



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 5T

No. _____ Form 5EP

No. _____ Form 6

No. _____ Form 10

No. _____ Form 11

No. _____ Form 41

No. _____ Form 42

No. _____ Form 44
- ☐ 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 PROCESSING/MANUFACTURING EQUIPMENT**Permit to Construct ☐Registration Update ☐Initial Registration ☐**1A. Owner of Equipment/Company Name****Mailing Address**

Street Address

City

State

Zip

Telephone Number

()

Signature

Print Name and Title

Date

1B. Equipment Location and Telephone Number (if different from above)

Street Number and Street Name

City/Town

State

Zip

()

Telephone Number

Premises Name (if different from above)

3. Status (A= New, B= Modification to Existing Equipment, C= Existing Equipment)

Status

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15

New Construction
Begun (MM/YY)

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16-19

New Construction
Completed (MM/YY)

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20-23

Existing Initial
Operation (MM/YY)

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20-23

4. Describe this Equipment: Make, Model, Features, Manufacturer (include Maximum Hourly Input Rate, etc.)**5. Workmen's Compensation Coverage**

Binder/Policy Number

Expiration Date

Company

NOTE: 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 Worker's Compensation Act.

6A. Number of Pieces of Identical Equipment Units to be Registered/Permitted at this Time**6B. Number of Stack/Emission Points Associated with this Equipment****DO NOT WRITE IN THIS BLOCK
2. REGISTRATION NUMBER**

County No.

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1-2

Premises No.

--	--	--	--

3-6

Registration Class

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7

Equipment No.

--	--	--	--

8-11

Data Year

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12-13

Application Date



7. Person Installing this Equipment (if different from Number 1 on Page 1)

Name _____ Title _____

Company _____

Mailing Address/Street _____

City/Town _____ State _____ Telephone (____) _____

8. Major Activity, Product or Service of Company at this Location**9. Control Devices Associated with this Equipment**

None

☐

24-0

Simple/Multiple
Cyclone☐

24-1

Spray/Adsorb
Tower☐

24-2

Venturi
Scrubber☐

24-3

Carbon
Adsorber☐

24-4

Electrostatic
Precipitator☐

24-5

Baghouse

☐

24-6

Thermal/Catalytic
Afterburner☐

24-7

Dry
Scrubber☐

24-8

Other

☐

Describe _____

24-9

10. Annual Fuel Consumption for this Equipment

OIL-1000 GALLONS

26-31

SULFUR %

32-33

GRADE

34

NATURAL GAS-1000 FT³

35-41

LP GAS-100 GALLONS

42-45

GRADE

COAL - TONS

46-52

SULFUR %

53-55

ASH%

56-58

WOOD-TONS

59-63

MOISTURE %

64-65

OTHER FUELS

ANNUAL AMOUNT CONSUMED

(Specify Type)

66-1

(Specify Units of Measure)

OTHER FUEL

ANNUAL AMOUNT CONSUMED

(Specify Type)

66-2

(Specify Units of Measure)

1= Coke 2= COG 3=BFG 4=Other

11. Operating Schedule (for this Equipment)

Continuous Operation

67-1

Batch Process

67-2

Hours per Batch

68-69

Batch per Week

Hours per Day

70-71

Days Per Week

72

Days per Year

73-75

Seasonal Variation in Operation:

No Variation

76

Winter Percent

77-78

Spring Percent

79-80

Summer Percent

81-82

Fall Percent

83-84

(Total Seasons= 100%)



12. Equivalent Stack Information- is Exhaust through Doors, Windows, etc. Only? (Y/N)☐

85

If not, then

Height Above Ground (FT)

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86-88

Inside Diameter at Top

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89-91

Exit Temperature (°F)

--	--	--	--

92-95

Exit Velocity (FT/SEC)

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96-98

NOTE:

Attach a block diagram of process/process line, indicating new equipment as reported on this form and all existing equipment, including control devices and emission points.

13. Input Materials (for this equipment only)Is any of this data to be considered confidential? ☐ (Y or N)**INPUT RATE**

NAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PER YEAR	UNITS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

TOTAL**14. Output Materials (for this equipment)****Process/Product Stream****OUTPUT RATE**

NAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PER YEAR	UNITS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

TOTAL**15. Waste Streams- Solid and Liquid****OUTPUT RATE**

NAME	CAS NO. (IF APPLICABLE)	PER HOUR	UNITS	PER YEAR	UNITS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

TOTAL

16. Total Stack Emissions (for this equipment only) in Pounds Per Operating Day

Particulate Matter					

99-104

Oxides of Sulfur					

105-110

Oxides of Nitrogen					

111-116

Carbon Monoxide					

177-122

Volatile Organic Compounds					

123-128

PM-10					

129-134

17. Total Fugitive Emissions (for this equipment only) in Pounds Per Operating Day

Particulate Matter					

135-139

Oxides of Sulfur					

140-144

Oxides of Nitrogen					

145-149

Carbon Monoxide					

150-154

Volatile Organic Compounds					

155-159

PM-10					

160-164

Method Used to Determine Emissions (1= Estimate 2= Emission Factor 3= Stack Test 4= Other)

TSP

165

SOX

166

NOX

167

CO

168

VOC

169

PM10

170

AIR AND RADIATION MANAGEMENT ADMINISTRATION USE ONLY**18. Date Rec'd. Local****Date Rec'd. State****Return to Local Jurisdiction**

Date _____ By _____

Reviewed by Local Jurisdiction

Date _____ By _____

Reviewed by State

Date _____ By _____

19. Inventory Date**Month/Year**

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171-174

Equipment Code

--	--	--

175-177

SCC Code

--	--	--	--	--	--	--	--

178-185

20. Annual**Operating Rate**

--	--	--	--	--	--

186-192

Maximum Design**Hourly Rate**

--	--	--	--	--	--

193-199

Permit to Operate**Month**

--	--

200-201

Transaction Date**(MM/DD/YR)**

--	--	--	--	--	--

202-207

Staff Code

--	--	--

208-210

VOC Code

--	--

211 212

SIP Code

--	--

213 214

Regulation Code

--	--	--	--

215-218

Confidentiality

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219

Point Description

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220-238

Action

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239

A: Add
C: Change