

**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 FUEL BURNING EQUIPMENT**

Permit to Construct     Registration Update     Initial Registration

|  |   |   |   |  |   |                                    |  |                                    |               |                      |   |   |   |                                       |                       |   |  |                              |   |  |       |  |  |                  |               |      |       |  |  |
|--|---|---|---|--|---|------------------------------------|--|------------------------------------|---------------|----------------------|---|---|---|---------------------------------------|-----------------------|---|--|------------------------------|---|--|-------|--|--|------------------|---------------|------|-------|--|--|
| <p><b>1A. Owner of Equipment/Company Name</b><br/>AES Sparrows Point LNG, LLC</p> <p>Mailing Address/Street<br/>140 Professional Way</p> <p>City Lockport                      State NY                      Zip Code 14094</p> <p>Telephone Number 716-439-1273</p> <p>Print Name/Title<br/>Christopher Diez, Vice President</p> <p>Signature: _____ Date: _____</p>  | <p><b>DO NOT WRITE IN THIS BOX</b></p> <p><b>2. Registration Number</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">County No.</td> <td style="width:50%;">Premises No.</td> </tr> <tr> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td align="center">1-2</td> <td align="center">3-6</td> </tr> <tr> <td>Registration Class</td> <td>Equipment No.</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td align="center">7</td> <td align="center">6-11</td> </tr> <tr> <td>Data Year</td> <td>Application Date</td> </tr> <tr> <td><input type="text"/><input type="text"/></td> <td>_____</td> </tr> <tr> <td align="center">12-13</td> <td></td> </tr> </table> | County No.  | Premises No.  | <input type="text"/> <input type="text"/>                                      | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 1-2                                | 3-6                                    | Registration Class                 | Equipment No. | <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 7   | 6-11  | Data Year                             | Application Date      | <input type="text"/> <input type="text"/> | _____                                      | 12-13                        |   |  |       |  |  |                  |               |      |       |  |  |
| County No.   | Premises No.  |   |   |  |   |                                    |  |                                    |               |                      |   |   |   |                                       |                       |   |  |                              |   |  |       |  |  |                  |               |      |       |  |  |
| <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   |   |   |  |   |                                    |  |                                    |               |                      |   |   |   |                                       |                       |   |  |                              |   |  |       |  |  |                  |               |      |       |  |  |
| 1-2  | 3-6   |   |   |  |   |                                    |  |                                    |               |                      |   |   |   |                                       |                       |   |  |                              |   |  |       |  |  |                  |               |      |       |  |  |
| Registration Class   | Equipment No.   |   |   |  |   |                                    |  |                                    |               |                      |   |   |   |                                       |                       |   |  |                              |   |  |       |  |  |                  |               |      |       |  |  |
| <input type="text"/>   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   |   |   |  |   |                                    |  |                                    |               |                      |   |   |   |                                       |                       |   |  |                              |   |  |       |  |  |                  |               |      |       |  |  |
| 7  | 6-11  |   |   |  |   |                                    |  |                                    |               |                      |   |   |   |                                       |                       |   |  |                              |   |  |       |  |  |                  |               |      |       |  |  |
| Data Year  | Application Date  |   |   |  |   |                                    |  |                                    |               |                      |   |   |   |                                       |                       |   |  |                              |   |  |       |  |  |                  |               |      |       |  |  |
| <input type="text"/> <input type="text"/>  | _____   |   |   |  |   |                                    |  |                                    |               |                      |   |   |   |                                       |                       |   |  |                              |   |  |       |  |  |                  |               |      |       |  |  |
