



AIR QUALITY PERMIT TO CONSTRUCT APPLICATION CHECKLIST

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

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

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

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

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

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

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

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Air and Radiation Administration • Air Quality Permits Program

1800 Washington Boulevard • Baltimore, Maryland 21230

(410) 537-3230 • 1-800-633-6101 • www.mde.maryland.gov**FORM 6****APPLICATION FOR AIR QUALITY PERMIT TO CONSTRUCT
FOR EMISSION CONTROL EQUIPMENT****1. Owner Information**

Owner Name: _____

Owner Address: _____

City/State/Zip Code: _____

2. Location of Equipment☐ Check if different from above. If checked, complete the following:

Premises Name: _____

Premises Address: _____

City/State/Zip Code: _____

3. Contact Information

Contact Name: _____

Job Title: _____

Phone Number: _____

Email Address: _____

4. Installation Type and Projected Construction Dates☐ Modification to Existing Emission Control Equipment

Projected Construction Start Date: _____

☐ New Emission Control Equipment

Projected Construction End Date: _____

5. Type of Emission Control Equipment☐ Baghouse/Fabric Filter No. _____☐ Thermal Oxidizer No. _____☐ Regenerative☐ Cyclone No. _____☐ Elec. Precipitator (ESP) No. _____☐ Catalytic Oxidizer No. _____☐ Dust Suppression System No. _____☐ Nitrogen Oxides Reduction No. _____☐ Selective☐ Non-Selective☐ Venturi Scrubber No. _____☐ Catalytic☐ Non-Catalytic☐ Spray Tower/Packed Bed No. _____☐ Other No. _____

Specify: _____

☐ Adsorption System No. _____☐ Cartridge/Canister☐ Regenerative**6. Emission Control Equipment Manufacturer Information**

Manufacturer: _____

Model: _____

7. Type of Process/Equipment (to be controlled by emission control equipment)**8. Air Pollutants to be Controlled**☐ Nitrogen Oxides _____ Control Efficiency☐ Particulate Matter _____ Control Efficiency☐ Carbon Monoxide _____ Control Efficiency☐ Volatile Organic Compounds _____ Control Efficiency☐ Sulfur Oxides _____ Control Efficiency☐ Other (describe): _____ Control Efficiency**9. Maximum Pre-Control Emissions (Pollutant Loading to Emission Control Device)**☐ Nitrogen Oxides _____ pounds/hour☐ Particulate Matter _____ pounds/hour☐ Carbon Monoxide _____ pounds/hour☐ Volatile Organic Compounds _____ pounds/hour☐ Sulfur Oxides _____ pounds/hour☐ Other (describe): _____ pounds/hour**10. Equipment Costs**

Capital Cost: \$ _____

Estimated Annual Operating Cost: \$ _____

FORM 6
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FOR EMISSION CONTROL EQUIPMENT

11. Emission Control Equipment Design Specifications

General Information

Inlet Gas Stream Flow Rate: _____ ACFM
 Inlet Gas Stream Temperature: _____ °F
 Inlet Pressure: _____ in. H₂O

Outlet Gas Stream Flow Rate: : _____ ACFM
 Outlet Gas Stream Temperature: _____ °F
 Pressure Drop Range Across System:
 Low _____ in. H₂O to High _____ in. H₂O

For Baghouse/Fabric Filters/Cyclones/ESPs:

Inlet Moisture Content: _____ weight %
 Inlet Dust Loading: _____ grains/ACFD
For ESPs Only:
 Type of ESP (wet or dry): _____
 Plate Cleaning System:
☐ Water Spray
☐ Rapping
☐ Other (specify: _____)
 Describe ESP Operation and Cleaning Process: _____

For Scrubbers:

☐ Dry ☐ Wet
Scrubbing Liquid Medium
☐ Once Through ☐ Recirculating
 Inlet Scrubber Liquid Feed Rate: _____ gal/min
 Scrubber Liquid Make-up Rate: _____ gal/min
 Scrubber Liquid Recirculation Rate: _____ gal/min
 Scrubbing Liquid Composition _____ and Weight %: _____
 pH Range of Scrubbing Liquid: Low _____ to High _____

For Thermal/Catalytic Oxidizers:

☐ Natural Gas Fired
☐ Propane Fired
☐ Other Fuel (specify: _____)
 No. of Burners _____
 Rated Heat Input _____ MMBtu/hr, per Burner
 Combustion Zone Temperature: _____ °F
 Combustion Chamber Volume: _____ ft³
 Retention Time of Gases: _____ sec at _____ °F
For Catalytic Oxidizers Only:
 Type of Catalyst: _____
 Estimated Catalyst Life: _____ years
 Catalyst Cleaning Frequency: _____ months
 Describe Catalyst Activity Testing Procedures and Method of Cleaning: _____

For Adsorption Systems:

☐ Granulated Activated Carbon
☐ Synthetic Adsorbent
☐ Zeolite, Molecular Sieve
☐ Other (specify: _____)
 No. of Beds/Canisters: _____
 Arrangement (if 2 or more beds/canisters):
☐ In Series ☐ In Parallel
 Canister/Bed Replacement Frequency: _____
 Regeneration Cycle Time (if regenerated on-site): _____
 Describe Breakthrough/Saturation Determination Process: _____

For Nitrogen Oxides Reduction Systems:

Catalyst Active Material: _____
 Catalyst Life: _____ years
 Catalyst Volume: _____ ft³
 Catalyst Bed Temperature Range:
 Minimum: _____ °F to Maximum: _____ °F

Reducing Agent Information:
☐ Urea ☐ Anhydrous Ammonia
☐ Aqueous Ammonia _____ weight %
 Reducing Agent Storage Tank Capacity: _____ gallons
 Reducing Agent Injection Rate: _____ pounds per hour
 Reducing Agent Outlet Concentration: _____ ppmv

12. Required Documents (Attach to Form 6 Application)

- ☐ Vendor/Manufacturer Specifications and Guarantees for Emission Control Equipment
☐ Process Flow Diagram including location of emission control equipment and emissions from source to emission point

13. Responsible Party Certification Statement

"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."

Responsible Party Signature

Date

Printed Name and Title

For ARA Use Only

Date Received: _____
 Date Reviewed: _____
 Reviewed By: _____
 ARA Premises Number: _____
 Associated ARA Registration Number or Numbers: _____