% | 0% | 0% | 0% | 0% | 88% | | (%artid) | Elliderby | FM _b Cantrol | - |
| | aces | 072 | 075 | ooos | 0005 | 0034 | 0012 | 0004 | 00022 | 0029 | 0038 | acces | 00073 | 8000 | 8/000 | OCES | | (lbtar) | Fador | FM _o Enission | 9 |
| 2649 | 680 | 000 | 000 | 151 | 000 | 1521 | 000 | 000 | 000 | 348 | 000 | 000 | 000 | 000 | 000 | 266 | bg(14)200 | (tan/sear) | Enissions | PMP 0 | ъ |
| | 00094 | 900 | 013 | 00011 | 0016 | occes | 00022 | comes | OCCUSE | GKODO | 0005 | 0005 | GOODS | OCOTS | OCOTS | 001 | | (lbtar) | Fador | FM25 Enission | 5 |
| 452 | 1.13 | 000 | 000 | 026 | 000 | 209 | 000 | 000 | 000 | Q59 | 000 | 000 | 000 | 000 | 000 | 0.45 | שהלוא/אמס | (tankear) | Enissians | FM ₂₅ | |

| | а | b | С | d | е | | |
|------------------|------------------|----------------------------|-----------------------|--|-----------------|------------------------|-------------------------|
| Pollutant | GWP ¹ | Dryer hourly propane usage | Actual propane burned | Hours in a Year | Emission Factor | Potential Emissions | Actual Emissions |
| | | (gal/hr) | (gal/yr) | (hr/yr) | (lb/gal) | (ton/yr) | (tons/yr) |
| | | (Btu/hr) / (91500 Btu/gal) | | 24 hrs/day * 365 days/yr | | (b * d * e) / 2000 | (c*e)/2000 |
| | | 723.50 | 38138.80 | 8760 | by pollutant | | |
| Criteria Air Po | llutants | | | | | 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 C | as Emis | sions | | | | Source: 40 CFR 98, Sub | p. C, Table C-1 and C-2 |
| CO ₂ | 1 | | | | 12.40 | 39287.94 | 236.42 |
| CH₄ | 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 | Pollutar | its | | | | Source: | EPA AP-42 Chapter 1.4 |
| Benzene | | | | | 0.0000000772 | 0.0002 | 0.0000 |
| Formaldehyde | | | | | 0.0000028 | 0.0087 | 0.0001 |
| Hexane | | | | i | 0.0000662 | 0.2098 | 0.0013 |
| Naphthalene | | | | | 0.00000002243 | 0.0001 | 0.0000 |
| Toluene | | | | | 0.000001250 | 0.0004 | 0.0000 |
| Arsenic | | | | | 0.0000000736 | 0.0000 | 0.0000 |
| Beryllium | | | | | 0.000000000441 | 0.0000 | 0.0000 |
| Cadmium | | | | | 0.000000405 | 0.0001 | 0.0000 |
| Chromium | | | | | 0.000000515 | 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 | | | | | 0.000000772 | 0.0002 | 0.0000 |
| Selenium | | | | | 0.00000000883 | 0.0000 | 0.0000 |
| | | | | HAP total | | 0.2199 | 0.0013 |

| Propane pote | ntial and | actual emissions | | | | | |
|------------------|--|--|--------------------------|--|-----------------|------------------------|-----------------------|
| | а | b | С | d | е | | |
| Pollutant | GWP ¹ | Dryer hourly propane usage | Actual propane burned | Hours in a Year | 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) | (ton/yr) | (tons/yr) |
| | | 150.82 | 38138.80 | 8760 | by pollutant | (b * d * e) / 2000 | (c * e) / 2000 |
| riteria Air Po | llutants | 100.02 | 00100.00 | 0100 | Бу ролиция | Source: | EPA AP-42 Chapter 1 |
| PM | | | | | 0.0007 | 0.46 | 0.01 |
| PM10 | | | | Ì | 0.0007 | 0.46 | 0.01 |
| . PM2.5 | | | | | 0.0007 | 0.46 | 0.01 |
| SOx | | | | | 0.00018 | 0.12 | 0.00 |
| NOx | | | | i | 0.0130 | 8.59 | 0.25 |
| voc | | | | | 0.0010 | 0.66 | 0.02 |
| СО | | | | | 0.0075 | 4.95 | 0.14 |
| Lead | | | | | n/a | | |
| Freenhouse (| Gas Emis | sions | | | | Source: 40 CFR 98, Sub | p. C, Table C-1 and C |
| CO ₂ | 1 | | | | 12.40 | 8189.93 | 236.42 |
| CH₄ | 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 |
| lazardous Air | Pollutar | nts | | | | Source: | EPA AP-42 Chapter 1 |
| Benzene | | | | | 0.000000772 | 0.0001 | 0.0000 |
| Formaldehyde | | | | | 0.0000028 | 0.0018 | 0.0001 |
| Hexane | | | | | 0.0000662 | 0.0437 | 0.0013 |
| Naphthalene | | | | | 0.00000002243 | 0.0000 | 0.0000 |
| Toluene | | | | | 0.000001250 | 0.0001 | 0.0000 |
| Arsenic | | | | | 0.00000000736 | 0.0000 | 0.0000 |
| Beryllium | | | | | 0.000000000441 | 0.0000 | 0.0000 |
| Cadmium | | | | | 0.0000000405 | 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 | | | | | 0.000000000883 | 0.0000 | 0.0000 |
| | THE PARTY NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PARTY NAMED IN | | | HAP total | | 0.0458 | 0.0013 |

| Pollutant | Grain Elevator | Feed Mill | Natural Gas | Propane | Fugitive | Actual Emissions | |
|---------------------|----------------|-----------|-------------|----------|----------|------------------|--|
| | (ton/yr) | (ton/yr) | (ton/yr) | (ton/yr) | (ton/yr) | (ton/yr) | |
| Criteria Air Pollut | ants | | | | | | |
| 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 | |
| СО | | | | 0.42 | | 0.42 | |
| Lead | 1 | | | | | 0.00 | |
| Greenhouse Gas | Emissions | | | | | | |
| CO ₂ | | | | 236.42 | | 472.84 | |
| CH₄ | | | | 0.00 | | 0.0076 | |
| N₂O | | | | 0.00 | | 0.0080 | |
| GHG Total CO₂e | | | | 236.63 | | 473.26 | |
| Hazardous Air Po | llutants | | | | | | |
| 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 | |







CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/29/2024

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

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

| this certificate does not confer ri | ghts to the certificate holder in lieu of s | uch endorseme | nt(s). | | |
|---|---|--------------------------|-----------------------------|-------------------|--------------|
| PRODUCER | | CONTACT NAME: | Cheri Johnson | | |
| Stephens Insurance, LLC | • | PHONE (A/C, No. Ext): | (501)377-6319 | FAX (A/C, No): | |
| 111 Center Street, Suite 100 Little Rock, AR 72201 | • | E-MAIL ADDRESS: | cheri.johnson@stephens | | _ |
| | | | INSURER(S) AFFORDING COVER | RAGE | NAIC# |
| www.stephensinsurance.com | | INSURER A : Har | tford Fire Insurance Compar | ny | 19682 |
| INSURED | | INSURER B : Pro | perty & Casualty Insurance | Co. of Hartford | 34690 |
| Mountaire Farms Inc. P. O. Box 710 | | INSURER C : Nav | 42307 | | |
| Selbyville DE 19975 | | INSURER D : Twit | n City Fire Insurance Compa | iny | 29459 |
| • | | INSURER E : | | | |
| | | INSURER F: | | | |
| COVERAGES | CERTIFICATE NUMBER: 78865374 | | REVISION | NUMBER: | |
| THIS IS TO CERTIFY THAT THE PO | LICIES OF INSURANCE LISTED BELOW HA | VE BEEN ISSUE | TO THE INSURED NAMED | ABOVE FOR THE P | OLICY PERIOD |

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 | ADDLS | SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | 'S |
|-------------|----------|---|--------|------|---|----------------------------|----------------------------|--|-------------|
| D | 7 | COMMERCIAL GENERAL LIABILITY | | | 38ECSS71202 | 3/1/2024 | 3/1/2025 | EACH OCCURRENCE | \$1,000,000 |
| i | | CLAIMS-MADE / OCCUR | | | \$1,000,000 Limit excess | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$1,000,000 |
| l | ✓ | Contractual | | | of \$1,000,000 SIR | | | MED EXP (Any one person) | \$ 10,000 |
| l | 1 | \$1,000,000 SIR | l 1 | | | | | PERSONAL & ADV INJURY | \$1,000,000 |
| | GEN | I'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$2,000,000 |
| | | POLICY PRO- LOC | | | | | | PRODUCTS - COMP/OP AGG | \$4,000,000 |
| | | OTHER: | | | | | | | \$ |
| Α | AUT | OMOBILE LIABILITY | | | 38CSES71201 | 3/1/2024 | 3/1/2025 | COMBINED SINGLE LIMIT (Ea accident) | \$5,000,000 |
| i | \angle | ANY AUTO | | | \$250,000. Deductible | | | BODILY INJURY (Per person) | \$ |
| | | OWNED SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| l | √ | AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | | \$ |
| С | \ | UMBRELLA LIAB / OCCUR | | | CH23UMRZ07CYGIV | 3/1/2024 | 3/1/2025 | EACH OCCURRENCE | \$5,000,000 |
| | | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$5,000,000 |
| | | DED ✓ RETENTION \$10,000 | | | | | | | \$ |
| В | | KERS COMPENSATION EMPLOYERS' LIABILITY | | | 38WNS71200 | 3/1/2024 | 3/1/2025 | ✓ PER OTH- STATUTE ER | |
| İ | ANY | PROPRIETOR/PARTNER/EXECUTIVE | N/A | | \$500,000. Deductible | | | E.L. EACH ACCIDENT | \$1,000,000 |
| | (Man | datory in NH) | "'^ | | | | | E.L. DISEASE - EA EMPLOYEE | \$1,000,000 |
| | If yes | s, describe under CRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$1,000,000 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| DE60 | POIDT | ION OF OPERATIONS (LOCATIONS / VEHICL | ES IAC | CORD | 101 Additional Demarks Schodule, may be | a attached if mor | e enace le requir | ed) | |

| 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: | kmcconnell@mountaire.com |
| DES | SCRIPTION 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.

| \boxtimes | Application package cover letter describing the proposed project | | | | | | |
|-------------|--|--------|--|--|--|--|--|
| \boxtimes | Complete application forms (Note the number of forms included or NA if no applicable.) | ot | | | | | |
| | No. 1 Form 5 No. NA Form 11 No. NA Form 5T No. NA Form 41 No. NA Form 5EP No. NA Form 42 No. NA Form 6 No. NA Form 44 No. NA Form 10 | | | | | | |
| | Vendor/manufacturer specifications/guarantees | | | | | | |
| \boxtimes | Evidence of Workman's Compensation Insurance | | | | | | |
| \boxtimes | Process flow diagrams with emission points | | | | | | |
| \boxtimes | Site plan including the location of the proposed source and property boundary | | | | | | |
| \boxtimes | Material balance data and all emissions calculations | | | | | | |
| | Material Safety Data Sheets (MSDS) or equivalent information for material processed and manufactured. | S | | | | | |
| | Certificate of Public Convenience and Necessity (CPCN) waiver document from the Public Service Commission (1) | ation | | | | | |
| | Documentation that the proposed installation complies with local zoning an use requirements ⁽²⁾ | d land | | | | | |
| | (1) Required for emergency and non-emergency generators installed on or af | ter | | | | | |

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 I

| | | Initial Registration |
|--|---|--|
| 1A. Owner of Equipment/Company Name | 9 | DO NOT WRITE IN THIS BLOCK |
| Mountaire Farms of Delaware Inc Wye N | | 2. REGISTRATION NUMBER |
| Mailing Address | | |
| P.O. Box 1320 | | County No. Premises No. |
| Street Address | | |
| Millsboro Delaware | 19966 | 1-2 3-6 |
| City State | Zip | Registration Class Equipment No. |
| | SSS.* 1 | |
| Telephone Number | | 7 8-11 |
| (<u>302</u>) <u>841-4629</u> | | Data Year |
| Signature / M O / | | Committee of the commit |
| Signature | | |
| 4 miles White | | 12-13 Application Date |
| | | |
| Phillip Plylar - President | | 5-22-2024 Date |
| Print Name and Title | | Date |
| 1B. Equipment Location and Telephone | Number (if different from | om above) |
| 14209 Old Wye Mills Road | Transact (in uniforcite in | o a o., |
| Street Number and Street Name | | |
| 147 1491 | | |
| VVve Mills Marviai | nd 21 | 679 / 302 \ 841-4629 |
| Wye Mills Marylar City/Town State | | 679 (302) 841-4629 Zip Telephone Number |
| City/Town State | | |
| City/Town State Mountaire Farms of Delaware Inc W | | |
| City/Town State Mountaire Farms of Delaware Inc W Premises Name (if different from above) | ye Mills Grain Facility | Zip Telephone Number |
| City/Town State Mountaire Farms of Delaware Inc W Premises Name (if different from above) 3. Status (A= New, B= Modification to Ex | /ye Mills Grain Facility cisting Equipment, C= I | Zip Telephone Number Existing Equipment) |
| City/Town State Mountaire Farms of Delaware Inc W Premises Name (if different from above) 3. Status (A= New, B= Modification to Ex New Construction | /ye Mills Grain Facility cisting Equipment, C= I New Construction | Telephone Number Existing Equipment) Existing Initial |
| City/Town State Mountaire Farms of Delaware Inc W Premises Name (if different from above) 3. Status (A= New, B= Modification to Ex | /ye Mills Grain Facility cisting Equipment, C= I | Telephone Number Existing Equipment) Existing Initial |
| City/Town State Mountaire Farms of Delaware Inc W Premises Name (if different from above) 3. Status (A= New, B= Modification to Ex New Construction | /ye Mills Grain Facility cisting Equipment, C= I New Construction | Telephone Number Existing Equipment) Existing Initial |
| City/Town State Mountaire Farms of Delaware Inc W Premises Name (if different from above) 3. Status (A= New, B= Modification to Ex New Construction | /ye Mills Grain Facility cisting Equipment, C= I New Construction | Telephone Number Existing Equipment) Existing Initial |
| Mountaire Farms of Delaware Inc W Premises Name (if different from above) 3. Status (A= New, B= Modification to Ex New Construction Status Begun (MM/YY) C 15 16-19 | /ye Mills Grain Facility isting Equipment, C= I New Construction Completed (MM/Y) 20-23 | Existing Equipment) Existing Initial Y) Operation (MM/YY) 20-23 |
| City/Town State Mountaire Farms of Delaware Inc W Premises Name (if different from above) 3. Status (A= New, B= Modification to Ex New Construction Begun (MM/YY) C 15 16-19 4. Describe this Equipment: Make, Model | /ye Mills Grain Facility isting Equipment, C= I New Construction Completed (MM/Y) 20-23 | Existing Equipment) Existing Initial Y) Operation (MM/YY) 20-23 |
| Mountaire Farms of Delaware Inc W Premises Name (if different from above) 3. Status (A= New, B= Modification to Ex New Construction Status Begun (MM/YY) C 15 16-19 | /ye Mills Grain Facility isting Equipment, C= I New Construction Completed (MM/Y) 20-23 , Features, Manufacturer | Existing Equipment) Existing Initial Y) Operation (MM/YY) 20-23 |
| City/Town State Mountaire Farms of Delaware Inc W Premises Name (if different from above) 3. Status (A= New, B= Modification to Ex New Construction Begun (MM/YY) C 15 16-19 4. Describe this Equipment: Make, Model | /ye Mills Grain Facility isting Equipment, C= I New Construction Completed (MM/Y) 20-23 , Features, Manufacturer See attached. | Existing Equipment) Existing Initial Y) Operation (MM/YY) 20-23 (include Maximum Hourly Input Rate, etc.) |
| City/Town State Mountaire Farms of Delaware Inc W Premises Name (if different from above) 3. Status (A= New, B= Modification to Ex New Construction Begun (MM/YY) C 15 4. Describe this Equipment: Make, Model Facility Grain Drags 5. Workmen's Compensation Coverage | /ye Mills Grain Facility isting Equipment, C= I New Construction Completed (MM/Y) 20-23 , Features, Manufacturer | Existing Equipment) Existing Initial Y) Operation (MM/YY) 20-23 |
| City/Town State Mountaire Farms of Delaware Inc W Premises Name (if different from above) 3. Status (A= New, B= Modification to Ex New Construction Begun (MM/YY) C 15 4. Describe this Equipment: Make, Model Facility Grain Drags 5. Workmen's Compensation Coverage Company NOTE: Before a Permit to Construct may be issue | /ye Mills Grain Facility Existing Equipment, C= I New Construction Completed (MM/Y) 20-23 In Features, Manufacturer See attached. Binder/Policy Number Binded by the Department, the ap | Existing Equipment) Existing Initial Operation (MM/YY) 20-23 (include Maximum Hourly Input Rate, etc.) Expiration Date Oplicant must provide the Department with proof of |
| City/Town State Mountaire Farms of Delaware Inc W Premises Name (if different from above) 3. Status (A= New, B= Modification to Ex New Construction Begun (MM/YY) C 15 4. Describe this Equipment: Make, Model Facility Grain Drags 5. Workmen's Compensation Coverage Company NOTE: Before a Permit to Construct may be issue | /ye Mills Grain Facility Existing Equipment, C= I New Construction Completed (MM/Y) 20-23 In Features, Manufacturer See attached. Binder/Policy Number Binded by the Department, the ap | Existing Equipment) Existing Initial Operation (MM/YY) 20-23 (include Maximum Hourly Input Rate, etc.) |
| City/Town State Mountaire Farms of Delaware Inc W Premises Name (if different from above) 3. Status (A= New, B= Modification to Ex New Construction Begun (MM/YY) C 15 4. Describe this Equipment: Make, Model Facility Grain Drags 5. Workmen's Compensation Coverage Company NOTE: Before a Permit to Construct may be issue worker's compensation coverage as | /ye Mills Grain Facility Existing Equipment, C= I New Construction Completed (MM/Y) 20-23 In Features, Manufacturer See attached. Binder/Policy Number Binder/Policy Number Binder Section 1-20 | Existing Equipment) Existing Initial Operation (MM/YY) 20-23 (include Maximum Hourly Input Rate, etc.) Expiration Date plicant must provide the Department with proof of 2 of the Worker's Compensation Act. |
| City/Town State Mountaire Farms of Delaware Inc W Premises Name (if different from above) 3. Status (A= New, B= Modification to Ex New Construction Begun (MM/YY) C 15 4. Describe this Equipment: Make, Model Facility Grain Drags 5. Workmen's Compensation Coverage Company NOTE: Before a Permit to Construct may be issue | /ye Mills Grain Facility Existing Equipment, C= I New Construction Completed (MM/Y) 20-23 In Features, Manufacturer See attached. Binder/Policy Number The design of the Department, the application of the Policy Number The required under Section 1-2006 The ment Units to be Register. | Existing Equipment) Existing Initial Operation (MM/YY) 20-23 (include Maximum Hourly Input Rate, etc.) Expiration Date Oplicant must provide the Department with proof of 2 of the Worker's Compensation Act. Stered/Permitted at this Time 13 |

| 7. Person Installing this Equipment (if different from Number 1 on Page 1) NameTitle |
|--|
| Company |
| Mailing Address/Street |
| City/TownState |
| 8. Major Activity, Product or Service of Company at this Location |
| Grain Elevator - receives, drys and ships all grains. |
| |
| |
| |
| |
| 9. Control Devices Associated with this Equipment |
| None |
| 24-0 |
| Simple/Multiple Spray/Adsorb Venturi Carbon Electrostatic Baghouse Thermal/Catalytic Dry |
| Cyclone Tower Scrubber Adsorber Precipitator Afterburner Scrubber |
| |
| 24-1 24-2 24-3 24-4 24-5 24-6 24-7 24-8 |
| Other |
| |
| Describe Mineral oil applied to all grains recevied. 24-9 |
| 10. Annual Fuel Consumption for this Equipment |
| OIL-1000 GALLONS SULFUR % GRADE NATURAL GAS-1000 FT ³ LP GAS-100 GALLONS GRADE |
| |
| 26-31 32-33 34 35-41 42-45 |
| COAL- TONS SULFUR % ASH% WOOD-TONS MOISTURE % |
| |
| 46-52 53-55 56-58 59-63 64-65 |
| OTHER FUELS 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 |
| |
| 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 |