| 12-13  |   |   |   |  |   |                                    |  |                                    |               |                      |   |   |   |                                       |                       |   |  |                              |   |  |       |  |  |                  |               |      |       |  |  |
| <p><b>1B. Equipment Location (if different from above give Street Number and Name, City, State, Zip and Telephone Number):</b><br/>600 Shipyard Road<br/>Baltimore, MD 21219</p> <p>Premises Name (if different from above): AES Sparrows Point LNG, LLC</p>   |   |   |   |  |   |                                    |  |                                    |               |                      |   |   |   |                                       |                       |   |  |                              |   |  |       |  |  |                  |               |      |       |  |  |
| <p><b>3. Status</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:25%;"></td> <td style="width:25%;">New Construction Began</td> <td style="width:25%;">New Construction Completed</td> <td style="width:25%;">Existing Initial Operation</td> </tr> <tr> <td>Status</td> <td>(MM/YY)</td> <td>(MM/YY)</td> <td>(MM/YY)</td> </tr> <tr> <td>A= New Equipment</td> <td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>B= Modification to Existing Equipment</td> <td>0 6 0 8 (anticipated)</td> <td>0 6 1 1 (anticipated)</td> <td></td> </tr> <tr> <td>C= Existing Equipment</td> <td>15                      16-19</td> <td>20-23</td> <td>20-23</td> </tr> </table>  |   |   | New Construction Began  | New Construction Completed   | Existing Initial Operation  | Status                             | (MM/YY)                                | (MM/YY)                            | (MM/YY)       | A= New Equipment     | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | B= Modification to Existing Equipment | 0 6 0 8 (anticipated) | 0 6 1 1 (anticipated)                     |  | C= Existing Equipment        | 15                      16-19             | 20-23  | 20-23 |  |  |                  |               |      |       |  |  |
|  | New Construction Began  | New Construction Completed  | Existing Initial Operation  |  |   |                                    |  |                                    |               |                      |   |   |   |                                       |                       |   |  |                              |   |  |       |  |  |                  |               |      |       |  |  |
| Status   | (MM/YY)   | (MM/YY)   | (MM/YY)   |  |   |                                    |  |                                    |               |                      |   |   |   |                                       |                       |   |  |                              |   |  |       |  |  |                  |               |      |       |  |  |
| A= New Equipment   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |  |   |                                    |  |                                    |               |                      |   |   |   |                                       |                       |   |  |                              |   |  |       |  |  |                  |               |      |       |  |  |
| B= Modification to Existing Equipment  | 0 6 0 8 (anticipated)   | 0 6 1 1 (anticipated)   |   |  |   |                                    |  |                                    |               |                      |   |   |   |                                       |                       |   |  |                              |   |  |       |  |  |                  |               |      |       |  |  |
| C= Existing Equipment  | 15                      16-19   | 20-23   | 20-23   |  |   |                                    |  |                                    |               |                      |   |   |   |                                       |                       |   |  |                              |   |  |       |  |  |                  |               |      |       |  |  |
| <p><b>4. Describe this Equipment (Make, Model, Features, Manufacturer, etc.):</b><br/>Four (4) Rentech Boiler Systems, Inc. custom-engineered hot water heaters with Low-NOx burners and/or FGR, or equiv.</p>   |   |   |   |  |   |                                    |  |                                    |               |                      |   |   |   |                                       |                       |   |  |                              |   |  |       |  |  |                  |               |      |       |  |  |
| <p><b>5. Workmen's Compensation Coverage:</b>                      Binder/Policy Number: See note 1 at bottom of page 1.</p> <p>Company Name: See note 1 at bottom of page 1.                      Expiration Date _____</p> <p><b>NOTE: Before a Permit to Construct may be issued by the Department, the applicant must provide the Department with proof of worker's compensation coverage as required under Section 1-202 of the Worker's Compensation Act.</b></p>  |   |   |   |  |   |                                    |  |                                    |               |                      |   |   |   |                                       |                       |   |  |                              |   |  |       |  |  |                  |               |      |       |  |  |
