



## 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 <sup>(1)</sup>
- Documentation that the proposed installation complies with local zoning and land use requirements <sup>(2)</sup>

<sup>(1)</sup> Required for emergency and non-emergency generators installed on or after October 1, 2001 and rated at 2001 kW or more.

<sup>(2)</sup> Required for applications subject to Expanded Public Participation Requirements.

**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.

**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

1. Owner of Installation or Company Name		Date of Application	<b>DO NOT WRITE IN THIS SPACE</b>  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
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 <input type="checkbox"/> 20-1 Multiple Chamber <input type="checkbox"/> 20-2 Auxiliary Burner <input type="checkbox"/> 21 Other <input type="checkbox"/> 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 <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) \_\_\_\_\_ Natural Gas \_\_\_\_\_ (ft<sup>3</sup>)  
 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		Estimate	Emission Factor	Stack Test	Other
Particulate matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oxides of Sulfur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	184-1	-2	-3	-4		185-1	-2	-3	-4
Oxides of Nitrogen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carbon Monoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	186-1	-2	-3	-4		187-1	-2	-3	-4
Volatile Organics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	188-1	-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 \_\_\_\_\_