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| 12. Equivalent Stack Innforma | tion- is Exhaust through [| oors, Windows | s, etc. On | ly? (Y/N) | |
|--|-------------------------------|------------------|---------------|----------------------|---|
| | | | | | |
| | | | | 85 | |
| If not, then Height Avove Grou | nd (FT) Inside Diameter at To | p Exit Tempe | rature (°F) | Exit Velocity (I | FT/SEC) |
| | | | | | |
| 90.00 | | | | | |
| 86-88 | 89-91 | 92- | 95 | 96-98 | |
| | NOTE: | | | | |
| Attach a block diagram of pr | ocess/process line, indica | iting new equip | ment as | reported on this | form |
| and all existing | equipment, including con | trol devices and | l emissio | n points. | |
| 42 Innut Metarials (for this are | viewant auto) | | | | |
| 13. Input Materials (for this equals any of this data to be co | neidered confidential? | (Y or N) | | | |
| is any or this data to be co | iisidered comidential? | (1 O(14) | INPI | T RATE | |
| NAME | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. 9. | | | | | <u> </u> |
| TOTAL | <u> </u> | | | - | l |
| IOIAL | | | | | |
| 44 6 4 488 4 1 4 4 11 1 | | | | | 1 |
| 14. Output Materials (for this e | auipment) | | | | |
| 14. Output Materials (for this e Process/Product Stream | quipment) | | | | |
| Process/Product Stream | | | | PUT RATE | |
| Process/Product Stream NAME | CAS NO. (IF APPLICABLE) | PER HOUR | OUTF UNITS | PUT RATE PER YEAR | UNITS |
| Process/Product Stream NAME 1. | | PER HOUR | | | UNITS |
| Process/Product Stream NAME 1. 2. | | PER HOUR | | | UNITS |
| NAME 1. 2. 3. | | PER HOUR | | | UNITS |
| NAME 1. 2. 3. 4. | | PER HOUR | | | UNITS |
| NAME 1. 2. 3. 4. 5. | | PER HOUR | | | UNITS |
| NAME 1. 2. 3. 4. | | PER HOUR | | | UNITS |
| NAME 1. 2. 3. 4. 5. 6. | | PER HOUR | | | UNITS |
| NAME 1. 2. 3. 4. 5. 6. 7. | | PER HOUR | | | UNITS |
| NAME 1. 2. 3. 4. 5. 6. 7. | | PER HOUR | | | UNITS |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL | CAS NO. (IF APPLICABLE) | PER HOUR | | | UNITS |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL | CAS NO. (IF APPLICABLE) | | OUTF | PER YEAR | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL 15. Waste Streams - Solid and I | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL | CAS NO. (IF APPLICABLE) | | OUTF | PER YEAR | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL 15. Waste Streams - Solid and I | CAS NO. (IF APPLICABLE) | | OUTF | PER YEAR | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL 15. Waste Streams - Solid and I NAME 1. 2. | CAS NO. (IF APPLICABLE) | | OUTF | PER YEAR | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL 15. Waste Streams - Solid and I NAME 1. 2. 3. | CAS NO. (IF APPLICABLE) | | OUTF | PER YEAR | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL 15. Waste Streams - Solid and I NAME 1. 2. 3. 4. 5. 6. | CAS NO. (IF APPLICABLE) | | OUTF | PER YEAR | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL 1. 2. 3. 4. 5. 6. 7. 7. 7. 7. 7. 7. 7 | CAS NO. (IF APPLICABLE) | | OUTF | PER YEAR | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL 15. Waste Streams - Solid and I NAME 1. 2. 3. 4. 5. 6. 7. 8. 5. 6. 7. 8. 8. 9. 7. 8. 9. 7. 8. 9. 7. 8. 9. 9. 9. 9. 9. 9. 9 | CAS NO. (IF APPLICABLE) | | OUTF | PER YEAR | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL 1. 2. 3. 4. 5. 6. 7. 7. 7. 7. 7. 7. 7 | CAS NO. (IF APPLICABLE) | | OUTF | PER YEAR | |

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| 16. Total Stack Emissions (for this | equipment only) in Pounds | s Per Operating Day |
|---------------------------------------|-----------------------------|--|
| Particulate Matter | Oxides of Sulfur | Oxides of Nitrogen |
| | | |
| 99-104 | 105-110 | 111-116 |
| Carbon Monoxide | Volatile Organic Compounds | PM-10 |
| | | |
| 177-122 | 123-128 | 129-134 |
| 17. Total Fugitive Emissions (for the | nis equipment only) in Pour | nds Per Operating Day |
| Particulate Matter | Oxides of Sulfur | Oxides of Nitrogen |
| See attached air emmissions | 140-144 | 145-149 |
| Carbon Monoxide | Volatile Organic Compounds | PM-10 |
| | | |
| 150-154 | 155-159 | 160-164 |
| Method Used to Determine Emission | ons (1= Estimate 2= E | mission Factor 3= Stack Test 4= Other) |
| TSP SOX | NOX CO | VOC PM10 |
| | | |
| 165 166 | 167 168 | 169 170 |
| AIR AND RADIAT | TION MANAGEMENT ADMIN | IISTRATION USE ONLY |
| 18. Date Rec'd. Local Date | | turn to Local Jurisdiction |
| Reviewed by Local Jurisdic | | ed by State |
| 19. Inventory Date Month/Ye | ear Equipment Code | SCC Code |
| 171-17 | 4 175-177 | 178-185 |
| 20. Annual | Maximum Design Per | mit to Operate I ransaction Date |
| Operating Rate | Hourly Rate | Month (MM/DD/YR) |
| 186-192 | 193-199 | 200-201 202-207 |
| Staff Code VOC Code | SIP Code Regul | ation Code Confidentiality |
| | on oode Regul | |
| 208-210 211 212 | | 215-218 219 |
| 208-210 211 212 | | |

Form Number: 5

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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: | kmcconnell@mountaire.com |
| DES | CRIPTION 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 | ceach item that you have submitted as part of | your application package. |
|-------------|---|---|
| | Application package cover letter describing the | ne proposed project |
| \boxtimes | Complete application forms (Note the numbe applicable.) | r of forms included or NA if not |
| | No. NA Form 5T I | No. NA Form 11 No. NA Form 41 No. NA Form 42 No. NA Form 44 |
| \boxtimes | Vendor/manufacturer specifications/guarante | es |
| \boxtimes | Evidence of Workman's Compensation Insur- | ance |
| \boxtimes | Process flow diagrams with emission points | |
| \boxtimes | Site plan including the location of the propose | ed source and property boundary |
| \boxtimes | Material balance data and all emissions calcu | ulations |
| | Material Safety Data Sheets (MSDS) or equiverprocessed and manufactured. | valent information for materials |
| | Certificate of Public Convenience and Neces from the Public Service Commission (1) | sity (CPCN) waiver documentation |
| | Documentation that the proposed installation use requirements ⁽²⁾ | complies with local zoning and land |
| | (1) Required for emergency and non-emerge 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 Undate Initial Registration

| 7 5111111 10 0011311 1101 | | mida registration = |
|---|------------------------------|---|
| 1A. Owner of Equipment/Company Name | 9 | DO NOT WRITE IN THIS BLOCK |
| Mountaire Farms of Delaware Inc. | | 2. REGISTRATION NUMBER |
| Mailing Address | | County No. Premises No. |
| P.O. Box 1320 | | County No. Premises No. |
| Street Address | | |
| MIllsboro Delaware | 19966 | 1-2 3-6 |
| City State | Zip | Registration Class Equipment No. |
| Telephone Number | | |
| (302) 841-4629 | | 7 8-11 |
| (302) 041-4029 | | Data Year |
| Signature / / M o a / | | |
| | | 10.10 |
| 4 Mily The far | | 12-13 Application Date |
| | | |
| Phillip Plylar - President | | 5-22-24 Date |
| Print Name and Title | | Date |
| 1B. Equipment Location and Telephone | Number (if different fro | om above) |
| 14209 Old Wye Mills Road | (1 | |
| Street Number and Street Name | | |
| Wye Mills Marylar | nd 21 | 679 (302)841-4629 |
| City/Town State | | Zip Telephone Number |
| | | |
| Mountaire Farms of Delaware Inc W | ye Mills Grain Facility | |
| Premises Name (if different from above) | | |
| 3. Status (A= New, B= Modification to Ex | isting Equipment, C= I | Existing Equipment) |
| New Construction | New Construction | • |
| Status Begun (MM/YY) | Completed (MM/Y) | () Operation (MM/YY) |
| | | |
| 15 16-19 | 20-23 | 20-23 |
| 4.5 | | |
| Describe this Equipment: Make, Model, Multiple grain elevator legs - See attahced ESA | | (include Maximum Hourly Input Rate, etc.) |
| Multiple grain elevator legs - See attanced ESA | | |
| 5. Workmen's Compensation Coverage | See attached. | |
| | Binder/Policy Number | Expiration Date |
| CompanyNOTE: Refore a Permit to Construct may be issue | ed by the Department, the ap | olicant must provide the Department with proof of |
| worker's compensation coverage as | | |
| 6A Number of Bioges of Identical Equipme | nont Unito to ha Daria | torod/Parmittad at this Time 7 |
| 6A. Number of Pieces of Identical Equipment | nent onits to be kegis | tereu/Permitteu at tills Tillle |
| 6B. Number of Stack/Emission Points As | | Name totally applead |
| 6B. Number of Stack/Emission Points As | sociated with this Equ | lipment None, totally enclosed. |

| 7. Person Installing this Equipment (if different from Number 1 on Page 1) NameTitle |
|--|
| Company |
| Mailing Address/Street |
| City/TownStateTelephone () |
| 8. Major Activity, Product or Service of Company at this Location |
| Grain Elevator - receives, drys and ships all grains. |
| , |
| |
| |
| |
| 9. Control Devices Associated with this Equipment |
| None |
| 24-0 |
| |
| Simple/Multiple Spray/Adsorb Venturi Carbon Electrostatic Baghouse Thermal/Catalytic Dry Cyclone Tower Scrubber Adsorber Precipitator Afterburner Scrubber |
| |
| 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 SULFUR % GRADE NATURAL GAS-1000 FT ³ LP GAS-100 GALLONS GRADE |
| |
| 26-31 32-33 34 35-41 42 -4 5 |
| COAL-TONS SULFUR % ASH% WOOD-TONS MOISTURE % |
| |
| 46-52 53-55 56-58 59-63 64-65 |
| OTHER FUELS ANNUAL AMOUNT CONSUMED OTHER FUEL ANNUAL AMOUNT CONSUMED |
| (Specify Type) 66-1 (Specify Units of Measure) (Specify Type) 66-2 (Specify Units of Measure) |
| 1= Coke 2= COG 3=BFG 4=Other |
| 11. Operating Schedule (for this Equipment) Continuous Operation Batch Process Hours per Batch Batch per Week Hours per Day Days Per Week Days per Year |
| Commission Parent Second Process Floating per Parent Parent Per Pa |
| |
| 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 |

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| 12. Equivalent Stack Innforma | tion- is Exhaust through D | oors, Windows | s, etc. Onl | y? (Y/N) | |
|--|-------------------------------|-----------------|--|-----------------------|--|
| | | | | | |
| If not, then Height Avove Grou | nd (FT) Inside Diameter at To | op Exit Tempe | raturo (°E) | 85 Exit Velocity (| ET/SEC) |
| Teight Avove Grou | | DP EXIL Tempe | Talule (F) | Exit velocity (| 1/320) |
| | | | | | |
| 86-88 | 89-91 | 92- | 95 | 96-98 | |
| | NOTE: | | | | |
| Attach a block diagram of pr | | atina new eauip | ment as r | eported on this | form |
| | equipment, including cont | | | | |
| 12 Input Matarials (for this ag | uinmont only) | | | | |
| 13. Input Materials (for this eq Is any of this data to be co | | (Y or N) | | | |
| | | | INPU | T RATE | |
| NAME | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS |
| 1. | | | | | |
| 2. | | | | | |
| 3. 4. | | | <u> </u> | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | - | |
| TOTAL | | | <u> </u> | | |
| | | | | | |
| 14. Output Materials (for this e Process/Product Stream | quipment) | | | | |
| Process/Product Stream | | | OUTE | PUT RATE | |
| NAME | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | <u></u> |
| 4. | | | | <u> </u> | |
| 5. 6. | | | <u> </u> | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | - |
| TOTAL | | | 1 | | |
| 4-14 (6) | • • • | | | | |
| 15. Waste Streams- Solid and I | Liquia | | OUTE | UT RATE | |
| NAME | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS |
| 1. | (| | | | |
| 2. | | | | ···· | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. 7. | | | | | |
| 8. | | | | | |
| 9. | - | | | | |
| TOTAL | <u> </u> | | Ll | | <u> </u> |
| 1 V 1 // L | | | | | |

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Recycled Paper

| | | Per Operating Day |
|--|--|---|
| Particulate Matter | Oxides of Sulfur | Oxides of Nitrogen |
| See attached air emmissions | | |
| 99-104 | 105-110 | 111-116 |
| Carbon Monoxide | Volatile Organic Compounds | PM-10 |
| | | |
| 177-122 | 123-128 | 129-134 |
| 17. Total Fugitive Emissions (for the | nis equipment only) in Pound | s Per Operating Day |
| Particulate Matter | Oxides of Sulfur | Oxides of Nitrogen |
| See attached air emmissions | 140-144 | 145-149 |
| Carbon Monoxide | Volatile Organic Compounds | PM-10 |
| | | |
| 150-154 | 155-159 | 160-164 |
| Method Used to Determine Emission | ons (1= Estimate 2= Em | ission Factor 3= Stack Test 4= Other) |
| TSP SOX | NOX CO | VOC PM10 |
| | | |
| 165 166 | 167 168 | 169 170 |
| AIR AND RADIAT | TION MANAGEMENT ADMINIS | STRATION USE ONLY |
| 18. Date Rec'd. Local Date | Rec'd. State Retur | rn to Local Jurisdiction |
| | | Ву |
| Reviewed by Local Jurisdic | Date_ | Ву |
| | tion Reviewed Date Date | by State |
| 19. Inventory Date Month/Ye | tion Reviewed Date_ Date_ Ear Equipment Code | by State SCC Code |
| 19. Inventory Date Month/Ye | tion Reviewed Date_ ear Equipment Code 4 175-177 Maximum Design Perm | by State SCC Code 178-185 It to Operate I ransaction Date |
| 19. Inventory Date Month/Ye | tion Reviewed Date Par Equipment Code 175-177 | by State SCC Code 178-185 |
| 19. Inventory Date Month/Ye | tion Reviewed Date_ ear Equipment Code 4 175-177 Maximum Design Perm | by State SCC Code 178-185 It to Operate I ransaction Date |
| 19. Inventory Date Month/Ye Transport Transport Month/Ye Transport Trans | tion Reviewed Date Ear Equipment Code 4 175-177 Maximum Design Perm Hourly Rate 193-199 | by State SCC Code 178-185 It to Operate I ransaction Date Month (MM/DD/YR) |
| 19. Inventory Date | tion Reviewed Date Par Equipment Code 4 175-177 Maximum Design Perm Hourly Rate 193-199 SIP Code Regulate | by State SCC Code 178-185 It to Operate I ransaction Date Month (MM/DD/YR) 200-201 202-207 |
| 19. Inventory Date Month/Ye | tion Reviewed Date Par Equipment Code 4 175-177 Maximum Design Perm Hourly Rate 193-199 SIP Code Regulate | SCC Code SCC Code 178-185 It to Operate I ransaction Date Month (MM/DD/YR) 200-201 202-207 Cion Code Confidentiality |

Form Number: 5

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(2)

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: | kmcconnell@mountaire.com |
| DES | CRIPTION 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.

| \boxtimes | Application package cover letter describing the proposed project |
|-------------|---|
| \boxtimes | Complete application forms (Note the number of forms included or NA if not applicable.) |
| | No. 1' Form 5 No. NA Form 11 No. NA Form 5T No. NA Form 41 No. NA Form 5EP No. NA Form 42 No. NA Form 6 No. NA Form 44 No. NA Form 10 |
| | Vendor/manufacturer specifications/guarantees |
| \boxtimes | Evidence of Workman's Compensation Insurance |
| \boxtimes | Process flow diagrams with emission points |
| \boxtimes | Site plan including the location of the proposed source and property boundary |
| \boxtimes | Material balance data and all emissions calculations |
| | Material Safety Data Sheets (MSDS) or equivalent information for materials processed and manufactured. |
| | Certificate of Public Convenience and Necessity (CPCN) waiver documentation from the Public Service Commission ⁽¹⁾ |
| | Documentation that the proposed installation complies with local zoning and land use requirements $^{(2)}$ |
| | (1) Required for emergency and non-emergency generators installed on or after October 1, 2001 and rated at 2001 kW or more. |

Required for applications subject to Expanded Public Participation Requirements.

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

Air and Radiation Management Administration - Air Quality Permits Program

APPLICATION FOR PROCESSING/MANUFACTURING EQUIPMENT Permit to Construct Registration Undate Initial Registration Initial Registration

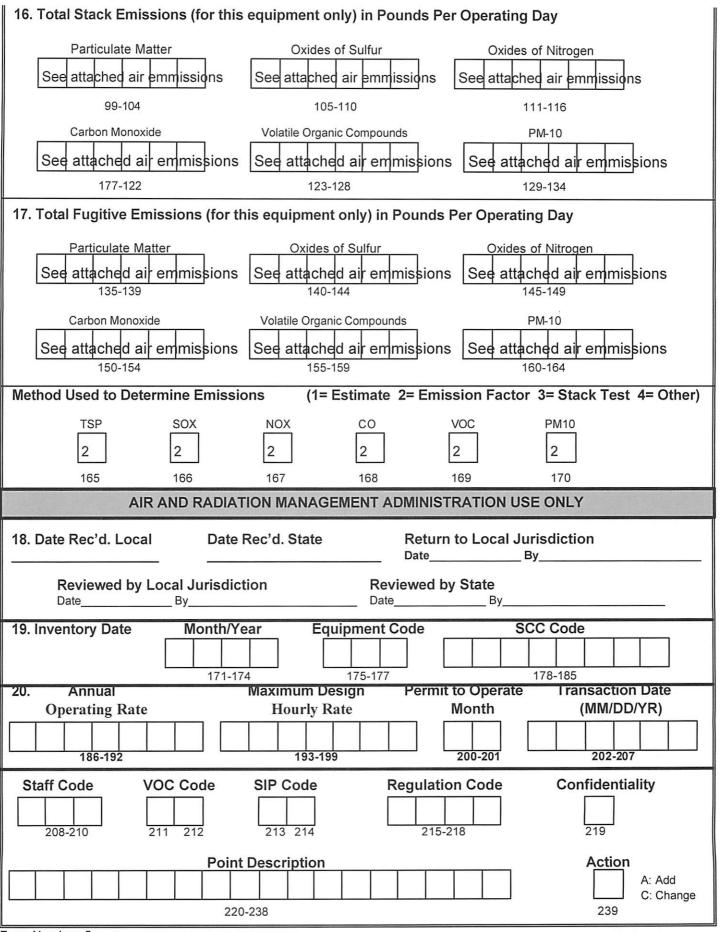
| 1A. Owner of Equipr | nent/Company Name | | DO NOT WRITE | IN THIS BLOCK |
|----------------------------------|---------------------------|---------------------------|-------------------------------|-------------------------|
| Mountaire Farms of D | Delaware Inc Wye M | ills Grain Facility | 2. REGISTRA | TION NUMBER |
| Mailing Address | | | County No. | Premises No. |
| P.O. Box 1320 | | | | |
| Street Address | | | | |
| Millsboro | Delaware | 19966 | 1-2 | 3-6 |
| City | State | Zip | Registration Class | Equipment No. |
| Telephone Numb | er | | | |
| (302) 841- | 4629 | | Data Year | 8-11 |
| | | | Data Year | |
| Signature | 1010 | | | |
| While | It les | | 12-13 | Application Date |
| | 2 | | | |
| Phillip Plylar - Pr | esident | | 5-22-24 Date | |
| Print Name and Title | | | Date | |
| 1B. Equipment Loca | tion and Telephone I | Number (if different | from above) | |
| 14209 Old Wye I | Mills Road | | | |
| Street Number and S | Street Name | | | |
| Wye Mills | Marylan | d 2 | 21679 (302) | 841-4629 |
| City/Town | State | | Zip Telep | 841-4629 hone Number |
| Mountaire Farms | of Delaware Inc Wy | e Mills Grain Facility | | |
| Premises Name (if di | (3) | | | |
| 2 Status (A - Now P | - Modification to Evi | cting Equipment C | = Existing Equipment) | |
| | New Construction | New Construction | | n Initial |
| Status | Begun (MM/YY) | Completed (MM/ | | |
| С | J | | | |
| | | | | |
| 15 | 16-19 | 20-23 | 20 | 0-23 |
| | | | er (include Maximum Hou | urly Input Rate, etc.) |
| (1) one grain dryer max | throughput = 6,000 BPH | I, (1) grain dryer max th | roughput (2,500 BPH) | |
| 5. Workmen's Comp | ensation Coverage | See attached. | | |
| | | Binder/Policy Number | E | Expiration Date |
| Company NOTE: Before a Permit | to Construct may be issue | d by the Department, the | applicant must provide the De | partment with proof of |
| | | | 202 of the Worker's Compensa | |
| 6A. Number of Piece | s of Identical Equipm | nent Units to be Reg | jistered/Permitted at th | is Time2 |
| | | | | |
| 6B. Number of Stack | /Emission Points Ass | sociated with this E | quipment <u></u> | |