| <p><b>6. Number of Pieces of Identical Equipment to be Registered/Permitted at this Time:</b> 4</p>  |   |   |   |  |   |                                    |  |                                    |               |                      |   |   |   |                                       |                       |   |  |                              |   |  |       |  |  |                  |               |      |       |  |  |
| <p><b>7. Person Installing this Equipment (if different from above give Name/Title, Company Name, Mailing Address and Telephone Number):</b>                      See note 1 at bottom of page 1.</p>  |   |   |   |  |   |                                    |  |                                    |               |                      |   |   |   |                                       |                       |   |  |                              |   |  |       |  |  |                  |               |      |       |  |  |
| <p><b>8. Major Activity, Product or Service of Company at this Location:</b><br/>Import, storage, and regasification of liquefied natural gas; release to pipeline for supplying the fuel needs of customers</p>   |   |   |   |  |   |                                    |  |                                    |               |                      |   |   |   |                                       |                       |   |  |                              |   |  |       |  |  |                  |               |      |       |  |  |
| <p><b>9. Control Devices Associated with this Equipment</b></p> <table style="width:100%; border: none;"> <tr> <td>None <input type="checkbox"/></td> <td>Simple/Multiple <input type="checkbox"/></td> <td>Spray/Adsorb <input type="checkbox"/></td> <td>Venturi <input type="checkbox"/></td> <td>Carbon <input type="checkbox"/></td> <td>Electrostatic <input type="checkbox"/></td> <td>Bag-house <input type="checkbox"/></td> </tr> <tr> <td>24-0</td> <td>Cyclones 24-1</td> <td>Tower 24-2</td> <td>Scrubber 24-3</td> <td>Adsorber 24-4</td> <td>Precipitator 24-5</td> <td>24-6</td> </tr> <tr> <td></td> <td>Thermal/Catalytic <input type="checkbox"/></td> <td>Dry <input type="checkbox"/></td> <td>Other <input checked="" type="checkbox"/></td> <td colspan="3">Describe selective catalytic reduction (SCR) for NOx oxidation catalyst for CO</td> </tr> <tr> <td></td> <td>Afterburner 24-7</td> <td>Scrubber 24-8</td> <td>24-9</td> <td colspan="3">_____</td> </tr> </table> |   | None <input type="checkbox"/>   | Simple/Multiple <input type="checkbox"/>  | Spray/Adsorb <input type="checkbox"/>  | Venturi <input type="checkbox"/>  | Carbon <input type="checkbox"/>    | Electrostatic <input type="checkbox"/> | Bag-house <input type="checkbox"/> | 24-0          | Cyclones 24-1        | Tower 24-2  | Scrubber 24-3   | Adsorber 24-4   | Precipitator 24-5                     | 24-6                  |   | Thermal/Catalytic <input type="checkbox"/> | Dry <input type="checkbox"/> | Other <input checked="" type="checkbox"/> | Describe selective catalytic reduction (SCR) for NOx oxidation catalyst for CO |       |  |  | Afterburner 24-7 | Scrubber 24-8 | 24-9 | _____ |  |  |
| None <input type="checkbox"/>  | Simple/Multiple <input type="checkbox"/>  | Spray/Adsorb <input type="checkbox"/>   | Venturi <input type="checkbox"/>  | Carbon <input type="checkbox"/>  | Electrostatic <input type="checkbox"/>  | Bag-house <input type="checkbox"/> |  |                                    |               |                      |   |   |   |                                       |                       |   |  |                              |   |  |       |  |  |                  |               |      |       |  |  |
| 24-0   | Cyclones 24-1   | Tower 24-2  | Scrubber 24-3   | Adsorber 24-4  | Precipitator 24-5   | 24-6                               |  |                                    |               |                      |   |   |   |                                       |                       |   |  |                              |   |  |       |  |  |                  |               |      |       |  |  |
|  | Thermal/Catalytic <input type="checkbox"/>  | Dry <input type="checkbox"/>  | Other <input checked="" type="checkbox"/>   | Describe selective catalytic reduction (SCR) for NOx oxidation catalyst for CO |   |                                    |  |                                    |               |                      |   |   |   |                                       |                       |   |  |                              |   |  |       |  |  |                  |               |      |       |  |  |
|  | Afterburner 24-7  | Scrubber 24-8   | 24-9  | _____  |   |                                    |  |                                    |               |                      |   |   |   |                                       |                       |   |  |                              |   |  |       |  |  |                  |               |      |       |  |  |





