



O: (302) 934-4093  
M: (302) 470-0210

jasonrussell@mountairefarms.com  
Mountaire Farms  
P.O. Box 1320 Millsboro,  
DE 19966

4/27/2026

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

Reference: Mountaire Farms Inc. – Wye Mills Grain Facility

Mrs. Nash,

Mountaire Farms Inc. Wye Mills Grain facility will be working on the following projects simultaneously:

1. Replace the grain spout from the turn head to the R-Drag. This spout will replace the existing spout that is past its service life and will retain the same capacity as the existing spout.
2. Erect and install a new 4,900-bushel loadout bin. This bin will handle grain that normally is discharged via gravity loadouts from existing storage bins. The new bin will allow for smoother operations at the facility and give them additional flexibility.

There will not be any increase in the facility's emissions because the overall facility throughput will remain the same, the new bin will be loading out grain that would previously be done via gravity loadouts from other storage bins.

Thank you.

A handwritten signature in blue ink, appearing to read "JR", with a stylized flourish.

Jason Russell  
Environmental Manager  
Mountaire Farms Inc.



## AIR QUALITY PERMIT TO CONSTRUCT APPLICATION CHECKLIST

OWNER OF EQUIPMENT/PROCESS	
COMPANY NAME:	Mountaire Farms Inc.
COMPANY ADDRESS:	29292 John J Williams Hwy., Millsboro, DE 19966
LOCATION OF EQUIPMENT/PROCESS	
PREMISES NAME:	Mountaire Farms Inc. - Wye Mills Grain
PREMISES ADDRESS:	14209 Old Wye Mills Rd., Wye Mills, MD 21679
CONTACT INFORMATION FOR THIS PERMIT APPLICATION	
CONTACT NAME:	Jason Russell
JOB TITLE:	Environmental Manager
PHONE NUMBER:	(302) 934-4093
EMAIL ADDRESS:	jasonrussell@mountaire.com
DESCRIPTION OF EQUIPMENT OR PROCESS	
Replace R-Drum Spout with same throughput, install a new 4,900-bushel loadout bin	

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

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

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

No. <u>  x  </u> Form 5	No. <u>      </u> Form 11
No. <u>      </u> Form 5T	No. <u>      </u> Form 41
No. <u>  x  </u> Form 5EP	No. <u>      </u> Form 42
No. <u>      </u> Form 6	No. <u>      </u> Form 44
No. <u>      </u> Form 10	
- Vendor/manufacturer specifications/guarantees
- Evidence of Workman's Compensation Insurance
- Process flow diagrams with emission points
- Site plan including the location of the proposed source and property boundary
- Material balance data and all emissions calculations
- Material Safety Data Sheets (MSDS) or equivalent information for materials processed and manufactured.
- Certificate of Public Convenience and Necessity (CPCN) waiver documentation from the Public Service Commission <sup>(1)</sup>
- Documentation that the proposed installation complies with local zoning and land use requirements <sup>(2)</sup>

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

<sup>(2)</sup> Required for applications subject to Expanded Public Participation Requirements.

**MARYLAND DEPARTMENT OF THE ENVIRONMENT**  
 Air and Radiation Administration • Air Quality Permits Program  
 1800 Washington Boulevard • Baltimore, Maryland 21230  
 (410) 537-3230 • 1-800-633-6101 • [www.mde.maryland.gov](http://www.mde.maryland.gov)