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| 7. Person Installing this Equipment (if different from Number 1 on Page 1) Name |
|---|
| Company |
| Mailing Address/Street |
| City/Town State Telephone () |
| 8. Major Activity, Product or Service of Company at this Location |
| Grain Elevator - receives, drys and ships all grains. |
| |
| |
| |
| |
| 9. Control Devices Associated with this Equipment |
| None |
| 24-0 |
| Simple/Multiple Spray/Adsorb Venturi Carbon Electrostatic Baghouse Thermal/Catalytic Dry |
| Cyclone Tower Scrubber Adsorber Precipitator Afterburner Scrubber |
| |
| 24-1 24-2 24-3 24-4 24-5 24-6 24-7 24-8 |
| Other |
| |
| X Describe Mineral oil applied to all grains recevied. |
| 24-9 |
| 10. Annual Fuel Consumption for this Equipment |
| OIL-1000 GALLONS SULFUR % GRADE NATURAL GAS-1000 FT ³ LP GAS-100 GALLONS GRADE |
| See attached air emmissions |
| 26-31 32-33 34 35-41 42-45 |
| COAL- TONS SULFUR % ASH% WOOD-TONS MOISTURE % |
| |
| 46-52 53-55 56-58 59-63 64-65 |
| OTHER FUELS ANNUAL AMOUNT CONSUMED OTHER FUEL ANNUAL AMOUNT CONSUMED |
| (Specify Type) 66-1 (Specify Units of Measure) (Specify Type) 66-2 (Specify Units of Measure) 1= Coke 2= COG 3=BFG 4=Other |
| |
| 11. Operating Schedule (for this Equipment) Continuous Operation Batch Process Hours per Batch Batch per Week Hours per Day Days Per Week Days per Year |
| Continuous Operation Batch Fidess Flours per Batch Batch Per Week Flours per Bay Bays Fer Week Bays per Fear |
| |
| 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 |

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| 12. Equivalent Stack Innformation- is Exhaust through Doors, Windows, etc. Only? (Y/N) | | | | | | |
|---|---|---------------------------------------|---------------|----------------------|---------|--|
| | | | | | | |
| If not, then Height Avove Grou | and (ET) Incide Diameter at To | . F. # T | | 85 | | |
| Height Avove Grou | Ind (FT) Inside Diameter at To | p Exit Tempe | rature (°F) | Exit Velocity (I | F1/SEC) | |
| | 1 1 1 1 | | | | İ | |
| 86-88 | 89-91 | 92- | 95 | 96-98 | | |
| | | | | | | |
| Attack a block diamon of m | NOTE: | 4. | | | _ | |
| Attach a block diagram of pr | ocess/process line, indicated in the confidence of the confidence | iting new equip | ment as | reported on this | form | |
| and an existing | equipment, including con- | iroi devices and | ı emissio | n points. | | |
| 13. Input Materials (for this eq | uipment only) | | | | | |
| ls any of this data to be co | | (Y or N) | | | | |
| | | | | TRATE | | |
| 1. NAME | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS | |
| 2. | | | | | | |
| 3. | | | | | ļ | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| TOTAL | | | | | | |
| 14. Output Materials (for this e | equinment) | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | |
| Process/Product Stream | -quipmont/ | | | | | |
| Process/Product Stream | | | | PUT RATE | | |
| Process/Product Stream NAME | CAS NO. (IF APPLICABLE) | PER HOUR | OUTF UNITS | PUT RATE PER YEAR | UNITS | |
| Process/Product Stream NAME 1. | | PER HOUR | | | UNITS | |
| Process/Product Stream NAME 1. 2. | | PER HOUR | | | UNITS | |
| NAME 1. 2. 3. | | PER HOUR | | | UNITS | |
| Process/Product Stream NAME 1. 2. | | PER HOUR | | | UNITS | |
| NAME 1. 2. 3. 4. | | PER HOUR | | | UNITS | |
| NAME 1. 2. 3. 4. 5. | | PER HOUR | | | UNITS | |
| NAME 1. 2. 3. 4. 5. 6. 7. | | PER HOUR | | | UNITS | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. | | PER HOUR | | | UNITS | |
| NAME 1. 2. 3. 4. 5. 6. 7. | | PER HOUR | | | UNITS | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL | CAS NO. (IF APPLICABLE) | PER HOUR | | | UNITS | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | | UNITS | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL NAME 1. NAME NAME 1. NAME | CAS NO. (IF APPLICABLE) | | OUTF | PER YEAR | | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL NAME 1. 2. NAME 1. 2. 1. 2. 1. 2. 1. 2. 1. 2. 1. 1. | CAS NO. (IF APPLICABLE) | | OUTF | PER YEAR | | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL NAME 1. 2. 3. NAME 1. 2. 3. 3. | CAS NO. (IF APPLICABLE) | | OUTF | PER YEAR | | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL NAME 1. 2. 3. 4. 1. 2. 3. 4. 4. 4. 5. 6. 7. 8. 9. TOTAL 15. Waste Streams - Solid and I NAME 1. 2. 3. 4. 4. 4. 4. 4. 4. 4 | CAS NO. (IF APPLICABLE) | | OUTF | PER YEAR | | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL 1. 2. 3. 4. 5. 6. 7. 7. 7. 7. 7. 7. 7 | CAS NO. (IF APPLICABLE) | | OUTF | PER YEAR | | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL NAME 1. 2. 3. 4. 1. 2. 3. 4. 4. 4. 5. 6. 7. 8. 9. TOTAL 15. Waste Streams - Solid and I NAME 1. 2. 3. 4. 4. 4. 4. 4. 4. 4 | CAS NO. (IF APPLICABLE) | | OUTF | PER YEAR | | |
| NAME 1. 2. 3. 4. 5. 6. NAME 1. 2. 1. 2. 3. 4. 1. 2. 3. 4. 4. 5. 6. 1. 2. 3. 4. 5. 6. 6. 7. 8. 9. TOTAL | CAS NO. (IF APPLICABLE) | | OUTF | PER YEAR | | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL NAME 1. 2. 3. 4. 5. 6. 7. 6. 7. 6. 7. 6. 7. 7 | CAS NO. (IF APPLICABLE) | | OUTF | PER YEAR | | |



Form Number: 5 Rev. 9/27/2002



(2)

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: | kmcconnell@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.

| \boxtimes | Application package cover letter describing the proposed project | | | | | |
|-------------|--|--|--|--|--|--|
| \boxtimes | Complete application forms (Note the number of forms included or NA if not applicable.) | | | | | |
| | No. 1 Form 5 No. NA Form 11 No. NA Form 5T No. NA Form 41 No. NA Form 5EP No. NA Form 42 No. NA Form 6 No. NA Form 44 No. NA Form 10 | | | | | |
| | Vendor/manufacturer specifications/guarantees | | | | | |
| \boxtimes | Evidence of Workman's Compensation Insurance | | | | | |
| \boxtimes | Process flow diagrams with emission points | | | | | |
| \boxtimes | Site plan including the location of the proposed source and property boundary | | | | | |
| \boxtimes | Material balance data and all emissions calculations | | | | | |
| | Material Safety Data Sheets (MSDS) or equivalent information for materials processed and manufactured. | | | | | |
| | Certificate of Public Convenience and Necessity (CPCN) waiver documentation from the Public Service Commission ⁽¹⁾ | | | | | |
| | Documentation that the proposed installation complies with local zoning and land use requirements $^{(2)}$ | | | | | |
| | (1) Required for emergency and non-emergency generators installed on or after October 1, 2001 and rated at 2001 kW or more. | | | | | |

Required for applications subject to Expanded Public Participation Requirements.

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

Air and Radiation Management Administration

Air Quality Permits Program

APPLICATION FOR PROCESSING/MANUFACTURING EQUIPMENT Permit to Construct Registration Undate Initial Registration Initial Registra

| | | regionation optime | - muai registrate | |
|---|--------------------|------------------------|---|-------------------------|
| 1A. Owner of Equipment | | | | IN THIS BLOCK |
| Mountaire Farms of Delay | ware inc vvye ivi | ills Grain Facility | _ Z. REGISTRA | TION NUMBER |
| Mailing Address P.O. Box 1320 | | | County No. | Premises No. |
| Street Address | | | | |
| Milisboro | Delaware | 19966 | 1-2 | 3-6 |
| City | State | Zip | Registration Class | |
| Telephone Number | - Cuito | , | | |
| (302) 841-462 | 9 | | 7 | 8-11 |
| () | | | — Data Year | |
| Signature | 011 | | 12-13 | Application Date |
| - Milley ! | Jalan - | | | Application Date |
| Phillip Plylar - Presid | ent | | 5-22-24 Date | |
| Print Name and Title | | | Date | |
| 1B. Equipment Location 14209 Old Wye Mills Street Number and Street | Road | Number (if differen | t from above) | |
| Muo Millo | Mandan | od. | 21679 (302) | 8/1 /620 |
| Wye Mills City/Town | Marylan State | lu | Zip (302) | 841-4629 hone Number |
| City/Town | State | | Zip Telep | none Number |
| Mountaire Farms of D | Delaware Inc Wy | e Mills Grain Facility | / | |
| Premises Name (if differen | nt from above) | | | |
| 3. Status (A= New, B= Mo | odification to Exi | sting Equipment, C | | g Initial |
| | un (MM/YY) | Completed (MM | | |
| Status Deg | | | | |
| [C | | | | |
| 15 | 16-19 | 20-23 | | 0-23 |
| 4. Describe this Equipmon | | Features, Manufactu | ırer (include Maximum Ho | urly Input Rate, etc.) |
| | | | | |
| 5. Workmen's Compensa | ation Coverage | See attached. | | |
| | | Binder/Policy Number | | Expiration Date |
| | | | applicant must provide the De -202 of the Worker's Compens | |
| 6A. Number of Pieces of | Identical Equipn | nent Units to be Re | gistered/Permitted at th | is Time2 |
| | | 1 2 1 20 20 020 020 C | | |
| 6B. Number of Stack/Em | ission Points As | sociated with this I | =quipment <u>+</u> | |

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| 7. Person Installing this Equipment (if different from Number 1 on Page 1) NameTitle |
|--|
| Company |
| Mailing Address/Street |
| 8. Major Activity, Product or Service of Company at this Location |
| 8. Major Activity, Product or Service of Company at this Location |
| Grain Elevator - receives, drys and ships all grains. |
| |
| |
| |
| |
| 9. Control Devices Associated with this Equipment |
| None |
| 24-0 |
| Simple/Multiple Spray/Adsorb Venturi Carbon Electrostatic Baghouse Thermal/Catalytic Dry |
| Cyclone Tower Scrubber Adsorber Precipitator Afterburner Scrubber |
| |
| 24-1 24-2 24-3 24-4 24-5 24-6 24-7 24-8 |
| Other |
| |
| X Describe Mineral oil applied to all grains recevied. Dust sock attached to the loadout. |
| 24-9 |
| 10. Annual Fuel Consumption for this Equipment |
| OIL-1000 GALLONS SULFUR % GRADE NATURAL GAS-1000 FT ³ LP GAS-100 GALLONS GRADE |
| |
| 26-31 32-33 34 35-41 42-45 |
| COAL- TONS SULFUR % ASH% WOOD-TONS MOISTURE % |
| |
| 46-52 53-55 56-58 59-63 64-65 |
| OTHER FUELS 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 |
| |
| 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 |

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| 12. Equivalent Stack Innformation- is Exhaust through Doors, Windows, etc. Only? (Y/N) | | | | | | | |
|--|------------------------------------|-----------------|---------------|-----------------------|----------|--|--|
| | | | | | | | |
| If not, then Height Avove Grou | nd (FT) Inside Diameter at To | p Exit Tempe | ratura (°E) | 85 Exit Velocity (| ET/CEC\ | | |
| Theight Avove Grou | ma (1 1) maide Diameter at 10 | | | Exit velocity (| F 1/3EC) | | |
| | | | | | | | |
| 86-88 | 89-91 | 92-9 | 95 | 96-98 | | | |
| NOTE: | | | | | | | |
| Attach a block diagram of pr | | iting new equip | ment as ı | eported on this | s form | | |
| and all existing | equipment, including cont | rol devices and | l emissio | n points. | | | |
| 12 Input Matarials (for this age | inment only) | | | | | | |
| 13. Input Materials (for this equals any of this data to be co | | (Y or N) | | | | | |
| | | | INPU | T RATE | | | |
| NAME | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS | | |
| 1. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | <u> </u> | | |
| 5. | | | | | | | |
| 6. | | | | · | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | L | | |
| TOTAL | | | | | | | |
| 14. Output Materials (for this equipment) | | | | | | | |
| 14. Output Materials (for this e | auipment) | | | | | | |
| 14. Output Materials (for this e Process/Product Stream | quipment) | | | | | | |
| Process/Product Stream | | DED HOUR | | PUT RATE | l limite | | |
| Process/Product Stream NAME | quipment) CAS NO. (IF APPLICABLE) | PER HOUR | OUTF UNITS | PUT RATE PER YEAR | UNITS | | |
| Process/Product Stream NAME 1. | | PER HOUR | | | UNITS | | |
| Process/Product Stream NAME | | PER HOUR | | | UNITS | | |
| Process/Product Stream NAME 1. 2. | | PER HOUR | | | UNITS | | |
| NAME 1. 2. 3. 4. 5. | | PER HOUR | | | UNITS | | |
| NAME 1. 2. 3. 4. 5. 6. | | PER HOUR | | | UNITS | | |
| NAME 1. 2. 3. 4. 5. 6. 7. | | PER HOUR | | | UNITS | | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. | | PER HOUR | | | UNITS | | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. | | PER HOUR | | | UNITS | | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL | CAS NO. (IF APPLICABLE) | PER HOUR | | | UNITS | | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS | | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL 15. Waste Streams - Solid and | CAS NO. (IF APPLICABLE) | | UNITS | PER YEAR | | | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS | | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL NAME 1. 2. NAME 1. 2. 1. 2. | CAS NO. (IF APPLICABLE) | | UNITS | PER YEAR | | | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL NAME 1. 2. 3. 1. 2. 3. 1. 2. 3. 3. 1. 2. 3. 3. 1. 2. 3. 3. 1. 1. 1. 1. | CAS NO. (IF APPLICABLE) | | UNITS | PER YEAR | | | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL NAME 1. 2. 3. 4. 1. 2. 3. 4. 4. 4. 4. 4. 4. 4 | CAS NO. (IF APPLICABLE) | | UNITS | PER YEAR | | | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL NAME 1. 2. 3. 4. 5. 4. 5. 6. 7. 8. 9. TOTAL NAME 1. 2. 3. 4. 5. 5. | CAS NO. (IF APPLICABLE) | | UNITS | PER YEAR | | | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL NAME 1. 2. 3. 4. 5. 6. 6. 7. 8. 9. Total NAME 1. 2. 3. 4. 5. 6. 6. 6. | CAS NO. (IF APPLICABLE) | | UNITS | PER YEAR | | | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL NAME 1. 2. 3. 4. 5. 6. 7. 6. 7. 6. 7. 7. 7 | CAS NO. (IF APPLICABLE) | | UNITS | PER YEAR | | | |
| NAME 1. 2. 3. 4. 5. 6. 7. 8. 9. TOTAL NAME 1. 2. 3. 4. 5. 6. 6. 7. 8. 9. Total NAME 1. 2. 3. 4. 5. 6. 6. 6. | CAS NO. (IF APPLICABLE) | | UNITS | PER YEAR | | | |

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| | 16. Total Stack Emissions (for this equipment only) in Pounds Per Operating Day | | | | | | | |
|---|--|---|--|--|--|--|--|--|
| Particulate Matter | Oxides of Sulfur | Oxides of Nitrogen | | | | | | |
| See attached air emmissions | | | | | | | | |
| 99-104 | 105-110 | 111-116 | | | | | | |
| Carbon Monoxide | Volatile Organic Compounds | PM-10 | | | | | | |
| | | | | | | | | |
| 177-122 | 123-128 | 129-134 | | | | | | |
| 17. Total Fugitive Emissions (for the | is equipment only) in Pounds | s Per Operating Day | | | | | | |
| Particulate Matter | Oxides of Sulfur | Oxides of Nitrogen | | | | | | |
| 135-139 | 140-144 | 145-149 | | | | | | |
| Carbon Monoxide | Volatile Organic Compounds | PM-10 | | | | | | |
| | | | | | | | | |
| 150-154 | 155-159 | 160-164 | | | | | | |
| Method Used to Determine Emissio | ns (1= Estimate 2= Em | ission Factor 3= Stack Test 4= Other) | | | | | | |
| TSP SOX | NOX CO | VOC PM10 | | | | | | |
| | | | | | | | | |
| 165 166 | 167 168 | 169 170 | | | | | | |
| AIR AND RADIATI | ON MANAGEMENT ADMINIS | STRATION USE ONLY | | | | | | |
| 18. Date Rec'd. Local Date R | | rn to Local Jurisdiction | | | | | | |
| Reviewed by Local Jurisdiction Reviewed by State | | | | | | | | |
| Reviewed by Local Jurisdicti | ion Reviewed Date | by State | | | | | | |
| | Date | | | | | | | |
| 19. Inventory Date Month/Ye | ar Equipment Code | SCC Code | | | | | | |
| 19. Inventory Date | ar Equipment Code 175-177 Maximum Design Perm | SCC Code 178-185 It to Operate I ransaction Date | | | | | | |
| 19. Inventory Date Month/Ye | ar Equipment Code 175-177 | SCC Code 178-185 | | | | | | |
| 19. Inventory Date | ar Equipment Code 175-177 Maximum Design Perm | SCC Code 178-185 It to Operate I ransaction Date | | | | | | |
| 19. Inventory Date Month/Ye 171-174 20. Annual Operating Rate | ar Equipment Code 175-177 Maximum Design Perm Hourly Rate 193-199 | SCC Code 178-185 It to Operate I ransaction Date Month (MM/DD/YR) | | | | | | |
| 19. Inventory Date Month/Ye 171-174 20. Annual Operating Rate 186-192 | ar Equipment Code 175-177 Maximum Design Perm Hourly Rate 193-199 SIP Code Regulat | SCC Code 178-185 It to Operate Iransaction Date Month (MM/DD/YR) 200-201 202-207 | | | | | | |
| 19. Inventory Date Month/Ye 171-174 20. Annual Operating Rate Staff Code VOC Code 208-210 211 212 | ar Equipment Code 175-177 Maximum Design Perm Hourly Rate 193-199 SIP Code Regulat | SCC Code 178-185 It to Operate Iransaction Date Month (MM/DD/YR) 200-201 202-207 Cion Code Confidentiality | | | | | | |

Form Number: 5 Rev. 9/27/2002



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: | kmcconnell@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.

| \boxtimes | Application package cover letter describing the proposed project | | | | | |
|-------------|--|--|--|--|--|--|
| \boxtimes | Complete application forms (Note the number of forms included or NA if not applicable.) | | | | | |
| | No. 1 Form 5 No. N/A Form 11 No. N/A Form 5T No. N/A Form 41 No. N/A Form 5EP No. N/A Form 42 No. N/A Form 6 No. N/A Form 44 No. N/A Form 10 | | | | | |
| | Vendor/manufacturer specifications/guarantees | | | | | |
| \boxtimes | Evidence of Workman's Compensation Insurance | | | | | |
| \boxtimes | Process flow diagrams with emission points | | | | | |
| \boxtimes | Site plan including the location of the proposed source and property boundary | | | | | |
| \boxtimes | Material balance data and all emissions calculations | | | | | |
| | Material Safety Data Sheets (MSDS) or equivalent information for materials processed and manufactured. | | | | | |
| | Certificate of Public Convenience and Necessity (CPCN) waiver documentation from the Public Service Commission ⁽¹⁾ | | | | | |
| | Documentation that the proposed installation complies with local zoning and land use requirements $^{(2)}$ | | | | | |
| | (1) Required for emergency and non-emergency generators installed on or after October 1, 2001 and rated at 2001 kW or more | | | | | |

Required for applications subject to Expanded Public Participation Requirements.