**7. Person Installing this Equipment (if different from Number 1 on Page 1)** See note 1 on bottom of page 1.

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Company \_\_\_\_\_  
 Mailing Address/Street \_\_\_\_\_  
 City/Town \_\_\_\_\_ State \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

**8. Major Activity, Product or Service of Company at this Location**

Import, storage, and regasification of liquefied natural gas; release to pipeline for supplying the fuel needs of customers

**9. Control Devices Associated with this Equipment**

None  
 24-0

|   |  |  |   |  |  |   |  |
|---|--|--|---|--|--|---|--|
| Simple/Multiple Cyclone<br><input type="checkbox"/><br>24-1 | Spray/Adsorb Tower<br><input type="checkbox"/><br>24-2 | Venturi Scrubber<br><input type="checkbox"/><br>24-3 | Carbon Adsorber<br><input type="checkbox"/><br>24-4 | Electrostatic Precipitator<br><input type="checkbox"/><br>24-5 | Baghouse<br><input type="checkbox"/><br>24-6 | Thermal/Catalytic Afterburner<br><input type="checkbox"/><br>24-7 | Dry Scrubber<br><input type="checkbox"/><br>24-8 |
|---|--|--|---|--|--|---|--|

Other

Describe \_\_\_\_\_  
 24-9

**10. Annual Fuel Consumption for this Equipment**

|   |  |  |  |  |
|---|--|--|--|--|
| OIL-1000 GALLONS<br><input type="text"/> <input type="text"/> <input type="text"/> 2. <input type="text"/> 1 <input type="text"/> 4 <input type="text"/> 6<br>26-31                             | SULFUR % GRADE<br><input type="text"/> 0. <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 1 5 <input type="text"/><br>32-33 34  | NATURAL GAS-1000 FT <sup>3</sup><br><input type="text"/> <input type="text"/><br>35-41 | LP GAS-100 GALLONS GRADE<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>42-45 |  |
| COAL - TONS<br><input type="text"/> <input type="text"/><br>46-52 | SULFUR %<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>53-55 | ASH%<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>56-58   | WOOD-TONS<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>59-63                | MOISTURE %<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>64-65 |
| OTHER FUELS<br>_____<br>(Specify Type) 66-1   | ANNUAL AMOUNT CONSUMED<br>_____<br>(Specify Units of Measure)  | OTHER FUEL<br>_____<br>(Specify Type) 66-2   | ANNUAL AMOUNT CONSUMED<br>_____<br>(Specify Units of Measure)  |  |

**1=Coke 2= COG 3=BFG 4=Other**

**11. Operating Schedule (for this Equipment)** emergency use and routine weekly testing/exercising only

|   |  |   |  |  |  |  |
|---|--|---|--|--|--|--|
| Continuous Operation<br><input type="checkbox"/><br>67-1  | Batch Process<br><input type="checkbox"/><br>67-2                    | Hours per Batch<br><input type="text"/> <input type="text"/><br>68-69 | Batch per Week<br><input type="checkbox"/><br>70-71                  | Hours per Day<br><input type="text"/> 1<br>72                      | Days Per Week<br><input type="text"/> 1<br>73-75 | Days per Year<br><input type="text"/> 5 <input type="text"/> 2 |
| Seasonal Variation in Operation:                          |  |   |  |  |  |  |
| No Variation<br><input checked="" type="checkbox"/><br>76 | Winter Percent<br><input type="text"/> <input type="text"/><br>77-78 | Spring Percent<br><input type="text"/> <input type="text"/><br>79-80  | Summer Percent<br><input type="text"/> <input type="text"/><br>81-82 | Fall Percent<br><input type="text"/> <input type="text"/><br>83-84 | (Total Seasons= 100%)                            |  |

**12. Equivalent Stack Information- is Exhaust through Doors, Windows, etc. Only? (Y/N)**

N

  
85

If not, then

Height Above Ground (FT)

|  |   |   |
|--|---|---|
|  | 2 | 5 |
|--|---|---|

86-88

Inside Diameter at Top (FT)

|  |  |     |
|--|--|-----|
|  |  | 0.7 |
|--|--|-----|

89-91

Exit Temperature (°F)

|  |   |   |   |
|--|---|---|---|
|  | 8 | 0 | 0 |
|--|---|---|---|

92-95

Exit Velocity (FT/SEC)

|   |   |   |
|---|---|---|
| 1 | 7 | 6 |
|---|---|---|

96-98

**NOTE:**

**Attach a block diagram of process/process line, indicating new equipment as reported on this form and all existing equipment, including control devices and emission points.**

**13. Input Materials (for this equipment only)**

Is any of this data to be considered confidential? N (Y or N)

|    | NAME        | CAS NO. (IF APPLICABLE) | PER HOUR | INPUT RATE |          | UNITS |
|----|-------------|-------------------------|----------|------------|----------|-------|
|    |             |                         |          | UNITS      | PER YEAR |       |
| 1. | Diesel Fuel |                         |          |            |          |       |
| 2. |             |                         |          |            |          |       |
| 3. |             |                         |          |            |          |       |
| 4. |             |                         |          |            |          |       |
| 5. |             |                         |          |            |          |       |
| 6. |             |                         |          |            |          |       |
| 7. |             |                         |          |            |          |       |
| 8. |             |                         |          |            |          |       |
| 9. |             |                         |          |            |          |       |

