

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES and ENVIRONMENTAL CONTROL
APPLICATION FOR A MACT DETERMINATION

AQM-M

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1. Name of plant or establishment	Date of application	For Division Use Only
2. Mailing address (Street or P.O. Box)	City	I. D. Number
	State	
	Zip Code	
3. Physical location of source (Street)	City	Date Received
	County	
	Zip Code	

4. Briefly describe major activity at the proposed source

5. Identify any pertinent source categories under Section 112 [c] of the Clean Air Act Amendments of 1990

6. Key dates
Commence construction : _____ **Complete construction :** _____ **Commence start-up :** _____

7. Product(s) Produced :	Annual production at maximum capacity :	Annual production at expected utilization of capacity :
_____	_____ Tons/year	_____ Tons/year
_____	_____ Tons/year	_____ Tons/year
_____	_____ Tons/year	_____ Tons/year
_____	_____ Tons/year	_____ Tons/year

8. HAPs Emitted :	Annual emission rate at max. capacity :		Annual production at expected util. of capacity :	
	<u>Uncontrolled</u>	<u>Controlled</u>	<u>Uncontrolled</u>	<u>Controlled</u>
_____	_____ Tons/year	_____ Tons/year	_____ Tons/year	_____ Tons/year
_____	_____ Tons/year	_____ Tons/year	_____ Tons/year	_____ Tons/year
_____	_____ Tons/year	_____ Tons/year	_____ Tons/year	_____ Tons/year
_____	_____ Tons/year	_____ Tons/year	_____ Tons/year	_____ Tons/year

9. Recommended MACT emission limitation or MACT requirements :

10. Is the recommended MACT emission limitation consistent with the MACT principles defined in Reg. 38 Subpart B ?
 Yes _____ No _____

11. Identify the sources of information that support the recommended MACT emission limitation or MACT requirements :

12. List any federally enforceable emission limitations applicable to the source :

13. Has relevant information required under Reg. 38 Subpart A been incorporated into the Air Pollution Control Permit Application ?
 Yes _____ No _____

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If the proposed MACT determination utilizes existing control technology without any changes, complete items 16 and 17. Otherwise, complete items 14 and 15.

14. Describe the selected control technology.

a. Identify the major components of the selected control technology (i.e., Venturi Scrubber, Packed Scrubber, Baghouse, etc.)

<u>Equipment Piece</u>	<u>Manufacturer</u>	<u>Model No.</u>
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b. Identify expected operating parameters and overall performance for the control technology system

Air handling capacity _____ ACFM Pressure drop _____ inches, H20

Gas inlet temperature _____ ° F Gas outlet temperature _____ ° F

Expected control efficiency _____ % reduction

c. Provide basis for efficiency determination

d. Describe any operational or maintenance limitations or procedures, etc. being incorporated into the control technology.

15. Has supporting documentation, including alternative control technologies considered and analyses of cost and non-air quality health and environmental impacts, been attached to this application ?

Yes _____ No _____

16. Describe the existing control technology.

a. Identify the major components of the existing control technology (i.e., Venturi Scrubber, Packed Scrubber, Baghouse, etc.)

<u>Equipment Piece</u>	<u>Manufacturer</u>	<u>Model No.</u>
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b. Identify normal operating parameters and overall performance for the control technology system

Air handling capacity _____ ACFM Pressure drop _____ inches, H20

Gas inlet temperature _____ ° F Gas outlet temperature _____ ° F

Expected control efficiency _____ % reduction

c. Provide basis for efficiency determination

d. Describe any operational or maintenance limitations or procedures, etc. being incorporated into the control technology.

17. Has supporting documentation, including alternative control technologies considered and analyses of cost and non-air quality health and environmental impacts, been attached to this application ?

Yes _____ No _____

Signature of Owner or Authorized Agent