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
Air and Radiation Management Administration ▪ Air Quality Permits Program
1800 Washington Blvd ▪ Baltimore, Maryland 21230
(410) 537-3230 ▪ 1-800-633-6101 ▪ www.mde.state.md.us

APPLICATION FOR FUEL BURNING EQUIPMENT

Information Regarding Public Outreach

For Air Quality Permit to Construct applications subject to public review, applicants should consider the following information in the initial stages of preparing a permit application.

If you are not sure at the time you are applying for a permit whether public review of your application is required or for information on steps you can take to engage the surrounding community where your planned project will be located, please contact the Air Quality Permits Program at 410-537-3225 and seek their advice.

Communicating and engaging the local community as early as possible in your planning and development process is an important aspect of your project and should be considered a priority. Environmental Justice or "EJ" is a movement to inform, involve, and engage communities impacted by potential and planned environmental projects by affording citizens opportunities to learn about projects and discuss any concerns regarding impacts.

Although some permit applications are subject to a formal public review process prescribed by statute, the Department strongly encourages you to engage neighboring communities separate from and well ahead of the formal permitting process. Sharing your plans by way of community meetings, informational outreach at local gatherings or through local faith-based organizations can initiate a rewarding and productive dialogue that will reduce anxiety and establish a permanent link with your neighbors in the community.

All parties benefit when there is good communication. The Department can assist applicants in developing an outreach plan that fits the needs of both the company and the public.

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Application for Incinerators

Permit to Construct ❑ Registration ❑

DO NOT WRITE IN THIS SPACE

Date Rec. Local Date Red. State

Acknowledgement Sent
Date_____
By_____

Reviewed
Name_____
Date_____

Local
State

Returned to Local Jurisdiction
Date_____
By_____

Application Returned to Applicant
Date_____
By_____

Premises Number
☐☐ ☐☐☐☐
1 2 3 4 5 6

Registration Number
☐ ☐☐☐☐ ☐☐
7 8 9 10 11 12 13

1. Owner of Installation or Company Name | Date of Application

Mailing Address | Telephone

City State Zip Code

2A. Premises Name if Different from Above

2B. Incinerator Location if Different From Above (give Street Address, City, County and Zip Code):

3. Owner, Agent or Authorized Company Official

_____
(Print/Type Name)

_____
(Signature)

_____
(Mailing Address, City/Town, State, Zip Code)

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 ☐ Multiple Chamber ☐ Auxiliary Burner ☐ Other ☐_____
20-1 20-2 21 22 Specify

11. Frequency of Burning
Hours/Day ☐☐ Days/Year ☐☐☐
23 24 25 26 27

12. Amount of Waste Burned Per Operating Day: _____
Units: tons ☐ lbs. ☐ gal. ☐
32-1 32-2 32-3

13. Method of Charging Waste into Unit: Manual ☐ Automatic ☐

Form number: 10
Revision date: 09/27/2002
TTY Users 1-800-735-2258

Recycled Paper

14. Type of Waste/Refuse Incinerated. Mark major type with ✗ -- 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)_____ Natural Gas_____(ft^3)
42-47 (Grade) 48 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	☐ 184-1	☐ -2	☐ -3	☐ -4
Oxides of Nitrogen	☐ 186-1	☐ -2	☐ -3	☐ -4
Volatile Organics	☐ 188-1	☐ -2	☐ -3	☐ -4
Oxides of Sulfur	☐ 185-1	☐ -2	☐ -3	☐ -4
Carbon Monoxide	☐ 187-1	☐ -2	☐ -3	☐ -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_____