**TOTAL**

**14. Output Materials (for this equipment)**

**Process/Product Stream**

|    | NAME             | CAS NO. (IF APPLICABLE) | PER HOUR | OUTPUT RATE |          | UNITS |
|----|------------------|-------------------------|----------|-------------|----------|-------|
|    |                  |                         |          | UNITS       | PER YEAR |       |
| 1. | Mechanical Power |                         |          |             |          |       |
| 2. |                  |                         |          |             |          |       |
| 3. |                  |                         |          |             |          |       |
| 4. |                  |                         |          |             |          |       |
| 5. |                  |                         |          |             |          |       |
| 6. |                  |                         |          |             |          |       |
| 7. |                  |                         |          |             |          |       |
| 8. |                  |                         |          |             |          |       |
| 9. |                  |                         |          |             |          |       |

**TOTAL**

**15. Waste Streams- Solid and Liquid**

|    | NAME | CAS NO. (IF APPLICABLE) | PER HOUR | OUTPUT RATE |          | UNITS |
|----|------|-------------------------|----------|-------------|----------|-------|
|    |      |                         |          | UNITS       | PER YEAR |       |
| 1. | None |                         |          |             |          |       |
| 2. |      |                         |          |             |          |       |
| 3. |      |                         |          |             |          |       |
| 4. |      |                         |          |             |          |       |
| 5. |      |                         |          |             |          |       |
| 6. |      |                         |          |             |          |       |
| 7. |      |                         |          |             |          |       |
| 8. |      |                         |          |             |          |       |
| 9. |      |                         |          |             |          |       |

**TOTAL**

**16. Total Stack Emissions (for this equipment only) in Pounds Per Operating Day**

Particulate Matter  
    0. 31

99-104

Oxides of Sulfur  
    0. 05

105-110

Oxides of Nitrogen  
    5 3

111-116

Carbon Monoxide  
     4

177-122

Volatile Organic Compounds  
     1

123-128

PM-10  
    0. 31

129-134

**17. Total Fugitive Emissions (for this equipment only) in Pounds Per Operating Day**

Particulate Matter

135-139

Oxides of Sulfur

140-144

Oxides of Nitrogen

145-149

Carbon Monoxide

150-154

Volatile Organic Compounds

155-159

PM-10

160-164

**Method Used to Determine Emissions (1= Estimate 2= Emission Factor 3= Stack Test 4= Other)**

TSP  
 4

165

SOX  
 2

166

NOX  
 4

167

CO  
 4

168

VOC  
 4

169

PM10  
 4

170

4 - Other:  
 Manufacturer's  
 Data

**AIR AND RADIATION MANAGEMENT ADMINISTRATION USE ONLY**

**18. Date Rec'd. Local**

**Date Rec'd. State**

**Return to Local Jurisdiction**

Date \_\_\_\_\_ By \_\_\_\_\_

**Reviewed by Local Jurisdiction**

Date \_\_\_\_\_ By \_\_\_\_\_

**Reviewed by State**

Date \_\_\_\_\_ By \_\_\_\_\_

**19. Inventory Date**

**Month/Year**

171-174

**Equipment Code**

175-177

**SCC Code**

178-185

**20. Annual**

**Operating Rate**

186-192

**Maximum Design**

**Hourly Rate**

193-199

**Permit to Operate**

**Month**

200-201

**Transaction Date**

**(MM/DD/YR)**

202-207

**Staff Code**

208-210

**VOC Code**

211 212

**SIP Code**

213 214

**Regulation Code**

215-218

**Confidentiality**

219

**Point Description**

220-238

**Action**

239

A: Add  
 C: Change



MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Blvd ▪ Baltimore, Maryland 21230
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Air and Radiation Management Administration ▪ Air Quality Permits Program

APPLICATION FOR PROCESSING/MANUFACTURING EQUIPMENT

Permit to Construct [X] Registration Update [ ] Initial Registration [ ]

1A. Owner of Equipment/Company Name

AES Sparrows Point LNG, LLC

Mailing Address

140 Professional Way

Street Address

Lockport NY 14094

City State Zip

Telephone Number

( 716 ) 439-1273

Signature

Christopher Diez, Vice President

Print Name and Title

Date

1B. Equipment Location and Telephone Number (if different from above)

600 Shipyard Road

Street Number and Street Name

Baltimore MD 21219

City/Town State Zip Telephone Number

AES Sparrows Point LNG, LLC

Premises Name (if different from above)

3. Status (A= New, B= Modification to Existing Equipment, C= Existing Equipment)

Table with 4 columns: Status, New Construction Begun (MM/YY) (anticipated), New Construction Completed (MM/YY) (anticipated), Existing Initial Operation (MM/YY). Values include A, 0608, 0611, and empty boxes.