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 EQUIP | MENT |
|--|------|
|--|------|

| Initial Registration |
|--|
| DO NOT WRITE IN THIS BLOCK 2. REGISTRATION NUMBER |
| |
| County No. Premises No. |
| |
| 1-2 3-6 |
| egistration Class Equipment No. |
| |
| 7 8-11 |
| Data Year |
| |
| 12-13 Application Date |
| |
| 5'-22-24 Date |
| Date |
| above) |
| |
| |
| |
| (302) 841-4629 |
| (302) 841-4629 Telephone Number |
| (302) 841-4629 Telephone Number |
| (302) 841-4629 Telephone Number |
| ting Equipment) |
| eting Equipment) Existing Initial |
| ting Equipment) |
| Existing Equipment) Existing Initial Operation (MM/YY) |
| eting Equipment) Existing Initial |
| Existing Equipment) Existing Initial Operation (MM/YY) |
| Existing Initial Operation (MM/YY) 20-23 Slude Maximum Hourly Input Rate, etc.) |
| Existing Initial Operation (MM/YY) 20-23 Slude Maximum Hourly Input Rate, etc.) |
| Existing Initial Operation (MM/YY) 20-23 Clude Maximum Hourly Input Rate, etc.) Expiration Date Int must provide the Department with proof of |
| E |

| 7. Person Installing this Equipment (if different from Number 1 on Page 1) Name |
|--|
| Company |
| Mailing Address/Street_ |
| City/TownStateTelephone () |
| 8. Major Activity, Product or Service of Company at this Location |
| Grain Elevator - receives, drys and ships all grains. |
| 9. Control Devices Associated with this Equipment |
| None 24-0 |
| Simple/Multiple Spray/Adsorb Venturi Carbon Electrostatic Baghouse Thermal/Catalytic Dry Scrubber Cyclone |
| Other X Describe Mineral oil applied to all grains recevied. 24-9 |
| 10. Annual Fuel Consumption for this Equipment |
| OIL-1000 GALLONS SULFUR % GRADE NATURAL GAS-1000 FT³ LP GAS-100 GALLONS GRADE 26-31 32-33 34 35-41 42-45 |
| COAL- TONS SULFUR % ASH% WOOD-TONS MOISTURE % 46-52 53-55 56-58 59-63 64-65 |
| OTHER FUELS 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 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 (Total ocasons = 10076) |

| 12. Equivalent Stack Innforma | tion- is Exhaust through D | oors, Windows | , etc. On | ly? (Y/N) | |
|--|---------------------------------------|-----------------|-------------|------------------------|--------------|
| | | | | | |
| If not, then Height Avove Grou | nd (FT) Inside Diameter at To | p Exit Tempe | ratura (°E) | 85 Exit Velocity (I | ET/CEC) |
| Theight Avove Clou | | DE EXIL Temper | ature (F) | Exit velocity (i | |
| | | | | [] } | İ |
| 86-88 | 89-91 | 92-9 | 95 | 96-98 | <u> </u> |
| | NOTE: | | | | **- |
| Attach a block diagram of pr | | itina new equip | ment as i | reported on this | form |
| and all existing | equipment, including cont | rol devices and | emissio | n points. | |
| 42 Imput Matarials (for this are | | | · | | |
| 13. Input Materials (for this equals any of this data to be co | | (Y or N) | | | |
| is any or ans data to be co | | | INPU | T RATE | |
| NAME | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS |
| 1. | | | | | |
| 2. | | N | | | |
| 3. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| TOTAL | | | | | |
| 14. Output Materials (for this e | quinment) | | | | - |
| Process/Product Stream | quipment | | | | |
| | | | | PUT RATE | |
| NAME | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS |
| 1. 2. | | | | | ļ |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | - | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| TOTAL | | | | | |
| 15. Waste Streams- Solid and I | Liauid | | | | |
| | - | | | PUT RATE | |
| NAME | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | · · · · · · · · · · · · · · · · · · · | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| TOTAL | | | | | |

Form Number: 5 Rev. 9/27/2002

| 16. Total Stack Emissions (for this equipment only) in Pounds Per Operating Day | | | |
|---|--|--|--|
| Particulate Matter | Oxides of Sulfur | Oxides of Nitrogen | |
| See attached air emmissions | | | |
| 99-104 | 105-110 | 111-116 | |
| Carbon Monoxide | Volatile Organic Compounds | PM-10 | |
| | | | |
| 177-122 | 123-128 | 129-134 | |
| 17. Total Fugitive Emissions (for th | is equipment only) in Pound | ls Per Operating Day | |
| Particulate Matter | Oxides of Sulfur | Oxides of Nitrogen | |
| See attached air emmissions | 140-144 | 145-149 | |
| Carbon Monoxide | Volatile Organic Compounds | PM-10 | |
| | | | |
| 150-154 Method Used to Determine Emission | 155-159 | nission Factor 3= Stack Test 4= Other) | |
| | A CO ON THE DESIGNATION OF THE PROPERTY OF THE | · | |
| TSP SOX | NOX CO | VOC PM10 | |
| 165 166 | 167 168 | 169 170 | |
| AIR AND RADIAT | ION MANAGEMENT ADMINI | STRATION USE ONLY | |
| 18. Date Rec'd. Local Date F | | ırn to Local Jurisdiction | |
| Reviewed by Local Jurisdict | ion Reviewed | | |
| 19. Inventory Date Month/Ye | ar Equipment Code | SCC Code | |
| 171-174 | 4 175-177 | 178-185 | |
| 20. Annual | Maximum Design Pern | nit to Operate Transaction Date | |
| Operating Rate | Hourly Rate | Month (MM/DD/YR) | |
| 186-192 | 193-199 | 200-201 202-207 | |
| Staff Code VOC Code | SIP Code Regula | tion Code Confidentiality | |
| 208-210 211 212 | 213 214 21 | 5-218 219 | |
| Point | Description | Action | |
| | | A: Add | |

Page 4 of 4 Recycled Paper



(2)

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: | kmcconnell@mountaite.com |
| DES | CRIPTION 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.

| \boxtimes | Application package cover letter describing the proposed project | | |
|-------------|---|---|--|
| \boxtimes | Complete application forms (Note the nur applicable.) | nber of forms included or NA if not | |
| | No. 1 Form 5 No. NA Form 5T No. NA Form 5EP No. NA Form 6 No. NA Form 10 | No. NA Form 11 No. NA Form 41 No. NA Form 42 No. NA Form 44 | |
| | Vendor/manufacturer specifications/guara | antees | |
| \boxtimes | Evidence of Workman's Compensation In | surance | |
| \boxtimes | Process flow diagrams with emission poin | nts | |
| \boxtimes | Site plan including the location of the prop | posed source and property boundary | |
| \boxtimes | Material balance data and all emissions of | alculations | |
| \boxtimes | Material Safety Data Sheets (MSDS) or e processed and manufactured. | quivalent information for materials | |
| | Certificate of Public Convenience and Ne from the Public Service Commission (1) | cessity (CPCN) waiver documentation | |
| | Documentation that the proposed installatuse requirements (2) | tion complies with local zoning and land | |
| | (1) Required for emergency and non-emergency 1, 2001 and rated at 2001 kW or m | ergency generators installed on or after ore. | |

Required for applications subject to Expanded Public Participation Requirements.

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 |): | DO NOT WRITE | IN THIS BLOCK |
|--|---------------------------------------|-----------------------|--------------------------------|
| Mountaire Farms of Delware Inc. | | | TION NUMBER |
| Mailing Address | | County No. | Premises No. |
| P.O. Box 1320 | | County No. | T Tellinges No. |
| Street Address | | | |
| MIllsboro Delaware | 19966 | 1-2 | 3-6 |
| City State | Zip | Registration Class | Equipment No. |
| Telephone Number | | | |
| (302) 841-4629 | | 7 Data Year | 8-11 |
| 2: | | Data Teal | |
| Signature | | | |
| Mally Holen | _ | 12-13 | Application Date |
| Phillip Plylar - President | | F-22-21 | |
| Print Name and Title | · · · · · · · · · · · · · · · · · · · | 5-22-24 Date | 2 |
| 1B. Equipment Location and Telephone I 14209 Old Wye Mills Road | Number (if different fro | | |
| Street Number and Street Name | | | |
| Wye Mills Marylan | 11 11 11 11 11 | | 841-4629 |
| City/Town State | Z | Zip Telep | hone Number |
| Mountaire Farms of Delaware Inc Wy | ye Mills Grain Facility | | |
| Premises Name (if different from above) | | | |
| 3. Status (A= New, B= Modification to Eximate New Construction Begun (MM/YY) C 15 16-19 | New Construction Completed (MM/Y) | Existin Operation | g Initial n (MM/YY) 0-23 |
| 4. Describe this Equipment: Make, Model, Gravity grain loadouts | Features, Manufacturer | (include Maximum Ho | urly Input Rate, etc.) |
| 5. Workmen's Compensation Coverage | See attached. | | |
| | Binder/Policy Number | | Expiration Date |
| Company | | | |
| 6A. Number of Pieces of Identical Equipm | nent Units to be Regis | tered/Permitted at th | is Time <u>12</u> |
| 6B. Number of Stack/Emission Points As | sociated with this Equ | ıipment <u>12</u> | |

| 7. Person Installing this Equipment (if different from Number 1 on Page 1) NameTitle |
|--|
| Company |
| Mailing Address/Street |
| City/TownStateTelephone () |
| 8. Major Activity, Product or Service of Company at this Location |
| Grain Elevator - receives, drys and ships all grains. |
| 9. Control Devices Associated with this Equipment |
| None |
| Simple/Multiple Spray/Adsorb Venturi Carbon Electrostatic Baghouse Thermal/Catalytic Dry Cyclone Tower Scrubber Adsorber Precipitator Afterburner Scrubber 24-1 24-2 24-3 24-4 24-5 24-6 24-7 24-8 |
| Other X 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 SULFUR % GRADE NATURAL GAS-1000 FT ³ LP GAS-100 GALLONS GRADE 26-31 32-33 34 35-41 42-45 |
| COAL- TONS SULFUR % ASH% WOOD-TONS MOISTURE % 46-52 53-55 56-58 59-63 64-65 |
| OTHER FUELS 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 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 |

Page 2 of 4
Recycled Paper

| 12. Equivalent Stack Innformation- is Exhaust through Doors, Windows, etc. Only? (Y/N) | | | | | | |
|--|----------------------|---------------------------|------------------|--|------------------|---------|
| | | | | | 85 | J |
| If not, then | Height Avove Groun | d (FT) Inside Diameter at | Top Exit Tem | perature (°F) | Exit Velocity (| ET/SEC) |
| | | | | | <u> </u> | |
| | | |] [| | | |
| | 86-88 | 89-91 | 9 | 2-95 | 96-98 | 3 |
| | | NOTE | | - | | |
| Attach a bloo | ck diagram of pro | cess/process line, indi | cating new equ | ipment as i | reported on this | s form |
| <u> </u> | and all existing e | quipment, including co | entrol devices a | nd emissio | n points. | |
| 13. Input Mater | rials (for this equ | ipment only) | | | | |
| | | sidered confidential? | (Y or N) | | | |
| l NA | AME | L CAS NO /IE ADDI ICADI E | | <u>INPU</u> UNITS | T RATE | LIMITO |
| 1. | - NIC | CAS NO. (IF APPLICABLE |) PER HOUR | UNITS | PER YEAR | UNITS |
| 2. | <u>-</u> . | | | | | |
| 3. | | | | | | |
| 4. 5. | | | | | | |
| 6. | | | | | | 1 |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| TOTAL | | | | | | |
| 14. Output Mat | terials (for this ed | juipment) | | | | |
| | roduct Stream | | | | | |
| l NA | AME i | CAS NO. (IF APPLICABLE |) PER HOUR | UNITS | PER YEAR | UNITS |
| 1. | NIFILE. | OAO NO. (II AI I LIOADEE | , renoun | Ottito | 1 EIV I EAIV | 00 |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. TOTAL | | | | | | |
| IOIAL | | | · | | | |
| 15. Waste Strea | ams- Solid and L | iquid | | | | |
| | NAME I | CACNO /IE ADDI ICADI E | \ BED HOUR | OUTE UNITS | PER YEAR | UNITS |
| 1. NA | \ME | CAS NO. (IF APPLICABLE | PER HOUR | UNITS | PERTEAR | 0.41.3 |
| 2. | - | | | | | |
| 3. | | | | | | |
| 4. | | | | | | 1 |
| 5. 6. | | | | | | 1 |
| 7. | | | | | | 1 |
| 8. | | | | | | |
| 9. | | | | | | |
| TOTAL | | | | | | |

| 16. Total Stack Emissions (for this equipment only) in Pounds Per Operating Day | |
|--|-----|
| Particulate Matter Oxides of Sulfur Oxides of Nitrogen | |
| See attached air emmissions | |
| 99-104 105-110 111-116 | |
| Carbon Monoxide Volatile Organic Compounds PM-10 | |
| | |
| 177-122 123-128 129-134 | |
| 17. Total Fugitive Emissions (for this equipment only) in Pounds Per Operating Day | |
| Particulate Matter Oxides of Sulfur Oxides of Nitrogen | |
| See attached air emmissions 140-144 145-149 | |
| Carbon Monoxide Volatile Organic Compounds PM-10 | |
| | |
| 150-154 155-159 160-164 | |
| Method Used to Determine Emissions (1= Estimate 2= Emission Factor 3= Stack Test 4= Other) | |
| TSP SOX NOX CO VOC PM10 | |
| | |
| 165 166 167 168 169 170 | 200 |
| 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 | |
| DateBy DateBy | h |
| 19. Inventory Date Month/Year Equipment Code SCC Code | |
| | |
| 20. Annual Maximum Design Permit to Operate Transaction Date | - |
| Operating Rate Hourly Rate Month (MM/DD/YR) | |
| 186-192 193-199 200-201 202-207 | |
| Staff Code VOC Code SIP Code Regulation Code Confidentiality | ٦ |
| 208-210 211 212 213 214 215-218 219 | |
| Point Description Action | |
| | |

Form Number: 5

Rev. 9/27/2002 TTY Users 1-800-735-2258



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: | kmcconnell@mountaire.com |
| DES | CRIPTION 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.

| \bowtie | Application package cover letter describing the proposed project | | |
|-------------|--|--|--|
| \boxtimes | Complete application forms (Note the number of forms included or NA if not applicable.) | | |
| | No. 1 Form 5 No. NA Form 11 No. NA Form 5T No. NA Form 41 No. NA Form 5EP No. NA Form 42 No. NA Form 6 No. NA Form 44 No. NA Form 10 | | |
| | Vendor/manufacturer specifications/guarantees | | |
| \boxtimes | Evidence of Workman's Compensation Insurance | | |
| \boxtimes | Process flow diagrams with emission points | | |
| \boxtimes | Site plan including the location of the proposed source and property boundary | | |
| \boxtimes | Material balance data and all emissions calculations | | |
| | Material Safety Data Sheets (MSDS) or equivalent information for materials processed and manufactured. | | |
| | Certificate of Public Convenience and Necessity (CPCN) waiver documentation from the Public Service Commission ⁽¹⁾ | | |
| | Documentation that the proposed installation complies with local zoning and land use requirements $^{(2)}$ | | |
| | (1) Required for emergency and non-emergency generators installed on or after October 1, 2001 and rated at 2001 kW or more. | | |
| | (2) Required for applications subject to Expanded Public Participation Requirements. | | |

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 Up | date ☐ Initial Registration ☐ |
|---|--|
| 1A. Owner of Equipment/Company Name Mountaie Farms of Delaware Inc. | DO NOT WRITE IN THIS BLOCK 2. REGISTRATION NUMBER |
| Mailing Address P.O. Box 1320 Street Address | County No. Premises No. |
| MIllsboro Delaware 19966 City State Zip | 1-2 3-6 Registration Class Equipment No. |
| Telephone Number (_302) _841-4629 | 7 B-11 Data Year |
| Signature William Walden | 12-13 Application Date |
| Phillip Plylar - President | 5-22-24 |
| Print Name and Title | Date |
| 1B. Equipment Location and Telephone Number (if diff 14209 Old Wye Mills Road | erent from above) |
| Street Number and Street Name | |
| 14209 Old Wye Mills Road | |
| City/Town State | Zip Telephone Number |
| Mountaire Farms of Delaware Inc Wye Mills Grain F Premises Name (if different from above) | acility |
| 3. Status (A= New, B= Modification to Existing Equipment New Construction New Construction Status Begun (MM/YY) Completed C 15 16-19 20- | etruction Existing Initial (MM/YY) Operation (MM/YY) |
| 4. Describe this Equipment: Make, Model, Features, Manu Mechanical Grain Loadouts (Leg 5, 6, 4, 2,3, Shipping Container | |
| 5. Workmen's Compensation Coverage See attached. | |
| Binder/Policy Nun Company | nber Expiration Date |
| NOTE: Before a Permit to Construct may be issued by the Departme worker's compensation coverage as required under Sec | |
| 6A. Number of Pieces of Identical Equipment Units to b | e Registered/Permitted at this Time 9 |
| 6B. Number of Stack/Emission Points Associated with | his Equipment ⁹ |

| 7. Person Installing this Equipment (if different from Number 1 on Page 1) Name |
|--|
| Company |
| Mailing Address/Street |
| City/TownStateTelephone () |
| 8. Major Activity, Product or Service of Company at this Location |
| Grain Elevator - receives, drys and ships all grains. |
| |
| |
| |
| |
| 9. Control Devices Associated with this Equipment |
| None |
| 24-0 |
| Simple/Multiple Spray/Adsorb Venturi Carbon Electrostatic Baghouse Thermal/Catalytic Dry |
| Cyclone Tower Scrubber Adsorber Precipitator Afterburner Scrubber |
| |
| 24-1 24-2 24-3 24-4 24-5 24-6 24-7 24-8 |
| Other |
| |
| X Describe Mineral oil applied to all grains recevied. Dust sock attached to the loadout. |
| 24-9 |
| 10. Annual Fuel Consumption for this Equipment OIL-1000 GALLONS SULFUR % GRADE NATURAL GAS-1000 FT ³ LP GAS-100 GALLONS GRADE |
| OIL-1000 GALLONS SULFUR % GRADE NATURAL GAS-1000 FT ³ LP GAS-100 GALLONS GRADE |
| |
| 26-31 32-33 34 35-41 42-45 |
| COAL- TONS SULFUR % ASH% WOOD-TONS MOISTURE % |
| |
| 46-52 53-55 56-58 59-63 64-65 |
| OTHER FUELS 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 |
| 12 Coke 22 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 |
| Continuous Operation Batch Flocess Flours per Batch Batch Per Week Flours per Days Fer Week Days per Fear |
| |
| 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 |

Form Number: 5 Rev. 9/27/2002

| 12. Equivalent Stack Innformation- is Exhaust through Doors, Windows, etc. Only? (Y/N) | | | | | |
|--|--------------------------------|-----------------|-------------|------------------|--------|
| | | | | LJ 85 | |
| If not, then Height Avove Gro | und (FT) Inside Diameter at To | op Exit Temper | rature (°F) | Exit Velocity (F | T/SEC) |
| | | | | | |
| 66-88 | J | 92-9 | | 96-98 | |
| 30-00 | | 92-3 | | 90-90 | |
| Attach a block diagram of p | NOTE: | ating now oquin | mont oc | onartad on this | form |
| | equipment, including conf | | | | IOIIII |
| 13. Input Materials (for this ed | uipment only) | | | | |
| Is any of this data to be co | | (Y or N) | | | |
| | | | | TRATE | |
| NAME 1. | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. 6. | | | | | |
| 7. | | | | | |
| 8. | - | | | | |
| 9. | | | | | |
| TOTAL | | | | | |
| 14. Output Materials (for this | equinment) | | | | |
| Process/Product Stream | equipment) | | | | |
| | | • | | UT RATE | |
| 1. NAME | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| TOTAL | 1 | | | | |
| 15. Waste Streams - Solid and | Liquid | | | | |
| | - | | | UT RATE | |
| NAME | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS |
| 1. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | _ | | | |
| 6. | | | | | |
| 7. 8. | | | | | |
| 9. | | | | | |
| TOTAL | | | <u> </u> | | |
| | | | | | |

| 16. Total Stack Emissions (for this | s equipment only) in Pounds | s Per Operating Day |
|-------------------------------------|-----------------------------|--|
| Particulate Matter | Oxides of Sulfur | Oxides of Nitrogen |
| See attached air emmissions | | |
| 99-104 | 105-110 | 111-116 |
| Carbon Monoxide | Volatile Organic Compounds | PM-10 |
| | | |
| 177-122 | 123-128 | 129-134 |
| 17. Total Fugitive Emissions (for t | his equipment only) in Poun | nds Per Operating Day |
| Particulate Matter | Oxides of Sulfur | Oxides of Nitrogen |
| See attached air emmissions | 140-144 | 145-149 |
| Carbon Monoxide | Volatile Organic Compounds | PM-10 |
| 150-154 | 155-159 | 160-164 |
| Method Used to Determine Emissi | ions (1= Estimate 2= E | mission Factor 3= Stack Test 4= Other) |
| TSP SOX | NOX CO | VOC PM10 |
| | | |
| 165 166 | 167 168 | 169 170 |
| AIR AND RADIA | TION MANAGEMENT ADMIN | IISTRATION USE ONLY |
| 18. Date Rec'd. Local Date | | turn to Local Jurisdiction |
| Reviewed by Local Jurisdic | ction Reviewe | ed by State |
| 19. Inventory Date Month/Y | ear Equipment Code | SCC Code |
| 171-1 | 74 175-177 | 178-185 |
| 20. Annual | Maximum Design Per | mit to Operate I ransaction Date |
| Operating Rate | Hourly Rate | Month (MM/DD/YR) |
| 186-192 | 193-199 | 200-201 202-207 |
| Staff Code VOC Code | SIP Code Regul | ation Code Confidentiality |
| 208-210 211 212 | | |
| 200-210 211 212 | 213 214 2 | 215-218 219 |
| | 213 214 2 t Description | Action |

Form Number: 5

Rev. 9/27/2002 TTY Users 1-800-735-2258



AIR QUALITY PERMIT TO CONSTRUCT **APPLICATION CHECKLIST**

| | OWNER OF EQUIPMENT/PROCESS |
|----------------------|---|
| COMPANY NAME: | Mountaire Farms of Delware 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: | kmcconnell@mountaire.com |
| DES | CRIPTION 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.

| \boxtimes | Application package cover letter describing the proposed project | | |
|-------------|---|---|--|
| \boxtimes | Complete application forms (Note the number of forms included or NA if not applicable.) | | |
| | No. NA Form 5 No. NA Form 5EP No. NA Form 6 No. NA Form 10 | No. NA Form 11 No. NA Form 41 No. NA Form 42 No. NA Form 44 | |
| | Vendor/manufacturer specifications/guaran | tees | |
| \boxtimes | Evidence of Workman's Compensation Ins | urance | |
| \boxtimes | Process flow diagrams with emission points | S | |
| \boxtimes | Site plan including the location of the proposed source and property boundary | | |
| \boxtimes | Material balance data and all emissions ca | lculations | |
| | Material Safety Data Sheets (MSDS) or eq processed and manufactured. | uivalent information for materials | |
| | Certificate of Public Convenience and Nece from the Public Service Commission (1) | essity (CPCN) waiver documentation | |
| | Documentation that the proposed installation complies with local zoning and land use requirements (2) | | |
| | (1) Required for emergency and non-emer October 1, 2001 and rated at 2001 kW or mo | | |
| | (2) Paguired for applications subject to Eve | panded Public Participation Requirements | |

Required for applications subject to Expanded Public Participation Requirements.

