



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

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 Incinerators

Permit to Construct ☐ Registration ☐

DO NOT WRITE IN THIS SPACE	
1. Owner of Installation or Company Name	Date of Application
Mailing Address	Telephone
City State Zip Code	Date Rec. Local Date Red. State
2A. Premises Name if Different from Above	Acknowledgement Sent Date _____ By _____
2B. Incinerator Location if Different From Above (give Street Address, City, County and Zip Code):	Reviewed Name _____ Date _____
3. Owner, Agent or Authorized Company Official _____ (Print/Type Name) _____ (Signature) _____ (Mailing Address, City/Town, State, Zip Code)	Local State Returned to Local Jurisdiction Date _____ By _____
4A. New Construction Only Begin _____ Date Construction Completed _____	4B. Existing Installation Initial Operation Date _____ (14-15)
5. Installation or Contractor (New or Replacement Only) _____ (Name or Company Title) _____ (Mailing Address, City/Town, State, Zip Code, Telephone Number)	
6. Equipment Manufacturer Manufacturer's Serial or Catalog No.	7. Total Number of Incinerators of Identical Design and Capacity at this Location: _____
8. Major Activity at this Location-Auto Dealer, Hospital, Apartment House, etc.	9. Rated Capacity of Incinerator in lb/hr: _____ 16-19
10. Incinerator Type (Mark only one with X) Single Chamber <input type="checkbox"/> Multiple Chamber <input type="checkbox"/> Auxiliary Burner <input type="checkbox"/> Other <input type="checkbox"/> _____ 20-1 20-2 21 22 Specify	
11. Frequency of Burning Hours/Day <input type="text"/> <input type="text"/> Days/Year <input type="text"/> <input type="text"/> <input type="text"/> 23 24 25 26 27	12. Amount of Waste Burned Per Operating Day: _____ Units: tons <input type="text"/> lbs. <input type="text"/> gal. <input type="text"/> 32-1 32-2 32-3
13. Method of Charging Waste into Unit: Manual <input type="checkbox"/> Automatic <input type="checkbox"/>	



14. Type of Waste/Refuse Incinerated. Mark major type with X -- all others with Check ✓.

Trash 100% Dry ☐ 33 Refuse 20% Garbage ☐ 34 Refuse 50% Garbage ☐ 35 Garbage ☐ 36 Animal or Animal Parts ☐ 37 Municipal Refuse ☐ 38 Infectious/ Pathological ☐ 39

Does this waste contain Carcinogenic or Toxic Material? Y/N Industrial Process Waste ☐ 40 Other ☐ 41

15. Total Annual Auxiliary Fuels Used

Oil _____ (gallons) _____ (Grade) 48 Natural Gas _____ (ft³)
42-47 49-55
LP Gas _____ (gallons) Other ☐ specify fuel & units required
56-59 90-92

16. Stack Information: Height Above Ground (ft) _____ Inside Diameter at Top (in) _____
94-96 97-99
Exit Temperature (°F) _____ Gas Exit Velocity (ft/min) _____
100-103 104-107

17. Emission Control Devices

Gas Cleaning Form AMA-6 Must be Completed for Each Device Used and Attached to this Application.

None ☐ 108 Settling Chamber or Baffles ☐ 109 Simple Cyclone ☐ 110 Multiple Cyclone ☐ 111 Scrubber ☐ 112 Venturi Scrubber ☐ 113 Electrostatic Precipitator ☐ 114 Bag-house ☐ 115 After-burner ☐ 116
Other ☐ 117-118 Specify Type

DO NOT WRITE BELOW THIS LINE

18. Actual Stack Emissions in Pounds per Operating Day

Particulate Matter 119 124 Oxides of Sulfur 125 130 Oxides of Nitrogen 131 136
Carbon Monoxide 137 142 Volatile Organic Compounds 143 148

Other Pollutants Specify _____ Type/Amount

19. Inventory Date 180 183

20. Method Used to Determine Emissions

	Estimate	Emission Factor	Stack Test	Other
Particulate matter	<input type="checkbox"/> 184-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
Oxides of Nitrogen	<input type="checkbox"/> 186-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
Volatile Organics	<input type="checkbox"/> 188-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4

	Estimate	Emission Factor	Stack Test	Other
Oxides of Sulfur	<input type="checkbox"/> 185-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
Carbon Monoxide	<input type="checkbox"/> 187-1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4

21. Premises Information

Premises Name _____

Census Tract 243 248 SIC No. 249 252 MD Grid East 253 256 MD Grid North 257 259
Owner Private ☐ 260-0 Local ☐ 260-1 State ☐ 260-2 Federal ☐ 260-3
Date Completed _____
Completed By _____

