MARYLAND DEPARTMENT OF THE ENVIRONMENT

AIR AND RADIATION ADMINISTRATION
APPLICATION FOR A PERMIT TO CONSTRUCT

DOCKET #14-22

COMPANY: Talbot County Repurposing Center

LOCATION: 28128 St. Michaels Road, Easton, MD 21601

APPLICATION: Installation of one (1) 200 ton per hour Rubble Master Impact Crusher powered by a 225 horsepower diesel engine.

ITEM	DESCRIPTION
1	Notice of Application and Opportunity to Request an Informational Meeting
2	Permit to Construct Application Forms
3	Zoning Approval from Talbot County

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 Talbot County Repurposing Center on June 15, 2022 for the installation of one (1) 200 ton per hour Rubble Master Impact Crusher powered by a 225 horsepower diesel engine. The proposed installation will be located at 28128 St. Michaels Rd., Easton, MD 21601.

Copies of the application and other supporting documents are available for public inspection. Look for Docket #14-22 at the following link.

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

Pursuant to the Environment Article, Section 1-603, Annotated Code of Maryland, the Department will hold an informational meeting to discuss the application and the permit review process if the Department receives a written request for a meeting within 10 working days from the date of the second publication of this notice. All requests for an informational meeting should be emailed to Ms. Shannon Heafey at shannon.heafey@maryland.gov.

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

Christopher R. Hoagland, Director
Air and Radiation Administration

AIR QUALITY PERMIT TO CONSTRUCT APPLICATION CHECKLIST

OWNER OF EQUIPMENT/PROCESS	
COMPANY NAME:	Talbot County Government
COMPANY ADDRESS:	605 Port Street, Easton, MD 21601
LOCATION OF EQUIPMENT/PROCESS	
PREMISES NAME:	Talbot County Repurposing Center
PREMISES ADDRESS:	28128 St. Michaels Road, Easton, MD 21601
CONTACT INFORMATION FOR THIS PERMIT APPLICATION	
CONTACT NAME:	Warren W. Edwards, Jr.
JOB TITLE:	Superintendent
PHONE NUMBER:	410-770-8150
EMAIL ADDRESS:	wedwards@talbotcountymd.gov
DESCRIPTION OF EQUIPMENT OR PROCESS	
200 ton per hour Rubble Master RM90GO Impact Crusher	

Application is hereby made to the Department of the Environment for a Permit to Construct for the following equipment or process as required by the State of Maryland Air Quality Regulation, COMAR 26.11.02.09.

Check each item that you have submitted as part of your application package.

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

  No. 1 Form 5
  No. 1 Form 5T
  No. 1 Form 5EP
  No. ____ Form 6
  No. ____ Form 10
  No. ____ Form 11
  No. ____ Form 41
  No. ____ Form 42
  No. 1 Form 44

- ☒ Vendor/manufacturer specifications/guarantees
- ☒ Evidence of Workman's Compensation Insurance
- ☐ Process flow diagrams with emission points
- ☒ Site plan including the location of the proposed source and property boundary
- ☐ Material balance data and all emissions calculations
- ☐ Material Safety Data Sheets (MSDS) or equivalent information for materials processed and manufactured.
- ☐ Certificate of Public Convenience and Necessity (CPCN) waiver documentation from the Public Service Commission (1)
- ☒ Documentation that the proposed installation complies with local zoning and land use requirements (2)

(1) Required for emergency and non-emergency generators installed on or after October 1, 2001 and rated at 2001 kW or more.

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

MARYLAND DEPARTMENT OF THE ENVIRONMENT

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

Air and Radiation Management Administration ▪ Air Quality Permits Program

APPLICATION FOR PROCESSING/MANUFACTURING EQUIPMENT

Permit to Construct ☐ Registration Update ☐ Initial Registration ☒

1A. Owner of Equipment/Company Name
Talbot County Government

Mailing Address
605 Port Street
Street Address
Easton, MD 21601
City State Zip

Telephone Number
(410) 770-8150

Signature

Warren W. Edwards, Superintendent
Print Name and Title

Warren W. Edwards Jr. 6/15/22
Date

DO NOT WRITE IN THIS BLOCK
2. REGISTRATION NUMBER

County No. (1-2) Premises No. (3-6)
Registration Class (7) Equipment No. (8-11)
Data Year (12-13) Application Date

1B. Equipment Location and Telephone Number (if different from above)
28128 St. Michaels Road
Street Number and Street Name
Easton, MD 21601 (410) 690-8904
City/Town State Zip Telephone Number
Talbot County Repurposing Center
Premises Name (if different from above)