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

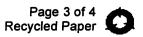
APPLICATION FOR PROCESSING/MANUFACTURING EQUIPMENT

| Permit to Construct | Registration Update | Initial Registratio | n 🖵 |
|--|------------------------------|---|------------------------------|
| 1A. Owner of Equipment/Company Name Mountaire Farms of Delaware Inc. | е | | IN THIS BLOCK TION NUMBER |
| Mailing Address P.O. Box 1320 | | County No. | Premises No. |
| Street Address | | | |
| MIllsboro Delaware | 19966 | 1-2 | 3-6 |
| City State | Zip | Registration Class | Equipment No. |
| Telephone Number | | | |
| (302) 841-4629 | | 7 | 8-11 |
| 002 | | Data Year | |
| Signature | | | |
| 11/100001 | | 10.10 | Application Date |
| 4 Milles Char | | 12-13 | Application Date |
| | | | |
| Phillip Plylar - President | | 5- 22 - 24 Date | |
| Print Name and Title | | Date | |
| 1B. Equipment Location and Telephone | Number (if different fro | om above) | |
| 14209 Old Wye Mills Road | Training (in amorone in | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Street Number and Street Name | | | |
| Wye Mills Maryla | nd 216 | 679 (302) | 841-4629 |
| City/Town State | | | none Number |
| | | ip relept | ione ivamber |
| Mountaire Farms of Delaware Inc W | ye Mills Grain Facility | | |
| Premises Name (if different from above) | | | |
| 3. Status (A= New, B= Modification to Ex | risting Equipment C= F | Existing Equipment) | |
| New Construction | New Construction | Existing | nitial |
| Status Begun (MM/YY) | Completed (MM/YY | | |
| | | 1 it | |
| C | 20-23 | | <u> </u>)-23 |
| 10-19 | 20-23 | 20 | 7-25 |
| 4. Describe this Equipment: Make, Model | , Features, Manufacturer | (include Maximum Hou | ırly Input Rate, etc.) |
| Overhead Grain Transfer Drags | | | |
| F. Manharania Camananatian Camanana | See attached. | | |
| 5. Workmen's Compensation Coverage_ | Binder/Policy Number | | Expiration Date |
| Company | | | |
| NOTE: Before a Permit to Construct may be issu worker's compensation coverage as | | | |
| worker's compensation coverage as | required under Section 1-202 | of the vvolker's Compensa | MOIT ACL. |
| 6A. Number of Pieces of Identical Equip | ment Units to be Regist | tered/Permitted at thi | s Time 18 |
| | | | |
| 6B. Number of Stack/Emission Points As | ssociated with this Equ | ipment None, totally | enciosea. |

| 7. Person Installing this Equipment (if different from Number 1 on Page 1) NameTitle |
|--|
| Company |
| Mailing Address/Street |
| City/Town State Telephone () |
| 8. Major Activity, Product or Service of Company at this Location |
| Grain Elevator - receives, drys and ships all grains. |
| |
| |
| |
| |
| 9. Control Devices Associated with this Equipment |
| None |
| 24-0 |
| Simple/Multiple Spray/Adsorb Venturi Carbon Electrostatic Baghouse Thermal/Catalytic Dry |
| Cyclone Tower Scrubber Adsorber Precipitator Afterburner Scrubber |
| |
| 24-1 24-2 24-3 24-4 24-5 24-6 24-7 24-8 |
| Other |
| |
| Describe Mineral oil applied to all grains recevied. |
| 40. A moved Fixed Consumption for this Fixed many |
| 10. Annual Fuel Consumption for this Equipment OIL-1000 GALLONS SULFUR % GRADE NATURAL GAS-1000 FT ³ LP GAS-100 GALLONS GRADE |
| OIL-1000 GALLONS SULFUR % GRADE NATURAL GAS-1000 FT ³ LP GAS-100 GALLONS GRADE |
| 26-31 32-33 34 35-41 42-45 |
| |
| COAL- TONS SULFUR % ASH% WOOD-TONS MOISTURE % |
| |
| 46-52 53-55 56-58 59-63 64-65 |
| OTHER FUELS 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 |
| |
| 67-1 67-2 68-69 70-71 72 73-75 |
| Seasonal Variation in Operation: No <u>Varia</u> tion Winter Percent Spring Percent Summer Percent Fall Percent (Total Seasons= 100%) |
| |
| 76 77-78 79-80 81-82 83-84 |

Form Number: 5 Rev. 9/27/2002

| 12. Equivalent Stack Innformation- is Exhaust through Doors, Windows, etc. Only? (Y/N) | | | | | | |
|--|-----------------------|-------------------------------------|-----------------|------------|----------------------|----------|
| | | | | | 85 | |
| If not, then | Height Avove Grour | nd (FT) Inside Diameter at To | p Exit Temper | ature (°F) | Exit Velocity (F | T/SEC) |
| ii iiot, tiicii | Theight Avove Groun | | | | Exit Velocity (I | |
| | | | | | | |
| | 86-88 | 89-91 | 92-9 | 95 | 96-98 | |
| | | NOTE: | | | | |
| Attach a bl | ock diagram of pre | ocess/process line, indica | atina new equip | ment as ı | eported on this | form |
| | | equipment, including conf | | | | |
| 40.4 | | | | | | |
| | terials (for this equ | ipment only) isidered confidential? | (Y or N) | | | |
| is ally of | uns data to be cor | isidered confidential? | (1 01 14) | INPU | T RATE | |
| 1 | NAME | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. 6. | | **** | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| TOTAL | | | | | | |
| | | | | | | |
| | aterials (for this e | quipment) | | | | |
| Process | /Product Stream | | | OUT | DUT DATE | |
| 1 | NAME | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | PUT RATE PER YEAR | UNITS |
| 1. | | () () | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| TOTAL | | | | | | |
| | <u> </u> | | | | | |
| 15. Waste Str | eams-Solid and L | iquid | | OUT | NIT DATE | |
| | NAME | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | PUT RATE PER YEAR | UNITS |
| . 1. | NAME . | OAO NO. (II AI I LIOADEL) | TENTIOON | 011110 | TENTEAN | 011110 |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 8 . | | | | | | |
| 9. | | | | | | |
| TOTAL | | | | | | <u> </u> |
| IVIAL | | | | | · | |



| 16. Total Stack Emissions (for this equipment only) in Pounds Per Operating Day | |
|--|---|
| Particulate Matter Oxides of Sulfur Oxides of Nitrogen | |
| See attached air emmissions | |
| 99-104 105-110 111-116 | |
| Carbon Monoxide Volatile Organic Compounds PM-10 | |
| | |
| 177-122 123-128 129-134 | |
| 17. Total Fugitive Emissions (for this equipment only) in Pounds Per Operating Day | |
| Particulate Matter Oxides of Sulfur Oxides of Nitrogen | |
| See attached air emmissions 140-144 145-149 | |
| Carbon Monoxide Volatile Organic Compounds PM-10 | |
| 150-154 155-159 160-164 | |
| Method Used to Determine Emissions (1= Estimate 2= Emission Factor 3= Stack Test 4= Other) |) |
| TSP SOX NOX CO VOC PM10 | |
| | |
| 165 166 167 168 169 170 | |
| 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 DateByBy | - |
| 19. Inventory Date Month/Year Equipment Code SCC Code | |
| 171-174 175-177 178-185 | |
| 20. Annual Maximum Design Permit to Operate Transaction Date | |
| Operating Rate Hourly Rate Month (MM/DD/YR) | Ì |
| | |
| 186-192 193-199 200-201 202-207 | |
| Staff Code VOC Code SIP Code Regulation Code Confidentiality | |
| | |
| Staff Code VOC Code SIP Code Regulation Code Confidentiality | |
| | |

Page 4 of 4 Recycled Paper



(2)

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: | kmcconnell@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.

| \boxtimes | Application package cover letter describing the proposed project |
|-------------|---|
| \boxtimes | Complete application forms (Note the number of forms included or NA if not applicable.) |
| | No. NA Form 5 No. NA Form 11 No. NA Form 5T No. NA Form 41 No. NA Form 5EP No. NA Form 42 No. NA Form 6 No. NA Form 44 No. NA Form 10 |
| | Vendor/manufacturer specifications/guarantees |
| \boxtimes | Evidence of Workman's Compensation Insurance |
| \boxtimes | Process flow diagrams with emission points |
| \boxtimes | Site plan including the location of the proposed source and property boundary |
| \boxtimes | Material balance data and all emissions calculations |
| | Material Safety Data Sheets (MSDS) or equivalent information for materials processed and manufactured. |
| | Certificate of Public Convenience and Necessity (CPCN) waiver documentation from the Public Service Commission ⁽¹⁾ |
| | Documentation that the proposed installation complies with local zoning and land use requirements $^{\rm (2)}$ |
| | (1) Required for emergency and non-emergency generators installed on or after October 1, 2001 and rated at 2001 kW or more. |

Required for applications subject to Expanded Public Participation Requirements.

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 F | PROCESSING/ | MANUF | ACTURING EQUIPMENT |
|---------------------|--------------|----------|---------------------------|
| Permit to Construct | Registration | Undate □ | Initial Registration |

| Terrine to construct a | Registration opulate a | mittal Registration d |
|---|--|---|
| 1A. Owner of Equipment/Company Name | • | DO NOT WRITE IN THIS BLOCK |
| Mountaire Farms of Delaware Inc Wye M | ills Grain Facility | 2. REGISTRATION NUMBER |
| Mailing Address | | County No. Premises No. |
| P.O. Box 1320 | | |
| Street Address | 40000 | 1-2 3-6 |
| MIllsboro Delaware City State | 19966 Zip | Registration Class Equipment No. |
| | Zip | regionale in Charles Equipment (1) |
| Telephone Number | | 7 8-11 |
| (302) 841-4629 | | Data Year |
| Signature | | |
| | | Anglication Pote |
| - I mille Whelen | | 12-13 Application Date |
| Phillip Plylar - President | | F-22-24 |
| Print Name and Title | | 5-22-24 Date |
| | | |
| 1B. Equipment Location and Telephone | Number (if different f | rom above) |
| 14209 Old Wye Mills Road Street Number and Street Name | | |
| | | |
| Wye Mills Marylar | nd 2 | 1679 (302) 841-4629 |
| City/Town State | | Zip Telephone Number |
| Mountaire Farms of Delaware Inc Wy | ye Mills Grain Facility | |
| Premises Name (if different from above) | | |
| 3. Status (A= New, B= Modification to Ex | isting Equipment, C= | Existing Equipment) |
| New Construction | New Constructio | |
| Status Begun (MM/YY) | Completed (MM/Y | Y) Operation (MM/YY) |
| | | |
| 15 16-19 | 20-23 | 20-23 |
| 4. Describe this Equipment: Make, Model, Grain Truck Receiving Pits - 750 bushel capacit | | er (include Maximum Hourly Input Rate, etc.) |
| Claim Track (Cooking) to pacific suppose | • | |
| 5. Workmen's Compensation Coverage_ | See attached. | <u> </u> |
| Company | Binder/Policy Number | Expiration Date |
| NOTE: Before a Permit to Construct may be issue | ed by the Department, the a required under Section 1-2 | pplicant must provide the Department with proof of 02 of the Worker's Compensation Act. |
| 6A. Number of Pieces of Identical Equipm | nent Units to be Regi | stered/Permitted at this Time 2 |
| | | |
| 6B. Number of Stack/Emission Points As | sociated with this Ed | quipment <u>∠</u> |

| 7. Person Installing this Equipment (if different from Number 1 on Page 1) Name |
|---|
| Company |
| Mailing Address/Street |
| City/TownStateTelephone () |
| 8. Major Activity, Product or Service of Company at this Location |
| Grain Elevator - receives, drys and ships all grains. |
| |
| 9. Control Devices Associated with this Equipment |
| None 24-0 |
| Simple/Multiple Spray/Adsorb Venturi Carbon Electrostatic Baghouse Thermal/Catalytic Dry Cyclone Tower Scrubber Adsorber Precipitator Afterburner Scrubber 24-1 24-2 24-3 24-4 24-5 24-6 24-7 24-8 |
| Other |
| X Describe Dust control by Wings Baffle System |
| 24-9 |
| 10. Annual Fuel Consumption for this Equipment |
| OIL-1000 GALLONS SULFUR % GRADE NATURAL GAS-1000 FT ³ LP GAS-100 GALLONS GRADE 26-31 32-33 34 35-41 42-45 |
| COAL- TONS SULFUR % ASH% WOOD-TONS MOISTURE % 46-52 53-55 56-58 59-63 64-65 |
| OTHER FUELS 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 |
| 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 Innformation- is Exhaust through Doors, Windows, etc. Only? (Y/N) | | | | | | |
|--|--|-------------------------------|------------------|---------------|----------------------|----------|
| | | | | | | |
| If not, then | Height Avove Grour | nd (FT) Inside Diameter at To | op Exit Tempe | rature (°F) | Exit Velocity (F | ET/SEC) |
| | | | | | ZAR VOICORY (I | 7,020, |
| | | | | | | |
| i. | 86-88 | 89-91 | 92- | 95 | 96-98 | |
| | | NOTE: | | | | |
| Attach a bi | ock diagram of pro | ocess/process line, indica | ating new equip | ment as i | reported on this | form |
| | and all existing e | equipment, including conf | trol devices and | l emissio | n points. | |
| 12 Innut Mot | torials (for this say | inment only) | | | | |
| | terials (for this equ this data to be cor | nsidered confidential? | (Y or N) | | | |
| | | | | INPU | T RATE | |
| | NAME | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS |
| 2. | | | | | | <u> </u> |
| 3. | | | | | | <u> </u> |
| 4. | | | | | | <u> </u> |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. TOTAL | | | | <u> </u> | | |
| IOIAL | | | | | | |
| | aterials (for this e | quipment) | | | | |
| Process/ | /Product Stream | | | | | |
| 1 . | NAME | CAS NO. (IF APPLICABLE) | PER HOUR | OUTF UNITS | PUT RATE PER YEAR | UNITS |
| 1. | IVAIIL | OAO NO. (II ATTEIOADEE) | TENTIOON | Olulo | TENTERIN | 0.0.0 |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. 6. | | - | | | | |
| 7. | | | | | | |
| 8. | | | • | | | |
| 9. | | | | | | |
| TOTAL | | | <u> </u> | | | |
| 45 Wests Streems, Solid and Liquid | | | | | | |
| 15. Waste Streams- Solid and Liquid OUTPUT RATE | | | | | | |
| [| NAME | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS |
| 1. | | | | | | |
| 2. | | | - | <u> </u> | | |
| 3. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | <u> </u> | | <u> </u> | | L |
| TOTAL | | | | | | |

| , | oquipmont omy, mir ound | s Per Operating Day | |
|---|--|---|---|
| Particulate Matter | Oxides of Sulfur | Oxides of Nitro | gen |
| See attached air emmissions | | | |
| 99-104 | 105-110 | 111-116 | |
| Carbon Monoxide | Volatile Organic Compounds | PM-10 | |
| | | | |
| 177-122 | 123-128 | 129-134 | |
| 17. Total Fugitive Emissions (for th | is equipment only) in Pou | nds Per Operating Day | |
| | | | |
| Particulate Matter | Oxides of Sulfur | Oxides of Nitro | gen |
| See attached air emmissions | 140-144 | 145-149 | |
| Carbon Monoxide | Volatile Organic Compounds | PM-10 | |
| Carbon Monoxide | Volatile Organic Compounds | FIVETO | |
| 150-154 | 155-159 | 160-164 | |
| Method Used to Determine Emission | ons (1= Estimate 2= | Emission Factor 3= St | ack Test 4= Other) |
| TSP SOX | NOX CO | VOC PM10 | · |
| | | | ĵ |
| | | | |
| | | | |
| 165 166 | 167 168 | 169 170 | |
| | 167 168 ION MANAGEMENT ADMI | | |
| AIR AND RADIAT | ION MANAGEMENT ADMI | NISTRATION USE ONL | .Y cion |
| AIR AND RADIAT | ION MANAGEMENT ADMI | NISTRATION USE ONL | .Y cion |
| AIR AND RADIAT 18. Date Rec'd. Local Date Reviewed by Local Jurisdict | ION MANAGEMENT ADMI Rec'd. State Re Da ion Review | eturn to Local JurisdicteByed by State | ion |
| AIR AND RADIAT 18. Date Rec'd. Local Date F Reviewed by Local Jurisdict Date By | ION MANAGEMENT ADMI Rec'd. State Re Da ion Review Date Date | eturn to Local JurisdicteByed by State | ion |
| AIR AND RADIAT 18. Date Rec'd. Local Date F Reviewed by Local Jurisdict Date By | ION MANAGEMENT ADMI Rec'd. State Re Da ion Review Date Date | eturn to Local JurisdicteByed by State | ion |
| AIR AND RADIAT 18. Date Rec'd. Local Date F Reviewed by Local Jurisdict Date By 19. Inventory Date Month/Ye | ION MANAGEMENT ADMI Rec'd. State Da ion Review Date ear Equipment Code | eturn to Local JurisdicteByed by State | de |
| AIR AND RADIAT 18. Date Rec'd. Local Date F Reviewed by Local Jurisdict Date By | ION MANAGEMENT ADMI Rec'd. State Da ion Review Date Par Equipment Code 4 175-177 | eturn to Local JurisdicteByed by State | de |
| AIR AND RADIAT 18. Date Rec'd. Local Date F Reviewed by Local Jurisdict Date By 19. Inventory Date Month/Ye | Rec'd. State Rec'd. State Rec'd. State Rec'd. State Da ion Review Date Par Equipment Code 175-177 | eturn to Local JurisdicteByed by StateBye SCC Coc178-18 | de |
| AIR AND RADIAT 18. Date Rec'd. Local Date Reviewed by Local Jurisdict By 19. Inventory Date Month/Ye 171-174 | ion Review Date Equipment Code 175-177 Maximum Design Pe | eturn to Local Jurisdicte By By State SCC Coc | de Sansaction Date |
| AIR AND RADIAT 18. Date Rec'd. Local Date Reviewed by Local Jurisdict By 19. Inventory Date Month/Ye 171-174 | ion Review Date Equipment Code 175-177 Maximum Design Pe | eturn to Local Jurisdicte By By State SCC Coc | de Sansaction Date |
| AIR AND RADIAT 18. Date Rec'd. Local Date Reviewed by Local Jurisdict By 19. Inventory Date Month/Ye 171-174 20. Annual Operating Rate | ion Review Date Par Equipment Code 175-177 Maximum Design Hourly Rate 193-199 | eturn to Local JurisdicteByed by State SCC Coc 178-18 Prmit to Operate Month 200-201 | de de ansaction Date (MM/DD/YR) |
| AIR AND RADIAT 18. Date Rec'd. Local Date Reviewed by Local Jurisdict By 19. Inventory Date Month/Ye 171-174 20. Annual Operating Rate | ion Review Date Par Equipment Code 175-177 Maximum Design Hourly Rate 193-199 | eturn to Local JurisdicteByed by State SCC Coc 178-18 Prmit to Operate Month 200-201 | de de (MM/DD/YR) 202-207 |
| AIR AND RADIAT 18. Date Rec'd. Local Date Reviewed by Local Jurisdict By 19. Inventory Date Month/Ye 171-174 20. Annual Operating Rate | ion Review Date Par Equipment Code 175-177 Maximum Design Hourly Rate 193-199 | eturn to Local JurisdicteByed by State SCC Coc 178-18 Prmit to Operate Month 200-201 | de de (MM/DD/YR) 202-207 |
| AIR AND RADIAT 18. Date Rec'd. Local Date Reviewed by Local Jurisdict By 19. Inventory Date Month/Ye 20. Annual Operating Rate Staff Code VOC Code 208-210 211 212 | ion Review Date 175-177 Maximum Design Hourly Rate 193-199 SIP Code Regularity Regular | eturn to Local Jurisdicte By ed by State SCC Coc 178-18 ermit to Operate Ir Month 200-201 | de ansaction Date (MM/DD/YR) 202-207 onfidentiality |
| AIR AND RADIAT 18. Date Rec'd. Local Date Reviewed by Local Jurisdict By 19. Inventory Date Month/Ye 20. Annual Operating Rate Staff Code VOC Code 208-210 211 212 | ion Review Date Poar Equipment Code Hourly Rate Poar Hourly Rate Poar Hourly Rate Poar Regulation Regulation Poar Regulation Regulat | eturn to Local Jurisdicte By ed by State SCC Coc 178-18 ermit to Operate Ir Month 200-201 | de de (MM/DD/YR) 202-207 Infidentiality |

