

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 11 No. _____ Form 5
 - No.
 Form 5T

 No.
 Form 5EP

 - No. ____ Form 6 No. ____ Form 10

- No.
 Form 41

 No.
 Form 42

 No.
 Form 44

- Vendor/manufacturer specifications/guarantees
- \square Evidence of Workman's Compensation Insurance
- \square 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 \square 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 Q APPLICATION FOR FUEL BURNING	
Permit to Construct 🖵 Registration Update 🖵	Initial Registration
1A. Owner of Equipment/Company Name	DO NOT WRITE IN THIS BOX 2. Registration Number County No. Premises No.
Mailing Address/Street	
City State Zip Code	Registration Class Equipment No.
Telephone Number	7 6-11 Data Year
Print Name/Title	12-13 Application Date
Signature: D	ate:
1B. Equipment Location (if different from above give Street Number and	d Name, City, State, Zip and Telephone Number):
Premises Name (if different from above):	
3. Status New Construction Began New Construct A= New Equipment Status (MM/YY) (MM B= Modification to Image: Construct of the status Image: Construct of the status Image: Construct of the status	
C= Existing Equipment 15 16-19 20	-23 20-23
4. Describe this Equipment (Make, Model, Features, Manufacturer, etc.	.):
5. Workmen's Compensation Coverage: Binder/Policy Number:	
Company Name:	Expiration Date
NOTE: Before a Permit to Construct may be issued by the Department, the ap of worker's compensation coverage as required under Section 1-2	
6. Number of Pieces of Identical Equipment to be Registered/Permitte	d at this Time:
7. Person Installing this Equipment (if different from above give Name Telephone Number):	e/Title, Company Name, Mailing Address and
8. Major Activity, Product or Service of Company at this Location:	
9. Control Devices Associated with this Equipment None Simple/Multiple Spray/Adsorb Venturi Carbon 24-0 24-1 24-2 24-3	Electrostatic Bag- Precipitator house 24-4 24-5 24-6
Thermal/Catalytic Dry Dry Describe Afterburner 24-7 24-8 Other 24-9	9



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 % GRADE ASH% WOOD-TONS MOISTURE % 46-52 53-55 56-58 59-63 64-65 OTHER FUELS ANNUAL AMOUNT CONSUMED OTHER FUEL ANNUAL AMOUNT CONSUMED Grade 4-other (Specify Type) 66-1 (Specify Units of Measure) (Specify Type) 66-2 (Specify Units of Measure) (Specify Type) 66-1 Process Percent OII Burner 2-Air Atomizer 2-Air Atomizer Confort/Space Process Percent OII Burner 2-Air Atomizer 3-Stoker 3-Stoker SetASONAL VARIATION IN OPERATION (PERCENT): Days Per Days Per 7.3-75 None 7.7-78 Finit 7.9-80 20-30 Babay Per Days Per Oxides of Nutrogen 11-116 3-8-84 12. Exhaust Stack Information None Finit 92-95 96-98 96-98 13. Total Stack Emissions (for this equipment only) in Pounds Per Operatin
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 ANNUAL AMOUNT CONSUMED (Specify Type) 66-1 (Specify Units of Measure) (Specify Type) 66-2 (Specify Units of Measure) (Specify Type) 66-1 (Specify Units of Measure) (Specify Type) 66-2 (Specify Units of Measure) 1-Operating Schedule (for this equipment) Intervention Intervention Intervention Intervention Heating Only Process Process Heat Oil Burner Intervention Intervention Oward Composition Process Process Heat Oil Burner Intervention Intervention Heating Only Process Process Heat Oil Burner Intervention Intervention Week Days Per Days Per None Winter Trype State Monizer State
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Acknowledgement Sent by State: Date By
17. Inventory Date (MM/YY) SCC Code 18. Annual Operating Rate Maximum Design Hourly Rate
171-174178-185186-192193-199
Permit to Operate Month Transaction Date Staff Code VOC SIP Code
200-201 202-207 208-210 211 212 213 214
Regulation Code Confidentiality 215-218
Point Description 220-238 Action A: Add C: Change
Form number: 11