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

Status (15)	New Construction Begun (MM/YY) (16-19)	New Construction Completed (MM/YY) (20-23)	Existing Initial Operation (MM/YY) (20-23)
C			0120

4. Describe this Equipment: Make, Model, Features, Manufacturer (include Maximum Hourly Input Rate, etc.)
Rubble Master Model RM90GO

5. Workmen's Compensation Coverage 3810100 (Binder/Policy Number) 07-01-2022 (Expiration Date)
Company Chesapeake Employers Ins. Co.
NOTE: Before a Permit to Construct may be issued by the Department, the applicant must provide the Department with proof of worker's compensation coverage as required under Section 1-202 of the Worker's Compensation Act.

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

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

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

Name_____ Title_____

Company_____

Mailing Address/Street_____

City/Town_____ State_____ Telephone (_____) _____

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

Crushing/Screening of materials for repurposing

9. Control Devices Associated with this Equipment

None ☐ 24-0

Simple/Multiple Cyclone	Spray/Adsorb Tower	Venturi Scrubber	Carbon Adsorber	Electrostatic Precipitator	Baghouse	Thermal/Catalytic Afterburner	Dry Scrubber
☐	☐	☐	☐	☐	☐	☐	☐
24-1	24-2	24-3	24-4	24-5	24-6	24-7	24-8

Other

[X] Describe See Attached Photo

24-9

10. Annual Fuel Consumption for this Equipment

OIL-1000 GALLONS	SULFUR %	GRADE	NATURAL GAS-1000 FT^3	LP GAS-100 GALLONS	GRADE
360					
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 _____ (Specify Type) ☐ 66-1 ANNUAL AMOUNT CONSUMED _____ (Specify Units of Measure)

OTHER FUEL _____ (Specify Type) ☐ 66-2 ANNUAL AMOUNT CONSUMED _____ (Specify Units of Measure)

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

11. Operating Schedule (for this Equipment)

Continuous Operation	Batch Process	Hours per Batch	Batch per Week	Hours per Day	Days Per Week	Days per Year
☐	☐		☐	06	2	50
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
[X]				
76	77-78	79-80	81-82	83-84

(Total Seasons= 100%)

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

85

If not, then

Height Avove Ground (FT)	Inside Diameter at Top	Exit Temperature (°F)	Exit Velocity (FT/SEC)
86-88	89-91	92-95	96-98

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

13. Input Materials (for this equipment only)
Is any of this data to be considered confidential? N (Y or N)

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

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

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

15. Waste Streams- Solid and Liquid

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

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

Particulate Matter	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 this equipment only) in Pounds 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 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 Date_____ By_____ **Reviewed by State** Date_____ By_____

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

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

Staff Code	VOC Code	SIP Code	Regulation Code	Confidentiality
208-210	211 212	213 214	215-218	219

Point Description (220-238)

Action (239) A: Add C: Change

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

Applicant Name: Talbot County Government

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

Toxic Air Pollutant (TAP)	CAS Number	Class I or Class II?	Screening Levels (μg/m³)			Estimated Premises Wide Emissions of TAP			
						Actual Total Existing TAP Emissions	Projected TAP Emissions from Proposed Installation	Premises Wide Total TAP Emissions	
			1-hour	8-hour	Annual	(lb/hr)	(lb/hr)	(lb/hr)	(lb/yr)
ex. ethanol	*64175*	*II*	*18843*	*3769*	*N/A*	*0.60*	*0.15*	*0.75*	*1500*
ex. benzene	*71432*	*I*	*80*	*16*	*0.13*	*0.5*	*0.75*	*1.00*	*400*
N/A									

(attach additional sheets as necessary.)

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

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

Class II TAP Small Quantity Emitter Exemption Requirements (COMAR 26.11.15.03B(3)(a))
A Class II TAP is exempt from Step 3 and Step 4 if the Class II TAP meets the following requirements: Premises wide emissions of the TAP shall not exceed 0.5 pounds per hour, and any applicable 1-hour or 8-hour screening level for the TAP must be greater than 200 μg/m³.

Class I TAP Small Quantity Emitter Exemption Requirements (COMAR 26.11.15.03B(3)(b))
A Class I TAP is exempt from Step 3 and Step 4 if the Class I TAP meets the following requirements: Premises wide emissions of the TAP shall not exceed 0.5 pounds per hour and 350 pounds per year, any applicable 1-hour or 8-hour screening level for the TAP must be greater than 200 μg/m³, and any applicable annual screening level for the TAP must be greater than 1 μg/m³.

