

MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Boulevard Baltimore MD 21230
(410) 537-3000 1-800-633-6101 <http://www.mde.state.md.us>

PART 70 PERMIT INITIAL APPLICATION AIR AND RADIATION MANAGEMENT ADMINISTRATION

Facilities required to obtain a Part 70 permit under COMAR 26.11.03.01 must complete and return this form. Applications are incomplete unless all applicable information required by COMAR 26.11.03.03 is supplied. Failure to supply additional information required by the Department to enable it to act on the application may result in loss of the application shield and denial of this application.

Owner and Operator:

Name of Owner or Operator:		
Street Address:		
City:	State:	Zip Code:
Telephone Number	Fax Number	

Facility Information:

Name of Facility:		
Street Address:		
City:	State:	Zip Code:
Plant Manager:	Telephone Number:	Fax Number:
24-Hour Emergency Telephone Number for Air Pollution Matters:		
E-mail Address:		

List, on a separate page, the names and telephone numbers of other facility owners and persons with titles.



SECTION 1. CERTIFICATION STATEMENTS

1. Compliance Status with Applicable Enhanced Monitoring and Compliance Certification Requirements

The emissions units identified in this application are in compliance with applicable enhanced monitoring and compliance certification requirements.

2. Certification of Current Compliance with All Applicable Federally Enforceable Requirements

Except for the requirements identified in Section 7 of this application, for which compliance is not achieved, I hereby certify, based on information and belief formed after reasonable inquiry, that the facility is currently in compliance with all applicable federally enforceable requirements and agree that the facility will continue to comply with those requirements during the permit term.

You must complete a Section 7 form for each non-complying emissions unit.

3. Statement of Compliance with Respect to All New Applicable Requirements Effective During the Permit Term

I hereby state, based on information and belief formed after reasonable inquiry, that the facility agrees to meet, in a timely manner, all applicable federally enforceable requirements that become effective during the permit term, unless a more detailed schedule is expressly required by the applicable requirement.

4. Risk Management Plan Compliance

I hereby certify that, based on information and belief formed after reasonable inquiry, that a Risk Management Plan as required under 112(r) of the Clean Air Act:

☐ has been submitted;

☐ will be submitted at a future date; or

☐ does not need to be submitted.



5. Statement of Truth, Accuracy, and Completeness

"I certify, under penalty of law, that this document and all attachments were prepared under my direction or supervision and in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person(s) who manage the system, or those persons directly responsible for gathering the information, the information submitted 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 OFFICIAL:

X _____

SIGNATURE

DATE

PRINTED NAME

TITLE



SECTION 2. FACILITY DESCRIPTION SUMMARY

1. Major Activities of Facility

Briefly describe the major activities, including the applicable SIC Code(s) and end product(s).

2. Facility-Wide Emissions

- A. This facility is required to obtain a Part 70 Operating Permit because it is:
Check appropriate box:

Actual Major
Potential Major
Solid Waste Incineration Unit Requiring Permit Under § 129(e) of CAA
Other Reason: _____

- B. List the actual facility-wide emissions below:

PM10 _____ NOx _____ VOC _____ SOx _____ CO _____
HAPs _____

3. Include With the Application:

- A. Flow Diagrams showing all emissions units, emission points, and control devices;
- B. Plot plan of the entire facility;
- C. Emissions Certification Report (copy of the most recent submitted to the Department)



1. Emissions Unit No.:		2. MDE Registration No.:(if applicable)	
1a. Date of installation (month/year):			
3. Detailed description of the emissions unit, including all emission point(s) and the assigned number(s):			
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4. Federally Enforceable Limit on the Operating Schedule for this Emissions Unit:			
General Reference:_____			
Continuous Processes:		_____ hours/day	_____ days/year
Batch Processes:		_____ hours/batch	_____ batches/day
		_____ days/year	
5. Fuel Consumption:			
Type(s) of Fuel	% Sulfur	Annual Usage (specify units)	
1. _____			
2. _____			
3. _____			
6. Emissions in Tons:			
A. Actual Major: _____		Potential Major:_____ (note: before control device)	
B. Actual Emissions:		NOx_____ SOx_____ VOC_____	
		PM10_____ HAPs_____	



