



## 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 <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

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 Permit to Construct Gas Cleaning or Emission Control Equipment

1. Owner of Installation	Telephone No.	Date of Application	
2. Mailing Address	City	Zip Code	County
3. Equipment Location	City/Town or P.O.	County	
4. Signature of Owner or Operator	Title	Print or Type Name	
5. Application Type:	Alteration <input type="checkbox"/>	New Construction <input type="checkbox"/>	
6. Date Construction is to Start:	Completion Date (Estimate):		
7. Type of Gas Cleaning or Emission Control Equipment:			
Simple Cyclone <input type="checkbox"/>	Multiple Cyclone <input type="checkbox"/>	Afterburner <input type="checkbox"/>	Electrostatic Precipitator <input type="checkbox"/>
Scrubber <input type="checkbox"/>	Other <input type="checkbox"/>	(type)	
8. Gas Cleaning Equipment Manufacturer	Model No.	Collection Efficiency (Design Criteria)	
9. Type of Equipment which Control Equipment is to Service:			
10. Stack Test to be Conducted:			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Stack Test to be Conducted By)	(Date)
11. Cost of Equipment			
Estimated Erection Cost			



**12. The Following Shall Be Design Criteria:**

	<u>INLET</u>	<u>OUTLET</u>
Gas Flow Rate	_____ ACFM*	_____ ACFM*
Gas Temperature	_____ °F	_____ °F
Gas Pressure	_____ INCHES W.G.	_____ INCHES W.G.
	PRESSURE DROP _____	
Dust Loading	_____ GRAINS/ACFD**	_____ GRAINS/ACFD**
Moisture Content	_____ %	_____ %
OR		
Wet Bulb Temperature	_____ °F	_____ °F
Liquid Flow Rate (Wet Scrubber)	_____ GALLONS/MINUTE	
(WHEN SCRUBBER LIQUID OTHER THAN WATER INDICATE COMPOSITION OF SCRUBBING MEDIUM IN WEIGHT %)		
	*= ACTUAL CUBIC FEET PER MINUTE	**= ACTUAL CUBIC FEET DRY

**WHEN APPLICATION INVOLVES THE REDUCTION OF GASEOUS POLLUTANTS, PROVIDE THE CONCENTRATION OF EACH POLLUTANT IN THE GAS STREAM IN VOLUME PERCENT. INCLUDE THE COMPOSITION OF THE GASES ENTERING THE CLEANING DEVICE AND THE COMPOSITION OF EXHAUSTED GASES BEING DISCHARGED INTO THE ATMOSPHERE. USE AVAILABLE SPACE IN ITEM 15 ON PAGE 3.**

**13. Particle Size Analysis**

<u>Size of Dust Particles Entering Cleaning Unit</u>	<u>% of Total Dust</u>	<u>% to be Collected</u>
0 to 10 Microns	_____	_____
10 to 44 Microns	_____	_____
Larger than 44 Microns	_____	_____

**14. For Afterburner Construction Only:**

Volume of Contaminated Air \_\_\_\_\_ CFM (DO NOT INCLUDE COMBUSTION AIR)

Gas Inlet Temperature \_\_\_\_\_ °F

Capacity of Afterburner \_\_\_\_\_ BTU/HR

Diameter (or area) of Afterburner Throat \_\_\_\_\_

Combustion Chamber \_\_\_\_\_ (diameter) \_\_\_\_\_ (length) Operating Temperature at Afterburner \_\_\_\_\_ °F

Retention Time of Gases \_\_\_\_\_



**15. Show Location of Dust Cleaning Equipment in the System. Draw or Sketch Flow Diagram Showing Emission Path from Source to Exhaust Point to Atmosphere.**

Date Received: Local \_\_\_\_\_ State \_\_\_\_\_

Acknowledgement Date: \_\_\_\_\_

By \_\_\_\_\_

Reviewed By:

Local \_\_\_\_\_

State \_\_\_\_\_

Returned to Local:

Date \_\_\_\_\_

By \_\_\_\_\_

Application Returned to Applicant:

Date \_\_\_\_\_

By \_\_\_\_\_

REGISTRATION NUMBER OF ASSOCIATED EQUIPMENT:

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PREMISES NUMBER:

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Emission Calculations Revised By \_\_\_\_\_ Date \_\_\_\_\_