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

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

Step 3: Best Available Control Technology for Toxics Requirement (T-BACT, COMAR 26.11.15.05)
In the following table, list all TAP emission reduction options considered when determining T-BACT for the proposed installation. The options should be listed in order beginning with the most effective control strategy to the least effective strategy. Attach supporting documentation as necessary.

Target Pollutants	Emission Control Option	% Emission Reduction	Costs		T-BACT Option Selected? (yes/no)
			Capital	Annual Operating	
ex. ethanol and benzene	*Thermal Oxidizer*	*99*	*$50,000*	*$100,000*	*no*
ex. ethanol and benzene	*Low VOC materials*	*80*	*0*	*$100.000*	*yes*
N/A					

(attach additional sheets as necessary)

Step 4: Demonstrating Compliance with the Ambient Impact Requirement (COMAR 26.11.15.06)
Each TAP not exempt in Step 2 must be individually evaluated to determine that the emissions of the TAP will not adversely impact public health. The evaluation consists of a series of increasingly non-conservative (and increasingly rigorous) tests. Once a TAP passes a test in the evaluation, no further analysis is required for that TAP. "Demonstrating Compliance with the Ambient Impact Requirement under the Toxic Air Pollutant (TAP) Regulations (COMAR 26.11.15.06)" provides guidance on conducting the evaluation. Summarize your results in the following table. Attach supporting documentation as necessary.

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

(attach additional sheets as necessary)

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

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FORM 5EP: Emission Point Data

Complete one (1) Form 5EP for EACH emission point (stack or fugitive emissions) related to the proposed installation.

Applicant Name: Talbot County Government

1. Emission Point Identification Name/Number

List the applicant assigned name/number for this emission point and use this value on the attached required plot plan:
N/A

2. Emission Point Description

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

3. Emissions Schedule for the Emission Point

Continuous or Intermittent (C/I)?	N/A	**Seasonal Variation** Check box if none: ☒ Otherwise estimate seasonal variation:	
Minutes per hour:		Winter Percent	
Hours per day:		Spring Percent	
Days per week:		Summer Percent	
Weeks per year:		Fall Percent	

4. Emission Point Information

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

5. Control Devices Associated with the Emission Point

Identify each control device associated with the emission point and indicate the number of devices. ***A Form 6 is also required for each control device***. If none check none:

- ☐ None
- ☐ Baghouse No. _____
- ☐ Cyclone No. _____
- ☐ Elec. Precipitator (ESP) No. _____
- ☒ Dust Suppression System No. 1
- ☐ Venturi Scrubber No. _____
- ☐ Spray Tower/Packed Bed No. _____
- ☐ Carbon Adsorber No. _____
  - ☐ Cartridge/Canister
  - ☐ Regenerative
- ☐ Thermal Oxidizer No. _____
  - ☐ Regenerative
- ☐ Catalytic Oxidizer No. _____
- ☐ Nitrogen Oxides Reduction No. _____
  - ☐ Selective ☐ Non-Selective
  - ☐ Catalytic ☐ Non-Catalytic
- ☐ Other No. _____
  Specify:

FORM 5EP: Emission Point Data

6. Estimated Emissions from the Emission Point

Criteria Pollutants	At Design Capacity (lb/hr)	At Projected Operations		
		(lb/hr)	(lb/day)	(ton/yr)
Particulate Matter (filterable as PM10)	N/A			
Particulate Matter (filterable as PM2.5)	N/A			
Particulate Matter (condensables)	N/A			
Volatile Organic Compounds (VOC)	N/A			
Oxides of Sulfur (SOx)	N/A			
Oxides of Nitrogen (NOx)	N/A			
Carbon Monoxide (CO)	N/A			
Lead (Pb)	N/A			
Greenhouse Gases (GHG)	**At Design Capacity (lb/hr)**	**At Projected Operations**		
		(lb/hr)	**(lb/day)**	**(ton/yr)**
Carbon Dioxide (CO_2)	N/A			
Methane (CH_4)	N/A			
Nitrous Oxide (N_2O)	N/A			
Hydrofluorocarbons (HFCs)	N/A			
Perfluorocarbons (PFCs)	N/A			
Sulfur Hexafluoride (SF6)	N/A			
Total GHG (as CO_2e)	N/A			
List individual federal Hazardous Air Pollutants (HAP) below:	**At Design Capacity (lb/hr)**	**At Projected Operations**		
		(lb/hr)	**(lb/day)**	**(ton/yr)**
N/A				

(Attach additional sheets as necessary.)