FORM 5 APPLICATION FOR PROCESSING OR MANUFACTURING EQUIPMENT/PROCESS		
<input checked="" type="checkbox"/> Permit to Construct <input checked="" type="checkbox"/> Registration Update <input type="checkbox"/> Initial Registration		
1. Owner Information		
Owner Name:	Mountaire Farms Inc.	
Owner Street Address:	29292 John J. Williams Hwy	
City/State/Zip Code:	Millsboro DE	19966
2. Location of Equipment/Process		
<input checked="" type="checkbox"/> Check if different from above. If checked, complete the following:		
Premises Name:	Mountaire Farms Inc. - Wye Mills Grain	
Premises Street Address:	14209 Old Wye Mills Rd	
City/State/Zip Code:	Wye Mills MD	21679
3. Contact Information		
Contact Name:	Jason Russell	
Job Title:	Environmental Manager	
Phone Number:	(302) 934-4093	
Email Address:	jasonrussell@mountaire.com	
4. Workers' Compensation Coverage Information		
Before a Permit to Construct may be issued by the Department, the applicant must provide the Department with proof of worker's compensation coverage as required under Section 1-202 of the Workers' Compensation Act.		
Company Name:	See Attached.	
Binder/Policy Number:	Expiration Date:	
5. Person Installing Equipment/Process (if different from 1 above)		
Installer Name and Title:	Facility Maintenance Team	
Installer Company Name:	Mountaire Farms Inc.	
Installer Street Address:		
City/State/Zip Code:		
Phone Number:		
6. Description of Major Activity, Product, or Service of Company at this Location (include applicable SIC code)		
<b>Grain Receiving, Storage, Handling, Drying, Shipping</b>		
7. Installation Type	8. Projected Construction/Existing Operation Dates	
<input checked="" type="checkbox"/> New Equipment/Process	Projected Construction Start Date:	7/1/26
<input checked="" type="checkbox"/> Modification to Existing Equipment/Process	Projected Construction End Date:	9/1/26
<input type="checkbox"/> Existing Equipment/Process	Projected Operating Date of New/Modified Equipment/Process:	9/1/26
	Existing Equipment/Process Initial Operating Date:	
9. Description of the Equipment/Process (include make, model, manufacturer, rated capacity, as applicable)		
The R-Drage Spout takes grain from the turn head to the R-Drage and is past it's service life; the new load out bin will handle grain more efficiently than existing gravity loadouts		
10. Supplemental Equipment/Process Information		
Number of Pieces of Identical Equipment Units to be Registered/Permitted at this Time: <sup>3</sup>	Number of Stack/Emission Points Associated with the Equipment/Process: <sup>3</sup>	
	Fugitive Emissions Source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Note: Complete a Form 5EP for each stack/emission point or fugitive discharge area.	
11. Control Devices Associated with this Equipment/Process		
Note: Complete a Form 6 for each control device.		
<input type="checkbox"/> None	<input type="checkbox"/> Baghouse/Fabric Filter	<input type="checkbox"/> Cyclone <input type="checkbox"/> Electrostatic Precipitator
<input checked="" type="checkbox"/> Dust Suppression	<input type="checkbox"/> Venturi Scrubber	<input type="checkbox"/> Adsorption System <input type="checkbox"/> Spray Tower/Packed Bed
<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Nitrogen Oxides Reduction	<input type="checkbox"/> Other, specify:
12. Fuel Consumption for this Equipment/Process		
<input type="checkbox"/> Natural Gas	_____ 1000 cubic feet/year	<input type="checkbox"/> Coal (attach fuel specifications) _____ tons/year
<input type="checkbox"/> Propane/LP Gas	_____ 100 gallons/year	<input type="checkbox"/> Wood (attach fuel specifications) _____ tons/year
<input type="checkbox"/> Distillate Fuel Oil	_____ 1000 gallons/year	<input type="checkbox"/> Other (describe): _____
<input type="checkbox"/> Residual Fuel Oil	_____ 1000 gallons/year	(specify units)



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**FORM 5EP: Emission Point Data**

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

Applicant Name: Mountaire Farms Inc.