Page 4 of 4 Recycled Paper



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: | kmcconnell@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.

| \boxtimes | Application package cover letter describing the proposed project | | |
|-------------|--|---|---|
| \boxtimes | Comp application | lete application forms (Note the numbable.) | per of forms included or NA if not |
| | No. | NA Form 5T NA Form 5EP NA Form 6 | No. NA Form 11 No. NA Form 41 No. NA Form 42 No. NA Form 44 |
| | Vendo | or/manufacturer specifications/guaran | tees |
| \boxtimes | Evider | nce of Workman's Compensation Ins | urance |
| \boxtimes | Process flow diagrams with emission points | | |
| \boxtimes | Site pl | lan including the location of the propo | sed source and property boundary |
| \boxtimes | Materi | al balance data and all emissions ca | culations |
| | | ial Safety Data Sheets (MSDS) or equipment and manufactured. | uivalent information for materials |
| | 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) Octo | Required for emergency and non-emer ber 1, 2001 and rated at 2001 kW or mo | |
| | (2) | Deguired for applications subject to Ev | anded Public Participation Pequirements |

Required for applications subject to Expanded Public Participation Requirements.

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/ | MANUFAC' | TURING EQUI | PMENT |
|---------------------|--------------|----------|----------------------|-------|
| Permit to Construct | Registration | Update □ | Initial Registration | on 🗆 |

| | Trogrammen opunit = | | |
|---|----------------------------------|---------------------------|---------------------------|
| 1A. Owner of Equipment/Company Na | DO NOT WRITE IN THIS BLOCK | | |
| Mountaire Farms of Delaware Inc Wye | Mills Grain Facility | 2. REGISTRA | TION NUMBER |
| Mailing Address | | County No. | Premises No. |
| P.O. Box 1320 | | | 11011110001101 |
| Street Address | | | |
| Millsboro Delaware | 19966 | 1-2 Registration Class | 3-6 Equipment No. |
| City State | Zip | Registration class | Lquipinent No. |
| Telephone Number | | | |
| (302) 841-4629 | | Data Year | 8-11 |
| | | Data Teal | |
| Signature | 7 | | |
| White Who | - | 12-13 | Application Date |
| 7 7 | | | |
| Phillip Plylar - President | | 5-22-24 Date | <u></u> |
| Print Name and Title | | Date | |
| 1B. Equipment Location and Telephor | ne Number (if different f | rom above) | |
| 14209 Old Wye Mills Road | io itamion (ii amorone) | rom abovo, | |
| Street Number and Street Name | | | |
| Wye Mills Mary | rland 2 ⁻ | 1679 (302) | 841-4629 |
| City/Town State | | | phone Number |
| Mountaire Farms of Delaware Inc | Wye Mills Grain Facility | | |
| Premises Name (if different from above) | vvyc Willis Crail i acility | | |
| | | | |
| 3. Status (A= New, B= Modification to | | | |
| New Construction Status Begun (MM/YY) | New Construction Completed (MM/Y | | ng Initial n (MM/YY) |
| Ctatus Beguir (WW/11) | | | |
| | | | |
| 15 16-19 | 20-23 | 2 | 0-23 |
| 4. Describe this Equipment: Make, Mod | del, Features, Manufacture | er (include Maximum Ho | urly Input Rate, etc.) |
| Facility tube transfer/loadout screws | | | |
| 5. Workmen's Compensation Coverag | See attached air emn | missions | |
| 5. Workmen's Compensation Coverag | Binder/Policy Number | | Expiration Date |
| Company | | | |
| NOTE: Before a Permit to Construct may be is worker's compensation coverage | | | |
| 6A. Number of Pieces of Identical Equ | ipment Units to be Regi | stered/Permitted at th | nis Time_See attached EA. |
| | | | |
| 6B. Number of Stack/Emission Points | Accordated with this E- | uipmont No. 1 1 | |

| 7. Person Installing this Equipment (if different from Number 1 on Page 1) NameTitle |
|--|
| Company |
| Mailing Address/Street |
| City/TownStateTelephone () |
| 8. Major Activity, Product or Service of Company at this Location |
| Grain Elevator - receives, drys and ships all grains. |
| 9. Control Devices Associated with this Equipment |
| None 24-0 |
| Simple/Multiple Spray/Adsorb Venturi Carbon Electrostatic Baghouse Thermal/Catalytic Dry Scrubber Cyclone Tower Scrubber Adsorber Precipitator |
| Other |
| Describe Mineral oil applied to all grains recevied. Dust socks at all loadout points. |
| 24-9 |
| 10. Annual Fuel Consumption for this Equipment |
| OIL-1000 GALLONS SULFUR % GRADE NATURAL GAS-1000 FT ³ LP GAS-100 GALLONS GRADE 26-31 32-33 34 35-41 42-45 |
| COAL-TONS SULFUR % ASH% WOOD-TONS MOISTURE % 46-52 53-55 56-58 59-63 64-65 |
| OTHER FUELS 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 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. Equivaler | nt Stack Innformat | tion- is Exh | aust through D | oors, Windows | s, etc. On | ly? (Y/N) | |
|---------------|----------------------|--------------|---------------------|------------------|-------------|---------------------------------------|--------------|
| | | | | | | <u> </u> | |
| If not, then | Height Avove Grou | nd (FT) In: | side Diameter at To | p Exit Tempe | rature (°F) | Exit Velocity (I | FT/SEC) |
| | | , , | | | | | |
| | | | | | | | |
| | 86-88 | | 89-91 | 92- | 95 | 96-98 | |
| | | | NOTE: | | | | |
| Attach a bl | ock diagram of pr | | ess line, indica | | | | form |
| | and all existing of | equipment, | including conf | trol devices and | ł emissio | n points. | |
| 13 Innut Mat | erials (for this equ | uinment on | v) | | | | |
| Is any of | this data to be co | nsidered co | onfidential? | (Y or N) | | | |
| | | | | | INPU | T RATE | |
| | NAME | CAS NO. (I | F APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS |
| 1. 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. 9. | | - | | | | | |
| TOTAL | | l | | | <u> </u> | | |
| | | | | | | | |
| | aterials (for this e | quipment) | | | | | |
| Process/ | Product Stream | | | | OUT | PUT RATE | |
| i i | NAME | CAS NO. (I | F APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS |
| 1. | | , | | | | | |
| 2. | | | | | | - | |
| 3. | | | | | ļ <u>-</u> | | |
| 5. | | | | | | | |
| 6. | | | _ | | | | |
| 7. | ** ** | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| TOTAL | | | | | | · · · · · · · · · · · · · · · · · · · | |
| 15. Waste Str | eams- Solid and L | _iauid | | | | | |
| | | - | | | | PUT RATE | |
| | NAME | CAS NO. (I | F APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS |
| 1. 2. | | | | | | | <u> </u> |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. 8. | | | - | | | | |
| 9. | | | | | <u> </u> | | |
| TOTAL | | l | | | | | L |
| | | | | | | | |

| | s equipment only) in Pound | s Per Operating Da | У |
|---|--|---|---|
| Particulate Matter See attached air emmissions | Oxides of Sulfur | Oxides of N | Nitrogen |
| 99-104 | 105-110 | 111- | 116 |
| Carbon Monoxide | Volatile Organic Compounds | PM- | 10 |
| 177-122 | 123-128 | 129- | 134 |
| 17. Total Fugitive Emissions (for t | this equipment only) in Pour | nds Per Operating | Day |
| Particulate Matter 135-139 | Oxides of Sulfur | Oxides of N | |
| Carbon Monoxide 150-154 | Volatile Organic Compounds 155-159 | PM- | |
| Method Used to Determine Emiss | ions (1= Estimate 2= I | Emission Factor 3 | Stack Test 4= Other) |
| TSP SOX | NOX CO | VOC F | PM10 |
| | | | |
| 165 166 | 167 168 | | 170 |
| | 167 168 TION MANAGEMENT ADMII | | |
| AIR AND RADIA | TION MANAGEMENT ADMII | NISTRATION USE Of | DNLY |
| AIR AND RADIA | Rec'd. State Rection Reviewe | NISTRATION USE Of | DNLY |
| AIR AND RADIA 18. Date Rec'd. Local Date Reviewed by Local Jurisdic | Rec'd. State Rection Reviewed Date | turn to Local Jurise ed by State | DNLY |
| AIR AND RADIA 18. Date Rec'd. Local Date Reviewed by Local Jurisdic Date By | Rec'd. State Record. State Record. State Ction Reviewer Date Cear Equipment Code | eturn to Local Jurise By ed by State By e SCC | diction |
| AIR AND RADIA 18. Date Rec'd. Local Date Reviewed by Local Jurisdic By 19. Inventory Date Month/N | Rec'd. State Rec'd. State Rec'd. State Ction Reviewe Date Tear Equipment Code Transport Transpor | eturn to Local Jurise ed by State By SCC 178 | Code 3-185 Transaction Date |
| AIR AND RADIA 18. Date Rec'd. Local Date Reviewed by Local Jurisdic Date By 19. Inventory Date Month/N | Rec'd. State Record. State Record. State Ction Reviewer Date Date Tear Equipment Code Transport | ed by State SCC | Code |
| AIR AND RADIA 18. Date Rec'd. Local Date Reviewed by Local Jurisdic By 19. Inventory Date Month/N | Rec'd. State Rec'd. State Rec'd. State Ction Reviewe Date Tear Equipment Code Transport Transpor | eturn to Local Jurise ed by State By SCC 178 | Code 3-185 Transaction Date |
| AIR AND RADIA 18. Date Rec'd. Local Date Reviewed by Local Jurisdic Date By 19. Inventory Date Month/N 171-1 20. Annual Operating Rate | Rec'd. State Rec'd. State Rec'd. State Reviewe Date T4 T75-177 Maximum Design Hourly Rate 193-199 | eturn to Local Juriste By By SCC SCC Month | Code 3-185 Transaction Date (MM/DD/YR) |
| AIR AND RADIA 18. Date Rec'd. Local Date Reviewed by Local Jurisdic By 19. Inventory Date Month/Y 20. Annual Operating Rate | Rec'd. State Rec'd | ed by State By SCC Trmit to Operate Month | Code 3-185 Transaction Date (MM/DD/YR) 202-207 |
| AIR AND RADIA 18. Date Rec'd. Local Date Reviewed by Local Jurisdic By 19. Inventory Date Month/N 20. Annual Operating Rate Staff Code VOC Code 208-210 211 212 | Rec'd. State Rec'd | eturn to Local Jurise ed by State By SCC Trmit to Operate Month 200-201 | Code 3-185 Transaction Date (MM/DD/YR) 202-207 Confidentiality |

Page 4 of 4 Recycled Paper



(2)

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: | kmcconnell@mountairecom |
| DES | CRIPTION 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.

| \boxtimes | Application package cover letter describing the proposed project |
|-------------|--|
| \boxtimes | Complete application forms (Note the number of forms included or NA if not applicable.) |
| | No. 1 Form 5 No. NA Form 11 No. NA Form 5T No. NA Form 41 No. NA Form 5EP No. NA Form 42 No. NA Form 6 No. NA Form 44 No. NA Form 10 |
| | Vendor/manufacturer specifications/guarantees |
| \boxtimes | Evidence of Workman's Compensation Insurance |
| \boxtimes | Process flow diagrams with emission points |
| \boxtimes | Site plan including the location of the proposed source and property boundary |
| \boxtimes | Material balance data and all emissions calculations |
| | Material Safety Data Sheets (MSDS) or equivalent information for materials processed and manufactured. |
| | Certificate of Public Convenience and Necessity (CPCN) waiver documentation from the Public Service Commission ⁽¹⁾ |
| | Documentation that the proposed installation complies with local zoning and land use requirements $^{(2)}$ |
| | (1) Required for emergency and non-emergency generators installed on or after October 1, 2001 and rated at 2001 kW or more. |

Required for applications subject to Expanded Public Participation Requirements.

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 I | PROCESSING/ | MANUFAC | TURING I | EQUIPMENT |
|---------------------|--------------|----------|------------|--------------|
| Permit to Construct | Registration | Update □ | Initial Re | gistration 🗆 |

| 1A. Owner of Equipment/Company Name Mountaire Farms of Delaware Inc Wye Mills Grain Facility | | | | | IN THIS BLOCK |
|---|--|-------------------|---------------------|----------------|------------------------|
| Mountaire Farms of Delaware | Inc Wye Mills G | Frain Facility | 2. R | EGISTRAT | TION NUMBER |
| Mailing Address | | | County | No | Premises No. |
| P.O. Box 1320 | | | Country | | Tronneco rec |
| Street Address | | | | | |
| | elaware | 19966 | 1-2 | . 01 | 3-6 |
| City | State | Zip | Registrat | tion Class | Equipment No. |
| Telephone Number | | | | | |
| (302) 841-4629 | | | 7 | | 8-11 |
| 002) 011 1020 | | | — Data Y | ear | |
| Signature | | | | | |
| | | | 12-1 | | Application Date |
| Mallorys | de | | | 3 | Application Date |
| Divilia Diday Daviday | | | | 2.21 | |
| Phillip Plylar - President | | | | 2-2024 | |
| Print Name and Title | | | Date | | |
| 1B. Equipment Location and | d Telephone Num | ber (if differer | t from above) | | |
| 14209 Old Wye Mills Roa | DEED TO THE SHARE SHOP IN COMMENT ASSOCIATION OF THE STATE OF THE SHARE A SOCIAL | | | | |
| Street Number and Street Nam | | | | | |
| Wye Mills | Maryland | | 21679 | (302) | 841-4629 |
| City/Town | State | | Zip | | none Number |
| | | | | | |
| Mountaire Farms of Dela | | ilis Grain Facili | У | | |
| Premises Name (if different from | n above) | | | | |
| 3. Status (A= New, B= Modif | ication to Existing | g Equipment, | C= Existing Eq | uipment) | |
| New Cor | nstruction | New Construc | tion | Existing | ı Initial |
| Status Begun (| MM/YY) | Completed (MI) | <u>///YY)</u> | Operation | (MM/YY) |
| c | | | | | |
| | <u> </u> | 20-23 | | 20 |)-23 |
| | | | | | |
| 4. Describe this Equipment: | | | | ximum Hou | rly Input Rate, etc.) |
| Grain Turnheads - Direct grain th | roughout the facility | - (grain nandling | g equipment) | | |
| 5. Workmen's Compensation | Coverage See | e attached. | | | |
| c. Working a compensation | | er/Policy Number | | E | Expiration Date |
| Company NOTE: Before a Permit to Constr | rust may be issued by t | the Department th | o applicant must be | ravida tha Dar | partment with proof of |
| | tion coverage as requir | | | | |
| | | | | | _ |
| 6A. Number of Pieces of Ide | ntical Failinment | Linite to be Pa | auctored/Dorm | utted at thi | s lime ∪ |
| | intical Equipment | Office to be in | gisteredirenn | intica at tin | · |
| 6B. Number of Stack/Emissi | | | | | |

| 7. Person Installing this Equipment (if different from Number 1 on Page 1) NameTitle |
|---|
| Company |
| Mailing Address/Street |
| City/TownStateTelephone () |
| 8. Major Activity, Product or Service of Company at this Location |
| Grain Elevator - receives, drys and ships all grains. |
| |
| |
| |
| |
| 9. Control Devices Associated with this Equipment |
| None |
| |
| Simple/Multiple Spray/Adsorb Venturi Carbon Electrostatic Baghouse Thermal/Catalytic Dry |
| Cyclone Tower Scrubber Adsorber Precipitator Afterburner Scrubber |
| |
| 24-1 24-2 24-3 24-4 24-5 24-6 24-7 24-8 |
| |
| Other |
| X Describe Mineral oil applied to all grains recevied. |
| 24-9 |
| 10. Annual Fuel Consumption for this Equipment |
| OIL-1000 GALLONS SULFUR % GRADE NATURAL GAS-1000 FT ³ LP GAS-100 GALLONS GRADE |
| |
| 26-31 32-33 34 35-41 42-45 |
| COAL- TONS SULFUR % ASH% WOOD-TONS MOISTURE % |
| |
| 46-52 53-55 56-58 59-63 64-65 |
| OTHER FUELS 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 |
| |
| 67-1 67-2 68-69 70-71 72 73-75 |
| Seasonal Variation in Operation: No <u>Variation</u> Winter Percent Spring Percent Summer Percent Fall Percent (Total Seasons= 100%) |
| |
| 76 77-78 79-80 81-82 83-84 |

| 12. Equivaler | nt Stack Innformat | ion- is Exhaust through D | oors, Windows | , etc. Onl | y? (Y/N) | |
|-----------------------|-----------------------|------------------------------|-----------------|-------------|------------------|--------------|
| | | | | | | |
| | | | | | 85 | |
| If not, then | Height Avove Groun | d (FT) Inside Diameter at To | p Exit Tempe | rature (°F) | Exit Velocity (F | T/SEC) |
| | | | | | | |
| | | | | | | |
| | 86-88 | 89-91 | 92- | 95 | 96-98 | |
| | | NOTE: | | | | |
| Attach a blo | | ocess/process line, indica | | | | form |
| | and all existing e | quipment, including cont | rol devices and | l emissio | n points. | |
| 12 Innut Mat | orials (for this one | inment only) | | | | |
| | erials (for this equ | isidered confidential? | (Y or N) | | | |
| is any or t | ins data to be con | | | INPU | T RATE | |
| 1 | NAME | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4 . 5 . | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| TOTAL | | | | | | |
| | | | | | | |
| | aterials (for this ed | quipment) | | | | |
| Process/ | Product Stream | | | OUTE | PUT RATE | |
| i | NAME | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS |
| 1. | | • | | | | |
| 2. | | | | | | |
| 3. | | - | | | | |
| 4. | | | | | | |
| 5. 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| TOTAL | | | | | | |
| | | | | | | |
| 15. Waste Str | eams- Solid and L | iquid | | OUT | PUT RATE | |
| i r | NAME | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS I | PER YEAR | UNITS |
| 1. | | ONO NO. (II ALL EIGHDEE) | · EK HOOK | 00 | | <u> </u> |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. 7. | | | | | | |
| 8. | | | | <u> </u> | | |
| 9. | | | | | _ | |
| TOTAL | | | | <u> </u> | | · · · - — |
| | | | | | | |