MARYLAND DEPARTMENT OF THE ENVIRONMENT

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(410) 537-3230 ●1-800-633-6101 ● www.mde.state.md.us

Mail application to
MDE/ARMA
1800 Washington Blvd, Suite 720
Baltimore, MD 21230-1720

Don't forget to:
✓Sign the application
✓Include vendor literature

Air Quality Permit to Construct & Registration Application for

INTERNAL COMBUSTION ENGINES

(Electrical Power Generators, Power Equipment, Fire Protection Pumps)

1) Applicability

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

☐ Electrical power generation (off grid, base load, peak, load shaving,, etc)
- Use MDE Form 42 for emergency use only generators

☒ Power equipment (hydraulic, mechanical, etc)
☐ Fire protection pump

***For electrical power generators only**, you must check off one the following items to use this application form*

☐ I have a CPCN Exemption from the Public Service Commission for this generator (contact the Public Service Commision at 410.767.8131)
☐ This generator was installed before October 1, 2001 and I do not need a CPCN Exemption

2) Business/Institution/Facility where the engine will be located ☐ Check if this is a federal facility

Name: Talbot County Repurposing Center Phone: 410-690-8904

Street Address: 28128 St. Michaels Road

City: Easton State: MD Zip Code: 21601 County: Talbot

3) Owner/Operator of the engine (if different than above)

Name: Talbot County Government Phone: 410-770-8150

Mailing Address: 605 Port Street

City: Easton State: MD Zip Code: 21601

4) Installer ☒ Check if installer is applying for permit. If checked, complete the following:

Name: Talbot County Government Phone: 410-770-8150

Mailing Address: 605 Port Street

City: Easton State: MD Zip Code: 21601

5) Engine Information

Installation Date	Engine Manufacturer & Model	Horsepower	Manufacture Date	Fuel Type
01/15/2020	John Deere	225		Diesel

6) Operating Information

Intended use description: (Examples, "a portable generator at a construction site" or "peak shaving with the emergency generator", etc)

Crushing/Screening of materials for repurposing.

Hours per day	Hours per year
6	300

7) Required Attachments

(Check that they are attached)

- ☒ Vendor literature
- ☐ CPCN Exemption from the Public Service Commission
  - Electrical generators only
  - Not needed for generators installed before October 1, 2001

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

Workers insurance policy or binder number: Chesapeake Employers Ins. Co. - Policy #3810100

☐ Check if self employed or otherwise exempt from this requirement

"I CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION SUBMITTED IN THIS REQUEST FOR COVERAGE IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS."

Warren W. Edwards Jr.

Owners Signature

Warren W. Edwards, Jr. - Superintendent

Printed Name & Title Warren W. Edwards Jr. Superintendent Date 6/15/22

LEAVE BLANK, MDE use only

☐ Permit

☐ Registration (Less than 1,000 brake horsepower & installed prior to 11/24/03)

Permit/Registration Number: _____ - ____ - _____ - _____

AI: _____

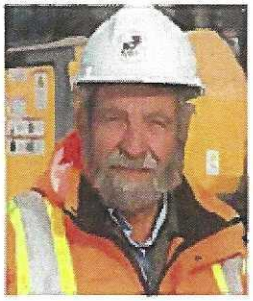
	SOx	Nox	CO	VOC	PM	PM-10
Emissions Stack						
Fugitive						

MAXIMUM POWER

RM 90GO! – BEST OF RECYCLING AND CRUSHING

Capacity	Up to 200 TPH, depending on material
Inlet opening	34" x 26" I 860 x 650 mm
Fuel consumption	Approx. 5 GPH I 19 l/h
Crusher unit	Adjustable speed control, 4-bar impact rotor, direct drive
Operation	One-man radio remote controlled operation
Feed unit	Asymmetric Hardox 3.4 yd^3 vibro feeder Feed control system for automatic crusher load-dependent conveying
Power unit	225 HP John Deere (TIER 3), 4 cylinders 225 HP John Deere (TIER 4F), 4 cylinders Diesel-electric, 40 kVA 400V gen-set with external outlets for additional plug-on equipment.
Prescreening	41" x 31" prescreen grizzly with output to main discharge conveyor or via optional side discharge belt
Weight incl. attachment	Approx. 62,500 lbs. I 28,400 kg
Screen attachment	8' x 4' single deck mesh screen, 2 sections includes hydraulic folding return conveyor for 90° stockpiling or recirculating of oversize material (closed circuit). Weight 10,200 lbs. I 4,600 kg