**1. Emission Point Identification Name/Number**

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

**2. Emission Point Description**

Describe the emission point including all associated equipment and control devices:  
New 4,900 bushel grain storage bin with a gravity loadout at the bottom center

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

Continuous or Intermittent (C/I)?	I	Seasonal Variation Check box if none: <input type="checkbox"/> Otherwise estimate seasonal variation:	
Minutes per hour:	60	Winter Percent	45
Hours per day:	12	Spring Percent	0
Days per week:	5	Summer Percent	5
Weeks per year:	8	Fall Percent	50

**4. Emission Point Information**

Height above ground (ft):	0	Length and width dimensions at top of rectangular stack (ft):	Length:	Width:
Height above structures (ft):	0			
Exit temperature (°F):	N/A	Inside diameter at top of round stack (ft):		
Exit velocity (ft/min):	N/A	Distance from emission point to nearest property line (ft):		300
Exhaust gas volumetric flow rate (acfm):	N/A	Building dimensions if emission point is located on building (ft)	Height	Length
				Width

**5. Control Devices Associated with the Emission Point**

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

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



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<b>FORM 5EP: Emission Point Data</b>					
<b>Complete one (1) Form 5EP for EACH emission point</b> (stack or fugitive emissions) related to the proposed installation.					
Applicant Name: <u>Mountaire Farms Inc.</u>					
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: <u>R-Drag Spout</u>					
2. Emission Point Description					
Describe the emission point including all associated equipment and control devices: <u>This Spout is connected to the Elevator Leg and feeds the overhead R-Drag</u>					
3. Emissions Schedule for the Emission Point					
Continuous or Intermittent (C/I)?	I	Seasonal Variation Check box if none: <input type="checkbox"/> Otherwise estimate seasonal variation:			
Minutes per hour:	60	Winter Percent	45		
Hours per day:	12	Spring Percent	0		
Days per week:	5	Summer Percent	5		
Weeks per year:	8	Fall Percent	50		
4. Emission Point Information					
Height above ground (ft):	0	Length and width dimensions at top of rectangular stack (ft):	Length:	Width:	
Height above structures (ft):	0				
Exit temperature (°F):	N/A	Inside diameter at top of round stack (ft):			
Exit velocity (ft/min):	N/A	Distance from emission point to nearest property line (ft):		200	
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. <b><u>A Form 6 is also required for each control device.</u></b> If none check none:					
<input type="checkbox"/> None		<input type="checkbox"/> Thermal Oxidizer	No. _____		
<input type="checkbox"/> Baghouse	No. _____	<input type="checkbox"/> Regenerative			
<input type="checkbox"/> Cyclone	No. _____	<input type="checkbox"/> Catalytic Oxidizer	No. _____		
<input type="checkbox"/> Elec. Precipitator (ESP)	No. _____	<input type="checkbox"/> Nitrogen Oxides Reduction	No. _____		
<input type="checkbox"/> Dust Suppression System	No. _____	<input type="checkbox"/> Selective	<input type="checkbox"/> Non-Selective		
<input type="checkbox"/> Venturi Scrubber	No. _____	<input type="checkbox"/> Catalytic	<input type="checkbox"/> Non-Catalytic		
<input type="checkbox"/> Spray Tower/Packed Bed	No. _____	<input checked="" type="checkbox"/> Other	No. _____		
<input type="checkbox"/> Carbon Adsorber	No. _____	Specify: <u>Mineral Oil</u>			
<input type="checkbox"/> Cartridge/Canister					
<input type="checkbox"/> Regenerative					



Facility Emissions

Grain elevator actual emissions Source unless otherwise noted: EPA AP-42 Chapter 9.9.1

