

**MARYLAND DEPARTMENT OF THE ENVIRONMENT**  
 Air and Radiation Management 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 5EP: Emission Point Data**

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

Applicant Name: \_\_\_\_\_

**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:  
 \_\_\_\_\_

**2. Emission Point Description**

Describe the emission point including all associated equipment and control devices:  
 \_\_\_\_\_

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

Continuous or Intermittent (C/I)?		<b>Seasonal Variation</b> Check box if none: <input type="checkbox"/> 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):		Length and width dimensions at top of rectangular stack (ft):	Length:	Width:	
Height above structures (ft):					
Exit temperature (°F):		Inside diameter at top of round stack (ft):			
Exit velocity (ft/min):		Distance from emission point to nearest property line (ft):			
Exhaust gas volumetric flow rate (acfm):		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 type="checkbox"/> Other                     | No. _____                              |
| <input type="checkbox"/> Carbon Adsorber          | No. _____ | Specify:   |  |
| <input type="checkbox"/> Cartridge/Canister       |           |  |  |
| <input type="checkbox"/> Regenerative             |           |  |  |