Dust Suppression | Magnetic Separator | Hammer Changing Device | Release System | Remote Operated | Track and Crush | Engine Compartment Light | Factory Direct Training | Lifetime Customer Support



"I like the machine's compact size, low noise level, and most of all, its ability to produce three-quarters-minus product in one pass. We can process all of our own concrete, asphalt, brick, block and rock and make a three-quarters-minus usable product without having to leave a job site."
- Alfred L, paving contractor

Proposed Roads Department Recycling Facility

Revised 1/8/2020

Chesapeake Employers Insurance
Your workers' compensation specialist

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY – INFORMATION PAGE

INSURER:
Chesapeake Employers' Insurance Company

8722 Loch Raven Boulevard
Towson, Maryland 21286-2235

POLICY NO: 3810100 - RT
Renewal Of: 3810100
NCCI Company No: 61023
Account No:

ITEM 1. NAMED INSURED AND MAILING ADDRESS:
TALBOT COUNTY MARYLAND
ATTN: KIM FERULLO
11 N WASHINGTON ST
EASTON MD 21601

PRODUCER NAME AND ADDRESS:
AVON DIXON AN ALERA GROUP AGENCY LLC
28640 MARYS CT SUITE 100
EASTON MD 21601-7742

PRODUCER NO.: 30143

LEGAL ENTITY: GOVERNMENT ENTITY
OTHER WORKPLACES NOT SHOWN ABOVE: (See Workers Compensation Classification Schedule)

ITEM 2. POLICY PERIOD: From: 07-01-2021 To: 07-01-2022
Effective 12:01 A.M. Standard Time at the Insured's mailing address.

ITEM 3. COVERAGE:

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
MD

B. Employers' Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of liability under Part Two are:

Bodily Injury by Accident:	$	100,000	each accident
Bodily Injury by Disease:	$	500,000	policy limit
Bodily Injury by Disease:	$	100,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
NONE

D. This Policy includes these Endorsements and Schedules:
See Schedule of Forms and Endorsements.

ITEM 4. PREMIUM: The premium for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required on the Workers Compensation Classification Schedule is subject to verification and change by audit.

Minimum Premium: $ 780
Audit Period: Annual

Total Estimated Annual Premium: $ 618,320

Issued At:
Date: 07-02-21

Countersigned by _____

WC 00 00 01 A

Copyright 1987 National Council on Compensation Insurance

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

Phone: 410-770-8030
Email: msalinas@talbotcountymd.gov

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

June 10, 2022

Warren W. Edwards, Jr.
Superintendent
Talbot County Roads Department
605 Port Street
Easton, Maryland 21601

RE: Confirmation of RM 90GO! Mobile Crusher

Dear Mr. Warren:

I understand you will be using a mobile crusher, model RM 90GO!, at the repurposing facility site. This letter is confirmation that the use of the referenced equipment on the site is permissible and in conformance with the active use permits T-20-001 and T-21-011.

Please let me know if you have any further questions.

Sincerely,

Michael "Miguel" Salinas
Talbot County Planning Officer

MARYLAND DEPARTMENT OF THE ENVIRONMENT

AIR AND RADIATION ADMINISTRATION
APPLICATION FOR A PERMIT TO CONSTRUCT

SUPPLEMENT A TO DOCKET #14-22

COMPANY: Talbot County Repurposing Center

LOCATION: 28128 St. Michaels Rd., Easton, MD 21601

APPLICATION: Installation of one (1) 200 ton per hour Rubble Master Impact Crusher.

ITEM	DESCRIPTION
1	Notice of Application and Informational Meeting

MARYLAND 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 Talbot County Repurposing Center on June 15, 2022 for the installation of one (1) 200 ton per hour Rubble Master Impact Crusher powered by one 225 horsepower diesel engine. The proposed installation will be located at 28128 St. Michaels Rd., Easton, MD 21601.

An Informational Meeting will be held on Tuesday, February 7, 2023 at 6:00 PM at the Talbot County Parks & Recreation Community Center, Wye Oak Room, located at 10028 Ocean Gateway in Easton, MD 210601. In case of inclement weather, the meeting will be held on Wednesday, February 8, 2023 at 6:00PM, at the same time and location.

Pursuant to the Environment Article, Section 1-603, Annotated Code of Maryland, the Informational Meeting has been scheduled so that citizens can discuss the application and the permit review process with the applicant and the Department.

The application and other supporting documents are available for public inspection on the Department's website. Look for Docket #14-22 at the following link.

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

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