a	b	c	d	e	f	g	h	h	i
Activity	Actual Throughput (tons/year)	PM Control Efficiency <sup>1</sup> (% control)	PM Emission Factor (lb/ton)	PM Emissions (tons/year) b*d*(1-c)/2000	PM <sub>10</sub> Control Efficiency <sup>1</sup> (% control)	PM <sub>10</sub> Emission Factor (lb/ton)	PM <sub>10</sub> Emissions (ton/year) b*g*(1-f)/2000	PM <sub>2.5</sub> Emission Factor (lb/ton)	PM <sub>2.5</sub> Emissions (ton/year) b*h*(1-f)/2000
Receiving	Truck straight	0%	0.18	0.00	0%	0.059	0.00	0.01	0.00
	Truck hopper	0%	0.035	0.00	0%	0.0078	0.00	0.0013	0.00
	Rail	0%	0.032	0.00	0%	0.0078	0.00	0.0013	0.00
	Barge unload cont.	0%	0.029	0.00	0%	0.0073	0.00	0.0019	0.00
	Barge marine leg	0%	0.15	0.00	0%	0.038	0.00	0.005	0.00
Ship	0%	0.15	0.00	0.00	0.038	0.00	0.005	0.00	
Loadout / Shipping	Truck unspecified	0%	0.086	0.00	0%	0.029	0.00	0.0049	0.00
	Railcar	0%	0.027	0.00	0%	0.0022	0.00	0.00037	0.00
	Barge	0%	0.016	0.00	0%	0.004	0.00	0.00055	0.00
	Ship	0%	0.048	0.00	0%	0.012	0.00	0.0022	0.00
Headhouse & Handling <sup>5</sup>	1,800,000.0	60%	0.061	21.96	60%	0.034	12.24	0.0058	2.09
Grain Cleaning <sup>5</sup>		0%	0.375	0.00	0%	0.095	0.00	0.016	0.00
Storage Bin (vent)	0.0	0%	0.025	0.00	0%	0.0063	0.00	0.0011	0.00
Grain Drying	Rack	0%	3	0.00	0%	0.75	0.00	0.13	0.00
	Rack (<50 mesh)	0%	0.47	0.00	0%	0.12	0.00	0.02	0.00
	Column	0%	0.22	0.00	0%	0.055	0.00	0.0094	0.00
<b>Total tons emissions</b> (excluding combustion from dryers)				<b>21.96</b>			<b>12.24</b>		<b>2.09</b>

Equipment Emissions

**R-Drag Spout**  
Throughput - 8,000 bushels/hour or 240 tons/hour - Annual Throughput 2,500,000 bushels or 75,000 tons per facility management. Facility says 90 days per year of usage.

Hourly Emissions	Actual Throughput (tons/hour)	PM Control Efficiency <sup>1</sup> (% control)	PM Emission Factor (lb/ton)	PM Emissions (pounds/hour) b*d*(1-c)/2000	PM <sub>10</sub> Control Efficiency <sup>1</sup> (% control)	PM <sub>10</sub> Emission Factor (lb/ton)	PM <sub>10</sub> Emissions (pounds/hour) b*g*(1-f)/2000	PM <sub>2.5</sub> Emission Factor (lb/ton)	PM <sub>2.5</sub> Emissions (pounds/hour) b*h*(1-f)/2000
	240	60	0.061	5.856	0.6	0.034	3.264	0.0058	0.5568
Daily Emissions (Potential)	<b>PM Emissions</b> (pounds/day) b*d*(1-c)/2000	<b>PM<sub>10</sub> Emissions</b> (pounds/day) b*g*(1-f)/2000	<b>PM<sub>2.5</sub> Emissions</b> (pounds/day) b*h*(1-f)/2000						
	140.544	78.336	13.3632						
Yearly Actual									
Approximately 90 days/Average 8 hours/Day	PM10 Annual 720 Hours 720 x 3.264	Pounds 2350.1	Tons 1.17505	PM2.5 Annual 720 Hours 720 x 0.5568	Pounds 400.9	Tons 0.20045			

**Loadout Bin**  
Throughput - 12,000 bushels/hour or 360 tons/hour - Annual Throughput 3,200,000 bushels or 96,000 tons per facility management. Facility says 180 days per year of usage.