| 16. Total Stack Emissions (fo | r this equipment only) in Pour | nds Per Operating Day | |
|---|---|--|-----|
| Particulate Matter See attached air emmissio | Oxides of Sulfur | Oxides of Nitrogen | |
| 99-104 | 105-110 | 111-116 | |
| Carbon Monoxide | Volatile Organic Compounds | | |
| | | | |
| 177-122 | 123-128 | 129-134 | |
| | | | |
| 17. Total Fugitive Emissions (| (for this equipment only) in Po | ounds Per Operating Day | |
| Particulate Matter | Oxides of Sulfur | Oxides of Nitrogen | |
| See attached air emmiss | | | |
| 135-139 | 140-144 | 145-149 | |
| Carbon Monoxide | Volatile Organic Compounds | PM-10 | |
| | | | |
| 150-154 | 155-159 | 160-164 | |
| Method Used to Determine En | nissions (1= Estimate 2: | = Emission Factor 3= Stack Test 4= Other | er) |
| TSP SOX | NOX CO | VOC PM10 | |
| | | | |
| | | | |
| 165 166 | 167 168 | 169 170 | |
| | 167 168 ADIATION MANAGEMENT ADM | | |
| AIR AND RA | ADIATION MANAGEMENT ADM | MINISTRATION USE ONLY | |
| AIR AND RA | ADIATION MANAGEMENT ADM | | |
| AIR AND RA | Date Rec'd. State | MINISTRATION USE ONLY Return to Local Jurisdiction DateBy | |
| AIR AND RA 18. Date Rec'd. Local Reviewed by Local Jur | Date Rec'd. State | MINISTRATION USE ONLY Return to Local Jurisdiction | |
| AIR AND RA 18. Date Rec'd. Local Reviewed by Local Jury DateBy | Date Rec'd. State | Return to Local Jurisdiction DateByewed by State | |
| AIR AND RA 18. Date Rec'd. Local Reviewed by Local Jun DateBy | Date Rec'd. State isdiction Revie | Return to Local Jurisdiction DateByewed by State | |
| AIR AND RA 18. Date Rec'd. Local Reviewed by Local Jun Date By 19. Inventory Date Mor | Date Rec'd. State isdiction Third Equipment Co | Return to Local Jurisdiction DateBy ewed by StateBy ode SCC Code178-185 | |
| AIR AND RA 18. Date Rec'd. Local Reviewed by Local Jur Date By 19. Inventory Date More 20. Annual | Date Rec'd. State isdiction Revie Date Date This is a state This is a | Return to Local Jurisdiction DateBy ewed by StateBy ode SCC Code178-185 Permit to Operate Transaction Date | |
| AIR AND RA 18. Date Rec'd. Local Reviewed by Local Jun Date By 19. Inventory Date Mor | Date Rec'd. State isdiction Third Equipment Co | Return to Local Jurisdiction DateBy ewed by StateBy ode SCC Code178-185 | |
| AIR AND RA 18. Date Rec'd. Local Reviewed by Local Jur Date By 19. Inventory Date More 20. Annual | Date Rec'd. State isdiction Revie Date Date This is a state This is a | Return to Local Jurisdiction DateBy ewed by StateBy ode SCC Code178-185 Permit to Operate Transaction Date | |
| AIR AND RA 18. Date Rec'd. Local Reviewed by Local Jur DateBy 19. Inventory Date Mor 20. Annual Operating Rate 186-192 | Date Rec'd. State isdiction Revie Date Date 171-174 Francisco 171-174 Francisco 173-177 Maximum Design Hourly Rate 193-199 | Return to Local Jurisdiction DateBy ewed by StateBy Dide SCC Code178-185 Permit to Operate | |
| AIR AND RA 18. Date Rec'd. Local Reviewed by Local Jur DateBy 19. Inventory Date Mor 20. Annual Operating Rate | Date Rec'd. State isdiction Revie Date Date 171-174 Francisco 171-174 Francisco 173-177 Maximum Design Hourly Rate 193-199 | Return to Local Jurisdiction DateBy ewed by StateBy ode SCC Code 178-185 Permit to Operate Iransaction Date Month (MM/DD/YR) | |
| AIR AND RA 18. Date Rec'd. Local Reviewed by Local Jur DateBy 19. Inventory Date Mor 20. Annual Operating Rate 186-192 | Date Rec'd. State isdiction Revie Date Date 171-174 Francisco 171-174 Francisco 173-177 Maximum Design Hourly Rate 193-199 | Return to Local Jurisdiction DateBy ewed by StateBy Dide SCC Code178-185 Permit to Operate | |
| AIR AND RA 18. Date Rec'd. Local Reviewed by Local Jurn By 19. Inventory Date More Departing Rate 186-192 Staff Code 208-210 211 212 | Date Rec'd. State isdiction Revie Date Date Inth/Year Equipment Co 171-174 Maximum Design Hourly Rate 193-199 E SIP Code 213 214 | Return to Local Jurisdiction DateBy ewed by StateBy ode SCC Code178-185 Permit to Operate Month (MM/DD/YR) | |
| AIR AND RA 18. Date Rec'd. Local Reviewed by Local Jurn By 19. Inventory Date More Departing Rate 186-192 Staff Code 208-210 211 212 | Date Rec'd. State isdiction Revie Date Date Inth/Year Equipment Co 171-174 Maximum Design Hourly Rate 193-199 e SIP Code Rec | Return to Local Jurisdiction DateBy ewed by StateBy ode SCC Code178-185 Permit to Operate Iransaction Date (MM/DD/YR) | |
| AIR AND RA 18. Date Rec'd. Local Reviewed by Local Jurn By 19. Inventory Date More Departing Rate 186-192 Staff Code 208-210 211 212 | Date Rec'd. State isdiction Revie Date Date Inth/Year Equipment Co 171-174 Maximum Design Hourly Rate 193-199 E SIP Code 213 214 | Return to Local Jurisdiction DateBy ewed by StateBy ode SCC Code 178-185 Permit to Operate Month (MM/DD/YR) | ge |

Page 4 of 4 Recycled Paper



(2)

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 Delware 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: | kmcconnell@mountaire.com |
| DES | CRIPTION OF EQUIPMENT OR PROCESS |
| We | et 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.

| \boxtimes | Application package cover letter describing the proposed project |
|-------------|--|
| \boxtimes | Complete application forms (Note the number of forms included or NA if not applicable.) |
| | No. 1 Form 5 No. NA Form 11 No. NA Form 5T No. NA Form 41 No. NA Form 5EP No. NA Form 42 No. NA Form 6 No. NA Form 44 No. NA Form 10 |
| | Vendor/manufacturer specifications/guarantees |
| \boxtimes | Evidence of Workman's Compensation Insurance |
| \boxtimes | Process flow diagrams with emission points |
| \boxtimes | Site plan including the location of the proposed source and property boundary |
| \boxtimes | Material balance data and all emissions calculations |
| | Material Safety Data Sheets (MSDS) or equivalent information for materials processed and manufactured. |
| | Certificate of Public Convenience and Necessity (CPCN) waiver documentation from the Public Service Commission ⁽¹⁾ |
| | Documentation that the proposed installation complies with local zoning and land use requirements $^{(2)}$ |
| | (1) Required for emergency and non-emergency generators installed on or after October 1, 2001 and rated at 2001 kW or more. |

Required for applications subject to Expanded Public Participation Requirements.

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 PRO | OCESSING/MANUFAC | TURING EQUIPMENT |
|---------------------|---------------------|------------------------|
| Permit to Construct | Registration Undate | Initial Registration □ |

| Terrific to Construct | registration opuate a | Tilitial Registration 4 |
|--|--|---|
| 1A. Owner of Equipment/Company Name |) | DO NOT WRITE IN THIS BLOCK |
| Mountaire Farms of Delaware Inc Wye M | ills Grain Facility | 2. REGISTRATION NUMBER |
| Mailing Address | | County No. Premises No. |
| P.O. Box 1320 | | |
| Street Address | 40000 | |
| MIllsboro Delaware City State | 19966 Zip | 1-2 3-6 Registration Class Equipment No. |
| | Zip | The grant and the same and the |
| Telephone Number | | 7 044 |
| (302) 841-4629 | | 7 8-11 Data Year |
| Signature | | |
| olynature // m // // | | |
| Wheth the | | 12-13 Application Date |
| Dhillin Dhilar Dranidant | | |
| Phillip Plylar - President Print Name and Title | | 5-2z-24 Date |
| Print Name and Title | | Date |
| 1B. Equipment Location and Telephone | Number (if different | from above) |
| 14209 Old Wye Mills Road | | |
| Street Number and Street Name | | |
| Wye Mills Marylar | nd 2 | 1679 (302)841-4629 |
| City/Town State | | Zip Telephone Number |
| Mountaire Farms of Delaware Inc W | ve Mills Grain Facility | |
| Premises Name (if different from above) | , | |
| 0.04-4 | | F |
| 3. Status (A= New, B= Modification to Ex New Construction | isting Equipment, C= New Construction | 9 , , , |
| Status Begun (MM/YY) | Completed (MM/ | |
| Degan (VIIIVII 1) | | |
| C | | |
| 15 16-19 | 20-23 | 20-23 |
| 4. Describe this Equipment: Make, Model, | Features, Manufacture | er (include Maximum Hourly Input Rate, etc.) |
| See attached EA. | | |
| 5. Workmen's Compensation Coverage | See attached. | |
| o. Workings of inpensation of verage_ | Binder/Policy Number | Expiration Date |
| Company | d by the Department the | applicant must provide the Department with proof of |
| | | applicant must provide the Department with proof of 202 of the Worker's Compensation Act. |
| CA Number of Black - State at - 1 | | : |
| 6A. Number of Pieces of Identical Equipment | nent Units to be Reg | istered/Permitted at this Time |
| 6B. Number of Stack/Emission Points As | sociated with this Fo | guipment Bin vents |
| | | 1 |

| 7. Person Installing this Equipment (if different from Number 1 on Page 1) Name |
|---|
| Company |
| Mailing Address/Street |
| City/TownStateTelephone () |
| 8. Major Activity, Product or Service of Company at this Location |
| Grain Elevator - receives, drys and ships all grains. |
| 9. Control Devices Associated with this Equipment |
| None |
| 24-0 |
| Simple/Multiple Cyclone Tower Scrubber Adsorber Precipitator Baghouse Thermal/Catalytic Afterburner Scrubber 24-1 24-2 24-3 24-4 24-5 24-6 24-7 24-8 |
| Other |
| X Describe Mineral oil applied to all grains recevied. |
| 24-9 |
| 10. Annual Fuel Consumption for this Equipment OIL-1000 GALLONS SULFUR % GRADE NATURAL GAS-1000 FT ³ LP GAS-100 GALLONS GRADE |
| 26-31 32-33 34 35-41 42-45 |
| COAL-TONS SULFUR % ASH% WOOD-TONS MOISTURE % 46-52 53-55 56-58 59-63 64-65 |
| OTHER FUELS 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 |
| |
| 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. Equivaler | nt Stack Innformat | ion- is Exhaust through D | oors, Windows | , etc. Onl | y? (Y/N) | |
|---------------|----------------------|-------------------------------|-----------------|------------------------|--------------------|--------|
| li. | | | | | L 85 | |
| If not, then | Height Avove Grour | nd (FT) Inside Diameter at To | p Exit Tempe | rature (°F) | Exit Velocity (F | T/SEC) |
| | | | | | | |
| | | | | | | |
| | 86-88 | 89-91 | 92-9 | | 96-98 | |
| | | NOTE: | | | | _ |
| Attach a bl | | ocess/process line, indica | | | | form |
| | and all existing e | equipment, including cont | roi devices and | emissioi | n points. | |
| 13. Input Mat | erials (for this equ | ipment only) | | | | |
| Is any of | this data to be cor | nsidered confidential? | (Y or N) | | | |
| 1 | NAME | L CAS NO. (IF APPLICABLE) | PER HOUR | <u>INPU</u> UNITS | T RATE PER YEAR | UNITS |
| 1. | INAIRE | CAS NO. (IF AFFLICABLE) | PER HOOR | UNITS | PER IEAR | ORITS |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. 6. | | | | | | |
| 7. | | | | | | |
| 8. | _ | | | | | |
| 9. | - | | | | | |
| TOTAL | | | | | | |
| 14 Output M | aterials (for this e | muinment) | | | | |
| | Product Stream | quipinonty | | | | |
| | | | | | PUT RATE | |
| 1. | NAME | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| TOTAL | | | | | | |
| 45 Masta St | Calidand I | ::-d | | | | |
| 15. Waste Str | eams- Solid and L | .iquia | | OUTF | PUT RATE | |
| | NAME | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS |
| 1. | | | | | | |
| 3. | | | | | | - |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 9. | | | | | | |
| TOTAL | | <u> </u> | | | | |
| IVIAL | | | | | | |

| | | Per Operating Day | |
|---------------------------------------|--|---|-----|
| Particulate Matter | Oxides of Sulfur | Oxides of Nitrogen | |
| | | | |
| 99-104 | 105-110 | 111-116 | |
| Carbon Monoxide | Volatile Organic Compounds | PM-10 | |
| 177-122 | 123-128 | 129-134 | |
| 17. Total Fugitive Emissions (for the | nis equipment only) in Pound | ds Per Operating Day | |
| | | | |
| See attached air emmissions 135-139 | Oxides of Sulfur | Oxides of Nitrogen 145-149 | |
| Carbon Monoxide | Volatile Organic Compounds | PM-10 | |
| 150-154 | 155-159 | 160-164 | |
| Method Used to Determine Emission | ons (1= Estimate 2= E | mission Factor 3= Stack Test 4= Othe | er) |
| TSP SOX | NOX CO | VOC PM10 | |
| | | | |
| 165 166 | 167 168 | 169 170 | |
| AIR AND RADIAT | TION MANAGEMENT ADMIN | ISTRATION USE ONLY | |
| | | | |
| | | urn to Local Jurisdiction | |
| Reviewed by Local Jurisdic | tion Reviewed | | |
| Reviewed by Local Jurisdic | tion Reviewed Date Date | d by State | |
| Reviewed by Local Jurisdic DateBy | tion Reviewed Date ear Equipment Code | ByByBySCC Code | |
| Reviewed by Local Jurisdic | tion Reviewed Date Equipment Code 175-177 | d by State | |
| Reviewed by Local Jurisdic DateBy | tion Reviewed Date Equipment Code 175-177 | ByByBySCC Code | |
| Reviewed by Local Jurisdic By | tion Reviewed Date ear Equipment Code 74 175-177 Maximum Design Peri Hourly Rate | SCC Code SCC Code 178-185 mit to Operate Iransaction Date Month (MM/DD/YR) | |
| Reviewed by Local Jurisdic By | tion Reviewed Date ear Equipment Code 74 175-177 Maximum Design Peri Hourly Rate 193-199 | SCC Code SCC Code 178-185 mit to Operate I ransaction Date Month (MM/DD/YR) 200-201 202-207 | |
| Reviewed by Local Jurisdic By | ear Equipment Code 175-177 Maximum Design Periods 193-199 SIP Code Regularity Rate 193-199 SIP Code Regularity Rate 193-199 Code Reg | SCC Code SCC Code 178-185 mit to Operate Iransaction Date Month (MM/DD/YR) | |
| Reviewed by Local Jurisdic By | ear Equipment Code 175-177 Maximum Design Periods 193-199 SIP Code Regularity Rate 193-199 SIP Code Regularity Rate 193-199 Code Reg | SCC Code SCC Code 178-185 mit to Operate I ransaction Date (MM/DD/YR) 200-201 202-207 ation Code Confidentiality | |



(2)

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 | CONTACT INFORMATION FOR THIS PERMIT APPLICATION | | |
| CONTACT NAME: | Kyle McConnell | | |
| JOB TITLE: | Environmental Manager | | |
| PHONE NUMBER: | (302) 841-4629 | | |
| EMAIL ADDRESS: | kmcconnell@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.

| \boxtimes | Application package cover letter describing the proposed project | | |
|-------------|--|--|--|
| \boxtimes | Complete application forms (Note the number of forms included or NA if not applicable.) | | |
| | No. 1 Form 5 No. N/A Form 11 No. N/A Form 5T No. N/A Form 41 No. N/A Form 5EP No. N/A Form 42 No. N/A Form 6 No. N/A Form 44 No. N/A Form 10 | | |
| | Vendor/manufacturer specifications/guarantees | | |
| \boxtimes | Evidence of Workman's Compensation Insurance | | |
| \boxtimes | Process flow diagrams with emission points | | |
| \boxtimes | 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. | | |

Required for applications subject to Expanded Public Participation Requirements.

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 | | DO NOT WRIT | E IN THIS BLOCK |
|---|---|--|-------------------------------------|
| Mountaire Farms of Delaware Inc. | | | ATION NUMBER |
| Mailing Address | | | |
| P.O. Box 1320 | | County No. | Premises No. |
| Street Address | | | |
| MIllsboro Delaware | 19966 | 1-2 | 3-6 |
| City State | Zip | Registration Class | s Equipment No. |
| Telephone Number | | | |
| (302) 841-4629 | | 7 | 8-11 |
| (502) 511 1525 | | Data Year | |
| Signature / | | | |
| | | 12-13 | Application Date |
| - Thilly The | | 12,0 | принашен выс |
| Phillip Plylar - President | | 5-27-24 | |
| Print Name and Title | | 5 - 22 - 24 Date | |
| 1B. Equipment Location and Telephone I 14209 Old Wye Mills Road Street Number and Street Name | Number (if different fr | om above) | |
| Wye Mills Marylan | nd 21 | 679 (302 ₎ | 841-4629 |
| City/Town State | | | phone Number |
| • | | | |
| Mountaire Farms of Delaware Inc Wy Premises Name (if different from above) | ye ivillis Grain Facility | - | |
| | | | |
| 3. Status (A= New, B= Modification to Exi | | | |
| New Construction | New Construction | | ng Initial |
| Status Begun (MM/YY) | Completed (MM/Y) | Y) Operatio | n (MM/YY) |
| | | | |
| 15 16-19 | 20-23 | | 20-23 |
| 4. Describe this Equipment: Make, Model, Outside Grain Storage Pile - Covered as pile is | | (include Maximum Ho | ourly Input Rate, etc.) |
| | Can attached | | |
| 5. Workmen's Compensation Coverage_ | See attached | | Expiration Date |
| Company | Binder/Policy Number | | Expiration Date |
| NOTE: Before a Permit to Construct may be issue worker's compensation coverage as | ed by the Department, the ap required under Section 1-20 | plicant must provide the D 2 of the Worker's Compen | epartment with proof of sation Act. |
| 6A. Number of Pieces of Identical Equipm | nent Units to be Regis | stered/Permitted at t | his Time 1 |
| | | | |
| 6B. Number of Stack/Emission Points As | sociated with this Equ | uipment <u>'</u> | |

| 7. Person Installing this Equipment (if di | | on Page 1) |
|--|---|---|
| Company | | |
| Mailing Address/Street | | |
| City/Town | State | Telephone () |
| 8. Major Activity, Product or Service of C | Company at this Locati | on |
| Grain Elevator - receives, drys and sh | ips all grains. | |
| | | |
| | | |
| | | |
| 9. Control Devices Associated with this | Equipment | |
| | None | |
| | 24-0 | |
| Simple/Multiple Spray/Adsorb Venturi | Carbon Electrostatic | Baghouse Thermal/Catalytic Dry |
| Cyclone Tower Scrubber | Adsorber Precipitator | Afterburner Scrubber |
| | | |
| 24-1 24-2 24-3 | 24-4 24-5 | 24-6 24-7 24-8 |
| Other | | |
| X Describe Mineral oil applied to all grains recevied. | | |
| 24-9 | | |
| 10. Annual Fuel Consumption for this Ed | quipment | |
| OIL-1000 GALLONS SULFUR % GRADE | NATURAL GAS-1000 | FT ³ LP GAS-100 GALLONS GRADE |
| | | |
| 26-31 32-33 34 | 35-41 | 42-45 |
| COAL-TONS SULFUR | % ASH% | WOOD-TONS MOISTURE % |
| | | |
| 46-52 53-55 | 56-58 | 59-63 64-65 |
| OTHER FUELS ANNUAL AMOUNT | CONSUMED OTHER | R FUEL ANNUAL AMOUNT CONSUMED |
| (Specify Type) 66-1 (Specify Units of | Measure) (Speci Coke 2= COG 3=BFG 4=Ot | ify Type) 66-2 (Specify Units of Measure) |
| | | uiei |
| 11. Operating Schedule (for this Equipm Continuous Operation Batch Process Hours per | | Hours per Day Days Per Week Days per Year |
| | | |
| 67-1 67-2 68- | | 70-71 72 73-75 |
| Seasonal Variation in Operation: | | |
| No Variation Winter Percent Spring Perce | nt Summer Percent | Fall Percent (Total Seasons= 100%) |
| 76 77-78 79-80 | 81-82 | 83-84 |

| 12. Equivaler | nt Stack Innformat | ion- is Exhaust through D | oors, Windows | s, etc. Only | y? (Y/N) | |
|---------------|---|---------------------------------------|-----------------|--|----------------------|-------------|
| | | | | | L 85 | |
| If not, then | Height Avove Grour | nd (FT) Inside Diameter at To | p Exit Tempe | rature (°F) | Exit Velocity (i | FT/SEC) |
| | | | | | | |
| | | | <u> </u> | | | |
| | 86-88 | 89-91 | 92- | 95 | 96-98 | |
| | | NOTE: | | | | |
| Attach a blo | | ocess/process line, indica | | | | form |
| | and all existing e | equipment, including cont | rol devices and | i emissioi | n points. | ' |
| 13. Input Mat | erials (for this equ | ipment only) | | | | |
| | | nsidered confidential? | (Y or N) | | | |
| | NA 885 | L 040 NO (IE 4888 IO48 E) | | | T RATE | 1 1111170 |
| 1. | NAME | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| TOTAL | | | | <u> </u> | | · |
| 44.04.41 | 4 1 1 16 16 16 16 16 16 16 16 16 16 16 16 | · · · · · · · · · · · · · · · · · · · | | | | |
| | aterials (for this ed Product Stream | quipment) | | | | |
| r iocess/ | Troductotieam | | | OUTP | UT RATE | |
| | NAME | CAS NO. (IF APPLICABLE) | PER HOUR | UNITS | PER YEAR | UNITS |
| 1. 2. | | | | | | - |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | · · · · · · · · · · · · · · · · · · · | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 9. | | | | | | |
| TOTAL | - | | | <u> </u> | | L |
| | | | | | | |
| 15. Waste Str | eams-Solid and L | iquid. | | OUTE | NIT DATE | |
| | NAME | CAS NO. (IF APPLICABLE) | PER HOUR | OUTF UNITS | PUT RATE PER YEAR | UNITS |
| 1. | AMIL | OAO NO. (II AIT LIOADEL) | 1 EK HOOK | 00 | | |
| 2. | · · · · · · · · · · · · · · · · · · · | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| TOTAL | | | | | | |

| 16. Total Stack Emissions (for this | equipment only) in Pounds P | er Operating Day |
|---|--|---|
| Particulate Matter | Oxides of Sulfur | Oxides of Nitrogen |
| See attached air emmissions | | |
| 99-104 | 105-110 | 111-116 |
| Carbon Monoxide | Volatile Organic Compounds | PM-10 |
| | | |
| 177-122 | 123-128 | 129-134 |
| 17. Total Fugitive Emissions (for th | nis equipment only) in Pounds | Per Operating Day |
| Particulate Matter | Oxides of Sulfur | Oxides of Nitrogen |
| See attached air emmissions | 140-144 | 145-149 |
| Carbon Monoxide | Volatile Organic Compounds | PM-10 |
| | | |
| 150-154 | 155-159 | 160-164 |
| Method Used to Determine Emission | ons (1= Estimate 2= Em | ission Factor 3= Stack Test 4= Other) |
| TSP SOX | NOX CO | VOC PM10 |
| | | |
| | | |
| 165 166 | 167 168 | 169 170 |
| | 167 168 TION MANAGEMENT ADMINIS | |
| | TION MANAGEMENT ADMINIS Rec'd. State Retur | |
| AIR AND RADIAT 18. Date Rec'd. Local Date Reviewed by Local Jurisdic | Rec'd. State Retur | n to Local Jurisdiction By by State |
| AIR AND RADIAT 18. Date Rec'd. Local Date Reviewed by Local Jurisdic | Rec'd. State Retur Date tion Reviewed I | n to Local Jurisdiction By by State |
| AIR AND RADIAT 18. Date Rec'd. Local Date Reviewed by Local Jurisdic Date By 19. Inventory Date Month/You | Rec'd. State Retur Date tion Reviewed I Date ear Equipment Code | n to Local Jurisdiction By by State SCC Code |
| AIR AND RADIAT 18. Date Rec'd. Local Date Reviewed by Local Jurisdic By 19. Inventory Date Month/Your 171-17 | Rec'd. State Retur Date tion Reviewed I Date ear Equipment Code 175-177 Maximum Design Permit | n to Local Jurisdiction By Sy State SCC Code 178-185 It to Operate Transaction Date |
| AIR AND RADIAT 18. Date Rec'd. Local Date Reviewed by Local Jurisdic By 19. Inventory Date Month/Ye | Rec'd. State Retur Date tion Reviewed I Date Equipment Code | tration use only n to Local Jurisdiction By by State SCC Code 178-185 |
| AIR AND RADIAT 18. Date Rec'd. Local Date Reviewed by Local Jurisdic By 19. Inventory Date Month/Your 171-17 | Rec'd. State Retur Date tion Reviewed I Date ear Equipment Code 175-177 Maximum Design Permit | n to Local Jurisdiction By Sy State SCC Code 178-185 It to Operate Transaction Date |
| AIR AND RADIAT 18. Date Rec'd. Local Date Reviewed by Local Jurisdic By 19. Inventory Date Month/Ye 171-17 20. Annual Operating Rate | Rec'd. State Return Date tion Reviewed In Date ear Equipment Code 175-177 Maximum Design Hourly Rate 193-199 | TRATION USE ONLY In to Local Jurisdiction By Sy State SCC Code 178-185 It to Operate I ransaction Date Month (MM/DD/YR) |
| AIR AND RADIAT 18. Date Rec'd. Local Date Reviewed by Local Jurisdic By 19. Inventory Date Month/Ye 171-17 20. Annual Operating Rate 186-192 | Rec'd. State Retur Date tion Reviewed I Date ear Equipment Code 175-177 Maximum Design Hourly Rate 193-199 SIP Code Regulati | TRATION USE ONLY In to Local Jurisdiction By Sy SCC Code 178-185 It to Operate Iransaction Date Month (MM/DD/YR) 200-201 202-207 |
| AIR AND RADIAT 18. Date Rec'd. Local Date Reviewed by Local Jurisdict Date By 19. Inventory Date Month/You 171-17 20. Annual Operating Rate 186-192 Staff Code VOC Code 208-210 211 212 | Rec'd. State Retur Date tion Reviewed I Date ear Equipment Code 175-177 Maximum Design Hourly Rate 193-199 SIP Code Regulati | TRATION USE ONLY In to Local Jurisdiction By Sy State SCC Code 178-185 It to Operate Iransaction Date Month (MM/DD/YR) 200-201 Confidentiality |
| AIR AND RADIAT 18. Date Rec'd. Local Date Reviewed by Local Jurisdict Date By 19. Inventory Date Month/You 171-17 20. Annual Operating Rate 186-192 Staff Code VOC Code 208-210 211 212 | Rec'd. State Return Date tion Reviewed In Date ear Equipment Code 4 175-177 Maximum Design Hourly Rate 193-199 SIP Code 213 214 Return Date Reviewed In Date Reviewed In Date 24 275-177 Resulting Regulating Regulating Permit Design Regulating Regulating Permit Design Permit Design Pe | TRATION USE ONLY In to Local Jurisdiction By Sy State SCC Code 178-185 It to Operate Month (MM/DD/YR) 200-201 Confidentiality 219 |

Page 4 of 4 Recycled Paper



(2)

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 | CONTACT INFORMATION FOR THIS PERMIT APPLICATION | | |
| CONTACT NAME: | Kyle McConnell | | |
| JOB TITLE: | Environmental Manager | | |
| PHONE NUMBER: | (302) 841-4629 | | |
| EMAIL ADDRESS: | kmcconnell@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.

| \boxtimes | Application package cover letter describing the proposed project | | | |
|-------------|--|--|--|--|
| \boxtimes | Complete application forms (Note the number of forms included or NA if not applicable.) | | | |
| | No. 1 Form 5 No. NA Form 11 No. NA Form 5T No. NA Form 41 No. NA Form 5EP No. NA Form 42 No. NA Form 44 No. NA Form 44 | | | |
| | Vendor/manufacturer specifications/guarantees | | | |
| \boxtimes | Evidence of Workman's Compensation Insurance | | | |
| \boxtimes | Process flow diagrams with emission points | | | |
| \boxtimes | Site plan including the location of the proposed source and property boundary | | | |
| \boxtimes | Material balance data and all emissions calculations | | | |
| | Material Safety Data Sheets (MSDS) or equivalent information for materials processed and manufactured. | | | |
| | Certificate of Public Convenience and Necessity (CPCN) waiver documentation from the Public Service Commission ⁽¹⁾ | | | |
| | Documentation that the proposed installation complies with local zoning and land use requirements ⁽²⁾ | | | |
| | (1) Required for emergency and non-emergency generators installed on or after October 1, 2001 and rated at 2001 kW or more. | | | |

Required for applications subject to Expanded Public Participation Requirements.

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 | County | | |
| P.O. Box 1320 | Millsboro, DE | 19966 | Sussex | | |
| 3. Equipment Location | City/Town or P | 2.0. | County | | |
| 14209 Old Wye Mills Road | Wye Mills | | Talbot | | |
| 4. Signature of Owner or Operator | Title | | Print or Type Name | | |
| While Wester | President | | Phillip Plylar | | |
| 5. Application Type: Alteration | on 🗌 | New Const | ruction 🔀 | | |
| 6. Date Construction is to Start: | | Completion | n Date (Estimate): | | |
| To be decided | | | | | |
| 7. Type of Gas Cleaning or Emission Con | trol Equipment: | | | | |
| Simple Cyclone Multiple Cyclor | ne Afterburne | r Ele | ctrostatic Precipitator | | |
| Scrubber(type) | Other X | Mineral oil | applied to all grains recevied. | | |
| 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 No | | | | | |
| (5 | Stack Test to be Conducted | l By) | (Date) | | |
| 11. Cost of Equipment | | | | | |
| Estimated Erection Cost | | | | | |

| 12. The Following Sha | ii Be Design Criteria: | | | | |
|--|---|---------------------------------|----------------------------------|------------------------------|----------------------------------|
| <u>INL</u> | <u>ET</u> | | <u>o</u> | UTLET | |
| Gas Flow Rate | ACFM* | | , | A | CFM* |
| Gas Temperature | °F | | | ° | = |
| Gas Pressure | INCHES W | V.G. | | IN | NCHES W.G. |
| | PRESSURE DR | OP | | | |
| Dust Loading | GRAINS/A | CFD** | | | RAINS/ACFD** |
| Moisture Content | % | | | % | • |
| Wet Bulb Temperature | °F | | | °F | : |
| Liquid Flow Rate (Wet Scrubber) | GALLONS | /MINUTE | | | |
| (WHEN SCRUBBER LIC | QUID OTHER THAN WATER IN | DICATE COMPOSIT | TION OF S | CRUBBING MED | IUM IN WEIGHT %) |
| *= AC | TUAL CUBIC FEET PER MIN | NUTE **= / | ACTUAL C | UBIC FEET DR | Υ |
| CONCENTRATION (COMPOSITION OF THE | ring Cleaning Unit | HE GAS STREAN LEANING DEVICE | I IN VOLU E AND TH AILABLE | IME PERCENT. E COMPOSITIO | INCLUDE THE ON OF EXHAUSTED |
| 10 to 44 Micror | | | _ | | |
| Larger than 44 | | | | | |
| Gas Inlet Temp Capacity of Aft Diameter (or a Combustion Cl | perature terburner rea) of Afterburner Throat | B (length) | F TU/HR | | E COMBUSTION AIR) Afterburner °F |
| Notondon Time | | | | | |

| 15. Show Location of Dust Cleaning Equipment in the System. Emission Path from Source to Exhaust Point to Atmosphere. | Draw or Sketch Flow Diagram Showing |
|---|-------------------------------------|
| See attached PDF. | |
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| Date Received: Local | State |
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| Acknowledgement Date: | |
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| Reviewed By: | |
| Local | |
| State | |
| Returned to Local: | |
| Date | |
| Ву | |
| | |
| Application Returned to Applicant: | |
| Date | |
| Ву | |
| | |
| DECISED ATION AND DECISED OF ACCOUNTED FOR HOMENT | ¬ |
| REGISTRATION NUMBER OF ASSOCIATED EQUIPMENT: | |
| | |
| PREMISES NUMBER: | |
| | D.4. |
| Emission Calculations Revised By | Date |
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(2)

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: | kmcconnell@mountaire.com | |
| DES | SCRIPTION 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.

| \boxtimes | Application package cover letter describing the proposed project Complete application forms (Note the number of forms included or NA if not applicable.) | | | |
|-------------|--|--|--|--|
| | No. 1 Form 5 No. NA Form 11 No. NA Form 5T No. NA Form 41 No. NA Form 5EP No. NA Form 42 No. NA Form 6 No. NA Form 44 No. NA Form 10 | | | |
| | Vendor/manufacturer specifications/guarantees | | | |
| \boxtimes | Evidence of Workman's Compensation Insurance | | | |
| \boxtimes | Process flow diagrams with emission points | | | |
| \boxtimes | Site plan including the location of the proposed source and property boundary | | | |
| \boxtimes | Material balance data and all emissions calculations | | | |
| | Material Safety Data Sheets (MSDS) or equivalent information for materials processed and manufactured. | | | |
| | Certificate of Public Convenience and Necessity (CPCN) waiver documentation from the Public Service Commission ⁽¹⁾ | | | |
| | Documentation that the proposed installation complies with local zoning and land use requirements ⁽²⁾ | | | |
| | (1) Required for emergency and non-emergency generators installed on or after October 1, 2001 and rated at 2001 kW or more. | | | |

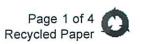
Required for applications subject to Expanded Public Participation Requirements.

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

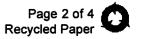
Air and Radiation Management Administration ■ Air Quality Permits Program

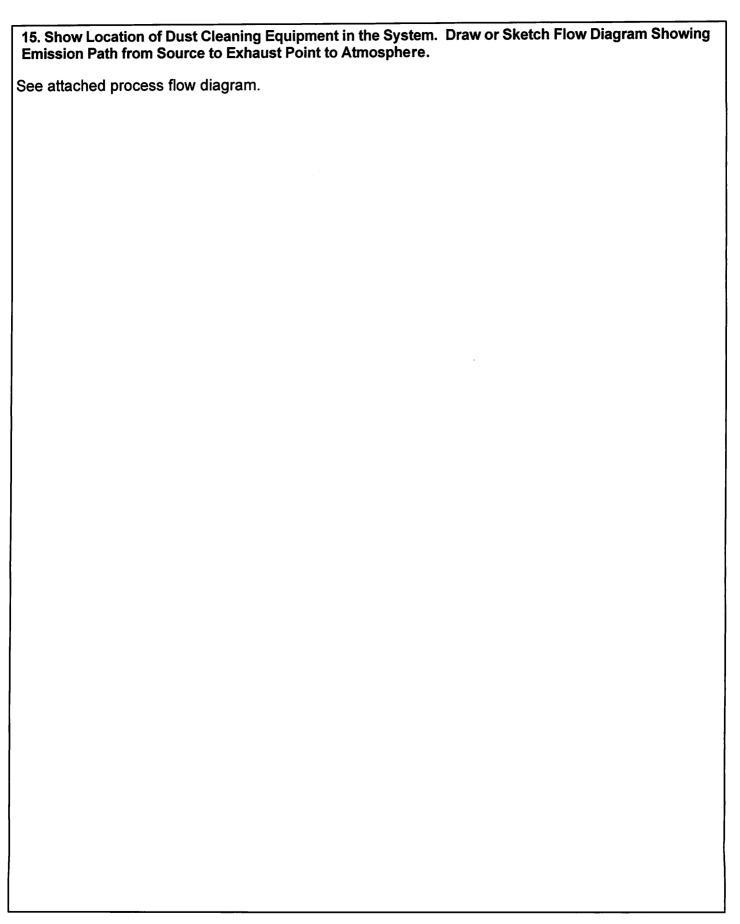
Application for Permit to Construct Gas Cleaning or Emission Control Equipment

| 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 | County | | |
| P.O. Box 1320 | Millsboro | 19966 | Sussex, DE. | | |
| 3. Equipment Location | City/Town or P. | О. | County | | |
| 14209 Old Wye Mills Road | Wye Mills | | Talbot | | |
| 4. Signature of Owner or Operator | Title | | Print or Type Name | | |
| White boll | | | Phillip Plylar | | |
| 5. Application Type: Alteration | n 🗌 | New Constr | uction 🔀 | | |
| 6. Date Construction is to Start: | | Completion | Date (Estimate): | | |
| To be decided | | | | | |
| 7. Type of Gas Cleaning or Emission Contr | ol Equipment: | | | | |
| Simple Cyclone Multiple Cyclone | Afterburner | Elec | trostatic Precipitator | | |
| Scrubber(type) | Other X | Dust contro | l by Wings Baffle System (type) | | |
| 8. Gas Cleaning Equipment Manufacturer | Model No. | Collection E | fficiency (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 No | | | | | |
| (Sta | ack Test to be Conducted | Ву) | (Date) | | |
| 11. Cost of Equipment | | | | | |
| Estimated Erection Cost | | | | | |



| 12. The Following Shall Be | Design Criteria: | | | |
|---|-----------------------|-----------------|-------|------------------------------------|
| <u>INLET</u> | | | | OUTLET |
| Gas Flow Rate | ACFM* | | | ACFM* |
| Gas Temperature | °F | | | °F |
| Gas Pressure | INCHES W. | G. | | INCHES W.G. |
| | PRESSURE DRO | P | | <u></u> |
| Dust Loading | GRAINS/AC | FD** | | GRAINS/ACFD** |
| Moisture Content | % | | | % |
| Wet Bulb Temperature | °F | | | °F |
| Liquid Flow Rate (Wet Scrubber) | GALLONS/N | MINUTE | | |
| | OTHER THAN WATER IND | ICATE COMPOSI | TION | OF SCRUBBING MEDIUM IN WEIGHT %) |
| *= ACTUAL | CUBIC FEET PER MINU | JTE **= | ACTL | JAL CUBIC FEET DRY |
| 13. Particle Size Analysis Size of Dust Particles Entering (| Cleaning Unit | % of Total Dust | | % to be Collected |
| 0 to 10 Microns | | | | |
| | | | | |
| Larger than 44 Micro | | | | |
| 14. For Afterburner Constru | ıction Only: | | | |
| Volume of Contamin | nated Air | c | FM | (DO NOT INCLUDE COMBUSTION AIR) |
| Gas Inlet Temperate | ıre | | ۲F | |
| Capacity of Afterbu | ner | E | BTU/H | R |
| Diameter (or area) | of Afterburner Throat | | | |
| Combustion Chamb | er (diameter) | (length) | Opera | ting Temperature at Afterburner °F |
| Retention Time of G | Gases | | | |





| Date Received: | Local | | _ |
|------------------|-----------------------------|------|---------------|
| | | | |
| Acknowledgeme | nt Date: | | ; |
| Ву | _ | | |
| Reviewed By: | | | |
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| Returned to Loca | | | |
| Date | | | |
| Ву | | | |
| Application Retu | rned to Applicant: | | |
| Date | | | |
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| <u> </u> | | | |
| | | | |
| REGISTRATION NUI | MBER OF ASSOCIATED EQUIPMEN | т: | |
| | | | |
| PREMISES NUMBER | | | |
| PREMISES NUMBER | z: | | |
| PREMISES NOMBER | <u> </u> | | |
| | ns Revised By | Date | |
| | | Date | • |
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| | | Date | |



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

Phone: 410-770-8030 FAX: 410-770-8043 edeflaux@talbotcountymd.gov 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
- 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, | 0001 | 0010 | 0005 | DEMO-24-18 |
| 145100 | Wye Mills, MD 28663 Queen Anne Hwy, | 0001 | 0010 | 0045 | DEMO-24-20 |
| 145119 | Wye Mills, MD 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

AIR AND RADIATION ADMINISTRATION APPLICATION FOR A PERMIT TO CONSTRUCT

SUPPLEMENT A TO 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 Informational Meeting

DEPARTMENT OF THE ENVIRONMENT AIR AND RADIATION ADMINISTRATION

NOTICE OF APPLICATION AND 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 Maryland 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%. 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, an Informational Meeting has been scheduled so that citizens can discuss the application and the permit review process with the applicant and the Department.

A community informational meeting has been scheduled so that citizens can discuss the application and the permit with the applicant and the Department. The community informational meeting will be held virtually on September 30, 2024 at 6:00 PM.

To attend the meeting, please register using the following link no later than September 29, 2024 at 5:00 PM:

https://forms.gle/mryt3z3mocvEi39P6

Registered attendees will receive instructions on how to join the virtual meeting using a computer and internet connection or telephone.

The Department will provide an interpreter for deaf and hearing impaired persons provided that a request is made for such service at least ten (10) days prior to the meeting.

Further information may be obtained by calling Ms. Shannon Heafey at 410-537-4433.

Christopher R. Hoagland, Director Air and Radiation Administration