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CHAPTER 115 AIR EMISSION LICENSE APPLICATION FORM

State of Maine
Department of Environmental Protection
Bureau of Air Quality
17 State House Station
Augusta, Maine 04333-0017
Phone: (207) 287-7688 Fax: (207) 287-7641

Section A: FACILITY INFORMATION

Owner or Operator (*Legal name as registered with the Secretary of State*):

Facility Site Name: _____

Facility Site Address (*Physical, no post office boxes*): _____

City/Town: _____ Zip Code: _____ County: _____

Facility Description: _____

Application Description:

Current License #: A- _____ - _____ - _____ - _____

Check When Done:

All Sources

<input type="checkbox"/>	Application Completed
<input type="checkbox"/>	Copy Sent to Town (date sent: _____)
<input type="checkbox"/>	Public Notice Published paper name & date: _____
<input type="checkbox"/>	Enclosed Public Notice Tear Sheet
<input type="checkbox"/>	Signed Signatory Form (Section K)

Additional Requirements for New Sources

<input type="checkbox"/>	Schedule for construction or installation of equipment
<input type="checkbox"/>	Title, Right, or Interest (e.g. copy of deed or lease)
<input type="checkbox"/>	Check for Fee

Additional Requirements for New Major Sources and Major Modifications

<input type="checkbox"/>	Notify Abutting Landowners
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For Department Use

Application #: A- _____ - _____ - _____ - _____

App Track #: _____

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Facility Contact:

Name: _____ Title: _____

Company: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

e-mail: _____

Application Contact:

Name: _____ Title: _____

Company: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

e-mail: _____

Billing Contact:

Name: _____ Title: _____

Company: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

e-mail: _____

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Section B2: INTERNAL COMBUSTION ENGINES

(List equipment such as generators, diesel drive units, fire pumps, etc. Do not list wheeled mobile equipment such as loaders, backhoes, trucks, etc.)

Emission Unit ID	Serial Number	Maximum Design Heat Input Capacity (MMBtu/hr)	Maximum Output Capacity (kW or Hp)	Maximum Firing Rate	Fuel Type	% Sulfur	Date of Manf	Date of Installation	Portable	Stationary	Spark Ignition Engines Only			
											2-Stroke	4-Stroke	Rich Burn	Lean Burn
<i>Generator #1 (Example)</i>	<i>123ABC456 (Example)</i>	<i>5.0 MMBtu/hr (Example)</i>	<i>512 kW (Example)</i>	<i>35.7 gal/hr (Example)</i>	<i>Diesel (Example)</i>	<i>0.0015% (Example)</i>	<i>1984 (Example)</i>	<i>1990 (Example)</i>	X			X	X	

Does your facility participate in a Demand Response program in which the generator(s) may be operated for more than 15 hours per calendar year?
 yes no

If yes, what units? _____

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Control Equipment for Fuel Burning Equipment

If applicable, indicate the types of required/operated add-on pollution control equipment, including baghouses, cyclones/multiclones, SCR, SNCR, etc.

Emission Unit	Type of Control	Pollutant Controlled	Control Efficiency
<i>Boiler #1 (Example)</i>	<i>Cyclone (Example)</i>	<i>PM (Example)</i>	<i>90% (Example)</i>

Monitors for Fuel Burning Equipment:

If applicable, indicate types of required/operated monitors, including Continuous Emission Monitors (CEM), Continuous Opacity Monitors (COM), parameter monitors for operational purposes, etc.

Emission Unit	Type of Monitor	Data Measured
<i>Boiler #1 (Example)</i>	<i>CEM (Example)</i>	<i>NO_x (Example)</i>
<i>Boiler #1 (Example)</i>	<i>Parameter – operational (Example)</i>	<i>Temperature (Example)</i>

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Section C: INCINERATORS

	Incinerator Unit 1	Incinerator Unit 2
Incinerator Type (medical waste, municipal, etc.)		
Waste Type		
Make (Shenandoah, Crawford, etc.)		
Model Number		
Date of Manufacture		
Date of Installation		
Number of Chambers		
Max. Initial Charge	lb	lb
Max. Design Combustion Rate	lb/hr	lb/hr
Heat Recovery? (Yes or No)		
Retention Time of Exhaust Gases	seconds	seconds
Automatic Feeder? (Yes or No)		
Temperature Range Primary	to °F	to °F
Secondary	to °F	to °F
Auxiliary Burner - Primary Chamber max. rating (MMBtu/hr)		
type of fuel used		
Auxiliary Burner - Secondary Chamber max. rating (MMBtu/hr)		
type of fuel used		
Annual Waste Combusted for ____ (yr)		
Pollution Control Equipment (if any)		
Stack Number		
Monitors (ie - temperature recorder)		

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PROCESS EQUIPMENT (section D cont'd)

Chemical Usage

Note: Complete this section for any chemicals integral to your process, for example, a cementing process for outsoles, dyes, surface coating, printing, cleaning, etc. Attach additional pages or MSDS sheets as needed.

Process	Chemical substance used in process	Actual Usage (gal or lb for yr ____)	Hazardous chemical(s) in substance	Percent VOC ¹ (%)	Percent HAP ² (%)	Total VOC emitted (lb/year)	Total HAP emitted (lb/year)

¹ Volatile Organic Compounds

² Hazardous Air Pollutants

Describe method of record keeping (ie. monthly calculations from purchase records, flow monitors on solvent tanks, etc.)

Describe methods used to calculate VOC/HAP emitted (ie – test results, if control equipment was taken into account; if conditions exist where solvents remain in the substrate rather than complete volatilization, etc.)