Hourly Emissions	Actual Throughput (tons/hour)	PM Control Efficiency <sup>1</sup> (% control)	PM Emission Factor (lb/ton)	PM Emissions (pounds/hour) b*d*(1-c)/2000	PM <sub>10</sub> Control Efficiency <sup>1</sup> (% control)	PM <sub>10</sub> Emission Factor (lb/ton)	PM <sub>10</sub> Emissions (pounds/hour) b*g*(1-f)/2000	PM <sub>2.5</sub> Emission Factor (lb/ton)	PM <sub>2.5</sub> Emissions (pounds/hour) b*h*(1-f)/2000
	360	60	0.086	12.384	0.6	0.029	4.176	0.0049	0.7056
Daily Emissions (Potential)	<b>PM Emissions</b> (pounds/day) b*d*(1-c)/2000	<b>PM<sub>10</sub> Emissions</b> (pounds/day) b*g*(1-f)/2000	<b>PM<sub>2.5</sub> Emissions</b> (pounds/day) b*h*(1-f)/2000						
	297.216	100.224	16.9344						
<b>Bin</b>									
Hourly Emissions	Actual Throughput (tons/hour)	PM Control Efficiency <sup>1</sup> (% control)	PM Emission Factor (lb/ton)	PM Emissions (pounds/hour) b*d*(1-c)/2000	PM <sub>10</sub> Control Efficiency <sup>1</sup> (% control)	PM <sub>10</sub> Emission Factor (lb/ton)	PM <sub>10</sub> Emissions (pounds/hour) b*g*(1-f)/2000	PM <sub>2.5</sub> Emission Factor (lb/ton)	PM <sub>2.5</sub> Emissions (pounds/hour) b*h*(1-f)/2000
	360	60	0.061	8.784	0.6	0.0063	0.9072	0.0011	0.1584
Daily Emissions (Potential)	<b>PM Emissions</b> (pounds/day) b*d*(1-c)/2000	<b>PM<sub>10</sub> Emissions</b> (pounds/day) b*g*(1-f)/2000	<b>PM<sub>2.5</sub> Emissions</b> (pounds/day) b*h*(1-f)/2000						
	210.816	21.7728	3.8016						
Daily Emissions (Combined Potential)	<b>PM Emissions</b> (pounds/day) b*d*(1-c)/2000	<b>PM<sub>10</sub> Emissions</b> (pounds/day) b*g*(1-f)/2000	<b>PM<sub>2.5</sub> Emissions</b> (pounds/day) b*h*(1-f)/2000						
	508.032	121.9968	20.736						
Yearly Actual (Load Out + Bin)									
Approximately 180 days/Average 8 hours/Day	PM10 Annual 1440 Hours 1440 x (4.2+0.91)	Pounds 7358.4	Tons 3.6792	PM2.5 Annual 1440 Hours 1440 x (0.71+0.16)	Pounds 1252.8	Tons 0.6264			



ENGINEERED  
GRAIN + FEED  
MILLING SYSTEMS

# SALES PROPOSAL

L Cubed Corporation  
dba TAM Systems  
871 Range End Road  
Dillsburg, PA 17019  
www.tamsystems.com  
Phone: (717) 432-9738  
Fax: (717) 432-8389

Proposal Submitted to: <b>Mountaire Farms</b>	Phone: <b>302-934-1100</b>	Proposal Date: <b>April 8, 2026</b>
Street: <b>PO Box 1320</b>	Fax:	Proposal #: <b>MOUN20260408JS</b>
City, State, Zip Code: <b>Millsboro, DE 19966</b>	Job Location: <b>Wye Mills, MD</b>	

