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 Permit to Construct
Gas Cleaning or Emission Control Equipment

1. Owner of Installation	**Telephone No.**		**Date of Application**
2. Mailing Address	**City**	**Zip Code**	**County**
3. Equipment Location	**City/Town or P.O.**		**County**
4. Signature of Owner or Operator	**Title**		**Print or Type Name**
5. Application Type:	**Alteration** ☐		**New Construction** ☐
6. Date Construction is to Start:			**Completion Date (Estimate):**

7. Type of Gas Cleaning or Emission Control Equipment:

Simple Cyclone ☐ **Multiple Cyclone** ☐ **Afterburner** ☐ **Electrostatic Precipitator** ☐

Scrubber ☐ _____ (type) **Other** ☐ _____ (type)

8. Gas Cleaning Equipment Manufacturer	**Model No.**	**Collection Efficiency (Design Criteria)**

9. Type of Equipment which Control Equipment is to Service:

10. Stack Test to be Conducted:

Yes ☐ **No** ☐ _____ (Stack Test to be Conducted By) _____ (Date)

11. Cost of Equipment _____

Estimated Erection Cost _____

12. The Following Shall Be Design Criteria:

	INLET	OUTLET
Gas Flow Rate	_____ ACFM*	_____ACFM*
Gas Temperature	_____ °F	_____°F
Gas Pressure	_____ INCHES W.G.	_____INCHES W.G.
	PRESSURE DROP _____	
Dust Loading	_____ GRAINS/ACFD**	_____GRAINS/ACFD**
Moisture Content OR Wet Bulb Temperature	_____ % _____ °F	_____% _____°F
Liquid Flow Rate (Wet Scrubber)	_____ GALLONS/MINUTE	

(WHEN SCRUBBER LIQUID OTHER THAN WATER INDICATE COMPOSITION OF SCRUBBING MEDIUM IN WEIGHT %)

*= ACTUAL CUBIC FEET PER MINUTE **= ACTUAL CUBIC FEET DRY

WHEN APPLICATION INVOLVES THE REDUCTION OF GASEOUS POLLUTANTS, PROVIDE THE CONCENTRATION OF EACH POLLUTANT IN THE GAS STREAM IN VOLUME PERCENT. INCLUDE THE COMPOSITION OF THE GASES ENTERING THE CLEANING DEVICE AND THE COMPOSITION OF EXHAUSTED GASES BEING DISCHARGED INTO THE ATMOSPHERE. USE AVAILABLE SPACE IN ITEM 15 ON PAGE 3.

13. Particle Size Analysis

Size of Dust Particles Entering Cleaning Unit	% of Total Dust	% to be Collected
0 to 10 Microns	_____	_____
10 to 44 Microns	_____	_____
Larger than 44 Microns	_____	_____

14. For Afterburner Construction Only:

Volume of Contaminated Air _____ CFM (DO NOT INCLUDE COMBUSTION AIR)

Gas Inlet Temperature _____ °F

Capacity of Afterburner _____ BTU/HR

Diameter (or area) of Afterburner Throat_____

Combustion Chamber_____ _____ Operating Temperature at Afterburner _____ °F
(diameter) (length)

Retention Time of Gases _____

15. Show Location of Dust Cleaning Equipment in the System. Draw or Sketch Flow Diagram Showing Emission Path from Source to Exhaust Point to Atmosphere.

Date Received: Local _____ _____ **State** _____

Acknowledgement Date: _____

By _____

Reviewed By:

Local _____

State _____

Returned to Local:

Date_____

By _____

Application Returned to Applicant:

Date_____

By _____

REGISTRATION NUMBER OF ASSOCIATED EQUIPMENT: | | | | | | |

PREMISES NUMBER: | | | | | | | |

Emission Calculations Revised By _____ **Date** _____