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Section E: STACK DATA

Stack #	Height Above Ground (ft)	Inside Diameter (ft)	Exit Temperature °F	Exhaust Flow Rate (ft ³ /s) [indicate actual or standard]

Section F: ANNUAL FACILITY FUEL USE

Total Fuel Consumption by Month for: _____ (year)

Fuel type: _____

Fuel type: _____

Fuel type: _____

Avg % sulfur (oil) _____
 Avg % moisture (wood) _____
 (circle one: gal, tons, scf)

Avg % sulfur (oil) _____
 Avg % moisture (wood) _____
 (circle one: gal, tons, scf)

Avg % sulfur (oil) _____
 Avg % moisture (wood) _____
 (circle one: gal, tons, scf)

January _____
 February _____
 March _____
 April _____
 May _____
 June _____
 July _____
 August _____
 September _____
 October _____
 November _____
 December _____

Total _____

Proposed Annual Limit _____

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Section G: LIQUID ORGANIC MATERIAL STORAGE

Tank #						
Capacity (gallons)						
Materials Stored						
Reid Vapor Pressure (RVP)						
Annual Throughput						
Above or Below Ground?						
Tank Type (floating or fixed, riveted or bolted, etc.)						
Physical Description – year installed						
Physical Description – color						
Dimensions - height (ft)						
Dimensions - Diameter (ft)						
Construction Material						
Control Device						

Section H: MISCELLANEOUS

Note: Use this section to describe any equipment, activities, or other air emission sources that did not fit in any of the above categories. Include descriptions of the associated emissions. Attach additional pages if necessary.

Section I: BPT/BACT AND OTHER ATTACHMENTS

BPT/BACT Analysis:

For a license renewal for existing equipment, the applicant is required to submit a Best Practical Treatment (BPT) analysis to the Department. A BPT analysis establishes what equipment or requirements are appropriate for control or reduction of emissions of regulated pollutants to the lowest possible level considering the existing state of technology, the effectiveness of available alternatives, and the economic feasibility.

For a new license or the addition of new equipment to an existing license, the applicant is required to submit a Best Available Control Technology (BACT) analysis. A BACT analysis is a top-down approach to selecting air emission controls. It is done on a case-by-case basis and develops emission limits based on the maximum degree of reduction for each pollutant emitted taking into account economic, environmental and energy impacts.

- I certify that, to the best of my knowledge, the control equipment, fuel limitations, and process constraints outlined in this application represent BPT / BACT for the equipment and processes listed.

OR

- I have attached a separate BPT / BACT analysis to this application.

Other Attachments:

Please list any other attachments included with this application.

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Section J: APPLICABLE RULES

Please indicate any rules you believe may be applicable to your facility by checking the associated box.

Citation	Title
06-096 CMR 101	Visible Emissions
06-096 CMR 103	Fuel Burning Equipment Particulate Emission Standard
06-096 CMR 104	Incinerator Particulate Emission Standard
06-096 CMR 105	General Process Source particulate Emission Standard
06-096 CMR 106	Low Sulfur Fuel Regulation
06-096 CMR 111	Petroleum Liquid Storage Vapor Control
06-096 CMR 112	Bulk Terminal Petroleum Liquid Transfer Requirements
06-096 CMR 117	Source Surveillance
06-096 CMR 118	Gasoline Dispensing Facilities Vapor Control
06-096 CMR 121	Emission Limitations and Emission Testing of Resource Recovery Facilities
06-096 CMR 123	Paper Coating Regulation
06-096 CMR 124	Total Reduced Sulfur Control from Kraft Mills
06-096 CMR 125	Perchloroethylene Dry Cleaner Regulation
06-096 CMR 126	Capture Efficiency Test Procedures
06-096 CMR 129	Surface Coating Facilities
06-096 CMR 130	Solvent Degreasers
06-096 CMR 131	Cutback Asphalt and Emulsified Asphalt
06-096 CMR 132	Graphic Arts – Rotogravure and Flexography
06-096 CMR 133	Petroleum Liquids Transfer Vapor Recovery at Bulk Gasoline Plants
06-096 CMR 134	Reasonably Available Control Technology for Facilities That Emit Volatile Organic Compounds
06-096 CMR 137	Emission Statements
06-096 CMR 138	Reasonably Available Control Technology for Facilities That Emit Nitrogen Oxides
06-096 CMR 140	Part 70 Air Emission License Regulations
06-096 CMR 145	NOx Control Program
06-096 CMR 153	Mobile Equipment Repair and Refinishing
06-096 CMR 159	Control of Volatile Organic Compounds from Adhesives and Sealants
06-096 CMR 161	Graphic Arts – Offset Lithography and Letterpress Printing
40 CFR Part 60	New Source Performance Standards (NSPS) (please list Subpart(s): _____)
40 CFR Part 63	National Emission Standards for Hazardous Air Pollutants (NESHAP) (please list Subpart(s): _____)
Other (list)	
Other (list)	

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Section K: SIGNATORY REQUIREMENT

Each application submitted to the Department must include the following certification signed by a Responsible Official*:

"I certify under penalty of law that, based on information and belief formed after reasonable inquiry, I believe the information included in the attached document is true, complete, and accurate."

_____ Responsible Official Signature	_____ Date
_____ Responsible Official (Printed or Typed)	_____ Title

* A Responsible Official is defined by MEDEP Rule, Chapter 100 as:

- A. For a corporation: a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit and either:
 - (1) The facilities employ more than 250 persons or have gross annual sales or expenditures exceeding \$25 million (in second quarter 1980 dollars); or
 - (2) The delegation of authority to such representatives is approved in advance by the permitting authority;
- B. For a partnership or sole proprietorship: a general partner or the proprietor, respectively;
- C. For a municipality, State, Federal, or other public agency: Either a principal executive officer or ranking elected official. For the purposes of this part, a principal executive officer of a Federal agency includes the chief executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., a Regional Administrator of EPA).