QTY	DESCRIPTION	UNIT SALES	TOTAL SALES
<b>Wye Mills, MD - New Overhead Loadout Bin</b>			
1	<b>Drive-Thru Overhead Hopper Support Structure</b> -Hot Dipped Galvanized Load Out Structure -17' Drive Through Width & 15' Through Height -Custom Observation Walkway with Stairs and Platforms -Anchor Bolts Included for Cast-In Place -Freight to Wye Mills, MD Included	<del>\$46,562.00</del>	<del>\$46,562.00</del>
1	<b>New Loadout Hopper Bin</b> -18' 5 Tier Wide Corrugation 45 Degree Hopper Bin -4900 Bushel Capacity Holding Tank -2 Outside Stiffeners per Side Sheet -G90 Galvanization -Complete Outside Ladder and Cage -Standard 2-Ring Door with Access Platform -18' Roof Handrail Kit with Eave Platform -(4) Roof Vents -Fill Hole Surround Handrail -Manual Rack and Pinon Heavy Duty Slide Gate with Gate Opening Controls -Freight to Wye Mills, MD Included	<del>\$91,214.00</del>	<del>\$91,214.00</del>
1	<b>Down Spout Materials</b> -80' Galvanized Flanged Square Spout (Removeable Lid) - 12" Square -Square Spout Lined on Bottom and Side - 5/16" Removable HEO Urethane Liners -12" Square Spout Truss Kit with Cable, Turnbuckles and Cable Clamps -All Transitions Lined with 5/16" Removeable HEO Removeable Liners -14" LCDM DBAR Cushion Box with Large Service and Lined Interior Cone -All Bracing Materials Included for 16" Square Spout -Freight to Wye Mills, MD Included	<del>\$19,318.00</del>	<del>\$19,318.00</del>
1	<b>Installation, Equipment and Travel</b> -Hopper Bin Erection Included -Labor to Assemble and Set Loadout Structure -Labor to Weld Loadout Bin Down to Steel Structure -Labor to Assemble and Set 12" Square Spout -Labor to Build Access Platform and Slide Gate Controls -Crane Rental Included to Lift Hopper Bin and Hang Square Spout -Millwright Travel to Wye Mills, MD Included -Manlift and Forklift Rental for Project	<del>\$53,029.00</del>	<del>\$53,029.00</del>
1	<b>Load Out Structure Foundation</b> -21' 6" x 21' 6" x 2' Thick Concrete Foundation -(2) Mats of #7 Rebar @ 10" OCEW Top and Bottom -(4) 2' x 2' x 1' reinforced concrete piers -(16) 3/4" x 20" Galvanized Anchor Bolts with Nuts and Washers -Leveling Plates with Non-Shrink Grout	<del>\$27,188.00</del>	<del>\$27,188.00</del>



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Street: <b>PO Box 1320</b>	Fax:	Proposal #: <b>MOUN20260408JS</b>
City, State, Zip Code: <b>Millsboro, DE 19966</b>	Job Location: <b>Wye Mills, MD</b>	

QTY	DESCRIPTION	UNIT SALES	TOTAL SALES
1	<p><b>Concrete Approach Pads</b> -23' 6" x 6' x 8" Thick Pads -#4 Rebar @ 12" OCEW -8" Tall x 6" Thick Concrete Curb to go on Each End of Approach Pad -6' Long -6" Thick Base of CR-6</p> <p><b>Asphalt Approach Pads Instead of Concrete Approaches</b> <b>Adder for Asphalt in Lieu of Concrete Approaches.....<del>\$7,452</del></b></p>	<del>\$6,655.00</del>	<del>\$6,655.00</del>
1	<p><b>Maryland Use Sales Tax Included in Proposal</b></p> <p><b>Freight Estimate Only</b> Due to the volatility of freight costs, this is an estimate only. Actual charges may be substantially higher depending on conditions at time of delivery. Fuel Surcharges may be added.</p> <p><b>GENERAL NOTES:</b></p> <p>All state and local taxes, including sales taxes, permits, concrete work, gas and electric hookups are NOT included unless, otherwise stated. Tax Exempt form is required, where applicable.</p> <p>Customer to unload truck(s) with forklift capable of safely handling 5,000 lbs. Materials must be stored in a secure, dry location. Customer responsible for any damages to materials while unloading truck(s).</p> <p>If FSA or USDA financing is utilized, a 3% surcharge will be applied to any unpaid balance of the contract amount when the TAM Systems stated terms are not met.</p> <p>L Cubed Corporation, except as expressly set forth in this agreement, each party expressly disclaims, waives, releases, and renounces any guarantee, expressed or implied, that the represented equipment meets current OSHA standards.</p> <p>Prices subject to change without notice. Please call for updated pricing.</p> <p>Contractor shall not be held liable for any impacts, delays, labor overruns, material overruns and/or cost overruns related to its Work stemming from the current flu epidemic, and/or COVID-19 (Coronavirus epidemic) as defined by the United States Centers for Disease Control and Prevention. Contractor shall further be entitled to a change order for any and all time and costs associated with said epidemic(s).</p>	<del>\$5,622.00</del>	<del>\$5,622.00</del>

Contract Total: <del>One Hundred Eighty Nine Thousand Five Hundred Sixty Eight Dollars and Zero Cents</del>	<del>\$122,522.00</del>
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## General Conditions of Contract

1. The purchase price shall be paid on such terms as are agreed to in writing between the Buyer and L Cubed Corporation dba TAM Systems as

MILLWRIGHT SPECIALISTS INC  
38017 BRITTINGHAM RD  
DELMAR, DE 19940  
Bmerritt@millwrightspecialistsinc.com  
410-430-8446

# Estimate

Date	Estimate No.
1/13/2026	250

Name/Address

Mountaire Farms  
A/P Dept  
P.O. Box 1320  
Millsboro, DE 19966

Description	Total
Wye Mills, MD: This estimate is for the replacement of a 12" spout with a cushion box, referenced in the scope of work, with spouting material of 7 gauge and cushion box of same gauge material. All material, rental equipment, and labor to do the install will be supplied by MSI.	
<b>Total</b>	



**ENGINEERING SERVICES**

**Project Name: MSB-26 WYE Leg 6 to R-  
Drag Spouting Replacement**

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**1. Project Background and Scope:**

The Leg 6 to R-Drag Spout at the Wye Mills Granary has deteriorated beyond the point of repair. This spout has already been patched and rotated as a temporary measure to extend service life; however, this option has now been exhausted, and the affected components must be replaced to ensure continued operational integrity. The estimated throughput of this spout is estimated at 3MM bushels per year.

**2. Deliverables (Possible Assets):**

Remove and replace Leg 6 to R-Drag Spout. Quotes will be obtained for lined square spout and round spout.

**3. Affected Parties/Processes:**

Wye Mills Granary





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/27/2026

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

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

<b>PRODUCER</b> Stephens Insurance, LLC 111 Center Street, Suite 100 Little Rock, AR 72201  www.stephensinsurance.com	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b> Cheri Johnson</td> </tr> <tr> <td><b>PHONE (A/C No. Ext):</b> (501)377-6319</td> <td><b>FAX (A/C, No):</b></td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> cheri.johnson@stephens.com</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td><b>INSURER A:</b> Hartford Fire Insurance Company</td> <td style="text-align: right;"><b>NAIC #</b> 19682</td> </tr> <tr> <td><b>INSURER B:</b> Property &amp; Casualty Insurance Co. of Hartford</td> <td style="text-align: right;">34690</td> </tr> <tr> <td><b>INSURER C:</b> Twin City Fire Insurance Company</td> <td style="text-align: right;">29459</td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	<b>CONTACT NAME:</b> Cheri Johnson		<b>PHONE (A/C No. Ext):</b> (501)377-6319	<b>FAX (A/C, No):</b>	<b>E-MAIL ADDRESS:</b> cheri.johnson@stephens.com		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>INSURER A:</b> Hartford Fire Insurance Company	<b>NAIC #</b> 19682	<b>INSURER B:</b> Property & Casualty Insurance Co. of Hartford	34690	<b>INSURER C:</b> Twin City Fire Insurance Company	29459	<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURED</b> Mountaire Farms Inc. P. O Box 1320 Millsboro DE 19966-1320																					

**COVERAGES** **CERTIFICATE NUMBER:** 89467658 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
C	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual <input checked="" type="checkbox"/> \$1,000,000 SIR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			38ECSS71202	3/1/2026	3/1/2027	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 1,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 4,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 4,000,000		\$
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A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			38CSES71201 \$250,000. Deductible	3/1/2026	3/1/2027	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 5,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			38WNS71200 \$500,000. Deductible	3/1/2026	3/1/2027	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTHER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td>\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td>\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td>\$ 1,000,000</td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER		E.L. EACH ACCIDENT		\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000	E.L. DISEASE - POLICY LIMIT		\$ 1,000,000		
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  For Information Purposes Only	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE   Stan Payne
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