



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 10
APPLICATION FOR
INCINERATORS**

Permit to Construct

Registration Update

Initial Registration

1. Owner Information

Owner Name: _____
Owner Street Address: _____
City/State/Zip Code: _____

2. Location of Incinerator

Check if different from above. If checked, complete the following:

Premises Name: _____
Premises Street Address: _____
City/State/Zip Code: _____

3. Contact Information

Contact Name: _____
Job Title: _____
Phone Number: _____
Email Address: _____

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: _____

Binder/Policy Number: _____

Expiration Date: _____

5. Person Installing Incinerator (if different from 1 above)

Installer Name and Title: _____
Installer Company Name: _____
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)

7. Installation Type

New Incinerator
 Modification to Existing Incinerator
 Existing Incinerator

8. Projected Construction/Existing Operation Dates

Projected Construction Start Date: _____
Projected Construction End Date: _____
Projected Operating Date of New/Modified Incinerator: _____
Existing Incinerator Initial Operating Date: _____

9. Incinerator Specifications

Manufacturer: _____
Model: _____
Serial No.: _____
Rated Capacity of Incinerator: _____ lbs/hour

Single Chamber
 Multiple Chamber
 Auxiliary Burner
 Other – Specify: _____

10. Supplemental Equipment/Process Information

Number of Pieces of Identical Equipment Units to be Registered/Permitted at this Time: _____

Number of Stack/Emission Points Associated with the Equipment/Process: _____
Fugitive Emissions Source? Yes 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

None Baghouse/Fabric Filter Cyclone Electrostatic Precipitator
 Dust Suppression Venturi Scrubber Adsorption System Spray Tower/Packed Bed
 Oxidizer Nitrogen Oxides Reduction 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)

13. Operating Schedule for this Equipment/Process					
<input type="checkbox"/> Continuous Operation <input type="checkbox"/> Batch Process _____ hours/batch _____ batches/week _____ operating hours/day _____ operating days/week _____ operating days/year			Seasonal Variation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following: _____ Winter Percent _____ Spring Percent _____ Summer Percent _____ Fall Percent Total Seasons = 100% operating time		
14. Input Materials and Usage Rates (attach additional materials as necessary)					
Name of Input Material	CAS No. (if applicable)	Input Rate Per Hour	Identify Unit of Measure	Input Rate Per Year	Identify Unit of Measure
15. Output Materials and Production Rates (attach additional materials as necessary)					
Name of Output Material or Product	CAS No. (if applicable)	Output Rate Per Hour	Identify Unit of Measure	Output Rate Per Year	Identify Unit of Measure
16. Waste Streams - Solid and Liquid (attach additional materials as necessary)					
Name of Waste Material or Waste Product	CAS No. (if applicable)	Waste Generation Rate Per Hour	Identify Unit of Measure	Waste Generation Rate Per Year	Identify Unit of Measure
17. Total Stack Emissions for this Equipment/Process			18. Total Fugitive Emissions for this Equipment/Process		
Nitrogen Oxides	_____ lbs/operating day	Nitrogen Oxides	_____ lbs/operating day	Carbon Monoxide	_____ lbs/operating day
Carbon Monoxide	_____ lbs/operating day	Carbon Monoxide	_____ lbs/operating day	Sulfur Oxides	_____ lbs/operating day
Sulfur Oxides	_____ lbs/operating day	Sulfur Oxides	_____ lbs/operating day	Particulate Matter (PM-10)	_____ lbs/operating day
Particulate Matter (PM-10)	_____ lbs/operating day	Particulate Matter (PM-10)	_____ lbs/operating day	Particulate Matter (PM-2.5)	_____ lbs/operating day
Particulate Matter (PM-2.5)	_____ lbs/operating day	Particulate Matter (PM-2.5)	_____ lbs/operating day	Volatile Organic Compounds	_____ lbs/operating day
Volatile Organic Compounds	_____ lbs/operating day	Volatile Organic Compounds	_____ lbs/operating day	Greenhouse Gases (CO _{2e})	_____ lbs/operating day
Greenhouse Gases (CO _{2e})	_____ lbs/operating day	Greenhouse Gases (CO _{2e})	_____ lbs/operating day		
19. Required Documents					
<input type="checkbox"/> Air Quality Permit to Construct Application Checklist - Include all required items on the checklist with the Form 5 application <input type="checkbox"/> Does this application include confidential information? If yes, submit one confidential copy of the application and one copy with all confidential information removed.					
20. 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:					