**SECTION 3B. CITATION TO AND DESCRIPTION OF APPLICABLE
FEDERALLY ENFORCEABLE REQUIREMENTS**

Emissions Unit No.: _____ **General Reference:** _____

Briefly describe the Emission Standard/Limit or Operational Limitation:

Compliance Demonstration:

Methods used to demonstrate compliance:

Monitoring: Reference _____ Describe: _____

Testing: Reference _____ Describe: _____

Record Keeping: Reference _____ Describe: _____

Reporting: Reference _____ Describe: _____

Frequency of submittal of the compliance demonstration: _____

Check appropriate reports required to be submitted:

- ☐ Quarterly Monitoring Report: _____
- ☐ Annual Compliance Certification: _____
- ☐ Semi-Annual Monitoring Report: _____



List permit to construct conditions which should be considered to be obsolete, extraneous, or environmentally insignificant.

[illegible]

SECTION 3D. ALTERNATE OPERATING SCENARIOS

Emissions Unit No.: _____

Briefly describe any alternate operating scenarios. Assign a number to each scenario for identification purposes.

[illegible]

**SECTION 3E. CITATION TO AND DESCRIPTION OF APPLICABLE
FEDERALLY ENFORCEABLE REQUIREMENTS FOR AN
ALTERNATE OPERATING SCENARIO**

Scenario No.: _____

Emissions Unit No.: _____ **General Reference:** _____

Briefly describe any applicable Emissions Standard/Limits/Operational Limitations:

Compliance Demonstration:

Methods used to demonstrate compliance:

Monitoring: Reference _____ Describe: _____

Testing: Reference _____ Describe: _____

Record Keeping: Reference _____ Describe: _____

Reporting: Reference _____ Describe: _____

Frequency of submittal of the compliance demonstration: _____

Check appropriate reports required to be submitted:

- ☐ Quarterly Monitoring Report: _____
☐ Annual Compliance Certification: _____
☐ Semi-Annual Monitoring Report: _____



SECTION 4. CONTROL EQUIPMENT

1. <u>Associated Emissions Units No.</u> :	2. <u>Emissions Point No.</u> :
3. <u>Type and Description of Control Equipment</u> :	
4. Pollutants Controlled:	Control Efficiency:
5. Capture Efficiency:	



SECTION 5. SUMMARY SHEET OF POTENTIAL EMISSIONS

List all applicable pollutants in tons per year (tpy) pertaining to this facility. The Emissions Unit No. should be consistent with numbers used in Section 3. Attach a copy of all calculations.

Pollutant					
CAS Number (If Applicable)					
Emissions Unit #					
Emissions Unit #					
Emissions Unit #					
Emissions Unit #					
Emissions Unit #					
Emissions Unit #					
Emissions Unit #					
Emissions Unit #					
Emissions Unit #					
Emissions Unit #					
Emissions Unit #					
Emissions Unit #					
Emissions Unit #					
Emissions Unit #					
Emissions Unit #					
Fugitive Emissions					
Total					



SECTION 6.

**EXPLANATION OF PROPOSED EXEMPTIONS FROM
OTHERWISE APPLICABLE FEDERALLY ENFORCEABLE
REQUIREMENTS**

Describe and cite the applicable requirements to be exempted. Complete this Section only if the facility is claiming exemptions from or the non-applicability of any federally enforceable requirements.

1. Applicable Requirement:
2. Brief Description:
3. Reasons for Proposed Exemption or Justification of Non-applicability:



SECTION 7. COMPLIANCE SCHEDULE FOR NONCOMPLYING EMISSIONS
UNITS

1. Emissions Unit #	Anticipated Compliance Date
Applicable Federally Enforceable Requirement being Violated:	

2. Description of Plan to Achieve Compliance:

Certified Progress Reports for sources in noncompliance shall be submitted at least quarterly to the Department.



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STATE-ONLY ENFORCEABLE REQUIREMENTS

Facility Information:

Name of Facility:	County:
Premises Number:	
Street Address:	
24-hour Emergency Telephone Number for Air Pollution Matters:	
Type of Equipment (List Significant Units):	



**SECTION 1. CITATION TO AND DESCRIPTION OF
APPLICABLE STATE-ONLY ENFORCEABLE
REQUIREMENTS**

Registration No.: _____

Emissions Unit No.: _____ **General Reference:** _____

Briefly describe the requirement and the emissions limit (if applicable):

Methods used to demonstrate compliance:

