



**DNREC – Air Quality Management Section  
Application to Construct, Operate, or Modify  
Stationary Sources**

**Administrative Information**

*If you are using this form electronically, press F1 at any time for help*

**All Application Forms Should Be Mailed To:**

**Air Quality Management  
Blue Hen Corporate Center  
655 S. Bay Road, Suite 5 N  
Dover, DE 19901**

**All Checks Should Be Made Payable To:  
State of Delaware**

<u>For Department Use Only</u>	
Date Received Stamp	Assigned Permit Number

<u>Company and Site Information</u>	
1.	Company Name: <b>The Data Centers, LLC</b>
2.	Company Mailing Address: <b>1554 Paoli Pike Suite 325</b> City: <b>West Chester</b> State: <b>PA</b> Zip Code: <b>19380</b>
3.	Site Name: <b>Wolf 1 CHP Data Center</b>
4.	Site Mailing Address: <b>550 South College Avenue c/o The Data Centers, LLC</b> <i>(if different from above)</i> City: <b>Newark</b> State: <b>DE</b> Zip Code: <b>19710</b>
5.	Physical Location of Site: <b>550 South College Avenue</b> <i>(if different from above)</i> City: <b>Newark</b> State: <b>DE</b> Zip Code: <b>19710</b>
6.	Air Quality Management Facility ID Number: <b>N/A</b>
7.	Site NAICS Code): <b>221112, 518210</b> <i>(list all that apply)</i>
8.	Site SIC Code: : <b>4911, 7374</b> <i>(list all that apply)</i>
9.	Site Location Coordinates: <b>lat 39.663417 lon -75.767191</b>
10.	Is the Facility New or Existing? <input checked="" type="checkbox"/> <b>NEW</b> <input type="checkbox"/> <b>EXISTING</b>
<i>If the Facility is an Existing Facility, Complete the Rest of Question 10. If Not, Proceed to Question 11.</i>	
10.1.	Does the Facility Have Active Air Permits? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>



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Form AQM-1  
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**Company and Site Information**

11. Is this Application For a New Source or Modification of an Existing Source?  
 New Source  
 Modification of Existing Source  
 Other (Specify):

*If the application is for the modification of an existing source, complete the rest of Question 11. If not, proceed to Question 12.*

- 11.1. Does the Source Have an Active Air Permit?  YES  NO

*If the source has an active air permit, complete the rest of Question 11. If not, proceed to Question 12.*

- 11.2. Permit Number of Existing Source:

12. Status of Source Being Applied For:  Natural Minor Source  Synthetic Minor Source  Major Source

13. Facility Status:  Natural Minor Facility  Synthetic Minor Facility  Major Facility

*If the source is a Major Source, complete the rest of Question 13. If not, proceed to Question 14.*

- 13.1. Responsible Official Name: **Cole Bauer**

- 13.2. Responsible Official Title: **Vice President - Site Engineering**

**Contact Information**

14. Name of Owner or Facility Manager: **Cole Bauer**  
15. Title of Owner or Facility Manager: **Vice President - Site Engineering**  
16. Permit Contact Name: **Cole Bauer**  
17. Permit Contact Title: **Vice President - Site Engineering**  
18. Permit Contact Telephone Number: **610-675-6230**  
19. Permit Contact Fax Number: **610-672-9675**  
20. Permit Contact E-Mail Address: **cole.bauer@thedatacenters.com**

**Proposed Operating Schedule**

21. Proposed Operating Schedule: **24 hours/day 7 days/week 52 weeks/year**

- 21.1. Is There Any Additional Information Regarding the Operating Schedule?  YES  NO

*If YES, complete the rest of Question 21. If NO, proceed to Question 22.*

- 21.2. Describe the Additional Information: **Some of the facility equipment will be operating at all times and producing air emissions as there will always be a demand imposed by the data center for the energy produced. Some of the operating equipment will be operated in response to the varying portion of energy demands. Each unit of equipment will be shutdown at separate times during a year so that maintenance can be performed.**



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**Coastal Zone Information**

22. Is the Facility Located in the Coastal Zone?  YES  NO

*If the facility is located in the Coastal Zone complete the rest of Question 22. If not, proceed to Question 23.*

22.1. Is a Coastal Zone Permit Required for Construction or Operation of the Source Being Applied for?  YES  NO

**Attach a copy of the Coastal Zone Determination if it has not been previously submitted**

*If a Coastal Zone Permit is required complete the rest of Question 22. If not, proceed to Question 23.*

22.2. Has a Coastal Zone Permit Been Issued?  YES  NO

**Attach a copy of the Coastal Zone Permit if it has not been previously submitted**

**Local Zoning Information**

23. Parcel Zoning: **City of Newark, 18STC - SCIENCE & TECHNOLOGY CAMPUS**

**Attach Proof of Local Zoning if it has not been previously submitted**

**Application Information**

24. Is the Appropriate Application Fee Attached?  YES  NO

25. Is the Advertising Fee Attached?  YES  NO

**Attach the appropriate fees. Note that your Application will not be considered complete if the appropriate fees are not included.**

26. Is a Cover Letter Describing the Process Attached?  YES  NO

**Attach a brief cover letter describing your Application.**

*If the Facility is a New Facility complete Question 27. If not, proceed to Question 28.*

27. Is a Copy of the Applicant Background Information Questionnaire on Record at the Department?  YES  NO

*If NO, complete the rest of Question 27. If YES, process to Question 28.*

27.1 Is a Copy of the Applicant Background Information Questionnaire Attached?  YES  NO

**Attach a copy of the Applicant Background Information Questionnaire if applicable.**

28. Check Which Application Forms are Attached:

- |   |                                  |                                   |                                   |                                  |   |   |
|---|----------------------------------|-----------------------------------|-----------------------------------|----------------------------------|---|---|
| <input checked="" type="checkbox"/> AQM-1   | <input type="checkbox"/> AQM-3.4 | <input type="checkbox"/> AQM-3.9  | <input type="checkbox"/> AQM-3.14 | <input type="checkbox"/> AQM-4.4 | <input checked="" type="checkbox"/> AQM-4.9 | <input checked="" type="checkbox"/> AQM-6 |
| <input checked="" type="checkbox"/> AQM-2   | <input type="checkbox"/> AQM-3.5 | <input type="checkbox"/> AQM-3.10 | <input type="checkbox"/> AQM-3.15 | <input type="checkbox"/> AQM-4.5 | <input type="checkbox"/> AQM-4.10           |   |
| <input checked="" type="checkbox"/> AQM-3.1 | <input type="checkbox"/> AQM-3.6 | <input type="checkbox"/> AQM-3.11 | <input type="checkbox"/> AQM-4.1  | <input type="checkbox"/> AQM-4.6 | <input type="checkbox"/> AQM-4.11           |   |
| <input type="checkbox"/> AQM-3.2            | <input type="checkbox"/> AQM-3.7 | <input type="checkbox"/> AQM-3.12 | <input type="checkbox"/> AQM-4.2  | <input type="checkbox"/> AQM-4.7 | <input type="checkbox"/> AQM-4.12           |   |
| <input checked="" type="checkbox"/> AQM-3.3 | <input type="checkbox"/> AQM-3.8 | <input type="checkbox"/> AQM-3.13 | <input type="checkbox"/> AQM-4.3  | <input type="checkbox"/> AQM-4.8 | <input checked="" type="checkbox"/> AQM-5   |   |



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**Application Information**

29. Check Which Documents are Attached:

- |  |  |
|--|--|
| <input type="checkbox"/> Coastal Zone Determination                                | <input type="checkbox"/> Claim of Confidentiality                            |
| <input type="checkbox"/> Coastal Zone Permit                                       | <input checked="" type="checkbox"/> Manufacturer Specification(s)            |
| <input checked="" type="checkbox"/> Proof of Local Zoning                          | <input checked="" type="checkbox"/> Material Safety Data Sheets (MSDSs)      |
| <input checked="" type="checkbox"/> Application Fee                                | <input checked="" type="checkbox"/> Supporting Calculations                  |
| <input checked="" type="checkbox"/> Advertising Fee                                | <input type="checkbox"/> Descriptive Cover Letter                            |
| <input checked="" type="checkbox"/> Applicant Background Information Questionnaire | <input checked="" type="checkbox"/> Other (Specify): <b>Facility Diagram</b> |

**Confidentiality Information**

30. Do You Consider Any of the Information Submitted With this Application Confidential?  YES  NO

**If a Claim of Confidentiality is made it MUST meet the requirements of Section 6 of DNREC's Freedom of Information ("FOIA") Regulation at the time the Application is submitted.**

**Signature Block**

I, the undersigned, hereby certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all of its attachments as to the truth, accuracy, and completeness of this information. I certify based on information and belief formed after reasonable inquiry, the statements and information in this document are true, accurate, and complete. By signing this form, I certify that I have not changed, altered, or deleted any portions of this application. I acknowledge that I cannot commence construction, alteration, modification or initiate operation until I receive written approval (i.e. permit, registration, or exemption letter) from the Department. I acknowledge that I may be required to perform testing of the equipment to receive construction or operation approval, and that if I do not receive approval to construct or operate that I may appeal the decision.

\_\_\_\_\_  
Owner or Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner or Authorized Agent

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