4. Describe this Equipment: Make, Model, Features, Manufacturer (include Maximum Hourly Input Rate, etc.)

2 megawatt emergency generator diesel internal combustion engine (Caterpillar model 3516C, or equivalent)

5. Workmen's Compensation Coverage See Note 1 at bottom of page.

Company Binder/Policy Number Expiration Date

NOTE: Before a Permit to Construct may be issued by the Department, the applicant must provide the Department with proof of worker's compensation coverage as required under Section 1-202 of the Worker's Compensation Act.

6A. Number of Pieces of Identical Equipment Units to be Registered/Permitted at this Time 1

6B. Number of Stack/Emission Points Associated with this Equipment 1

DO NOT WRITE IN THIS BLOCK
2. REGISTRATION NUMBER
County No. Premises No.
Registration Class Equipment No.
Data Year
Application Date

**7. Person Installing this Equipment (if different from Number 1 on Page 1)** See note 1 on bottom of page 1.

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Mailing Address/Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

**8. Major Activity, Product or Service of Company at this Location**

Import, storage, and regasification of liquefied natural gas; release to pipeline for supplying the fuel needs of customers

**9. Control Devices Associated with this Equipment**

None

X

24-0

Simple/Multiple Cyclone

24-1

Spray/Adsorb Tower

24-2

Venturi Scrubber

24-3

Carbon Adsorber

24-4

Electrostatic Precipitator

24-5

Baghouse

24-6

Thermal/Catalytic Afterburner

24-7

Dry Scrubber

24-8

Other

Describe \_\_\_\_\_

24-9

**10. Annual Fuel Consumption for this Equipment**

|   |  |   |   |
|---|--|---|---|
| OIL-1000 GALLONS  | SULFUR % GRADE   | NATURAL GAS-1000 FT <sup>3</sup>  | LP GAS-100 GALLONS GRADE  |
| <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/> | <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="5"/> | <input type="text"/> | <input type="text"/> |
| 26-31   | 32-33 34   | 35-41   | 42-45   |

|  |  |  |   |  |
|--|--|--|---|--|
| COAL - TONS  | SULFUR %   | ASH%   | WOOD-TONS   | MOISTURE %   |
| <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 46-52  | 53-55  | 56-58  | 59-63   | 64-65  |

|                |                      |                            |                |                      |                            |
|----------------|----------------------|----------------------------|----------------|----------------------|----------------------------|
| OTHER FUELS    | <input type="text"/> | ANNUAL AMOUNT CONSUMED     | OTHER FUEL     | <input type="text"/> | ANNUAL AMOUNT CONSUMED     |
| (Specify Type) | 66-1                 | (Specify Units of Measure) | (Specify Type) | 66-2                 | (Specify Units of Measure) |

1=Coke 2= COG 3=BFG 4=Other

**11. Operating Schedule (for this Equipment)** emergency use and routine weekly testing/exercising only

|                          |                          |   |                          |   |   |   |
|--------------------------|--------------------------|---|--------------------------|---|---|---|
| Continuous Operation     | Batch Process            | Hours per Batch                           | Batch per Week           | Hours per Day                                       | Days Per Week                                       | Days per Year   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="text" value="1"/> <input type="text"/> | <input type="text" value="1"/> <input type="text"/> | <input type="text" value="5"/> <input type="text" value="2"/> |
| 67-1                     | 67-2                     | 68-69                                     |                          | 70-71   | 72  | 73-75   |

Seasonal Variation in Operation:

|                                       |   |   |   |   |                       |
|---------------------------------------|---|---|---|---|-----------------------|
| No Variation                          | Winter Percent                            | Spring Percent                            | Summer Percent                            | Fall Percent                              | (Total Seasons= 100%) |
| <input checked="" type="checkbox"/> X | <input type="text"/> <input type="text"/> |                       |
| 76                                    | 77-78                                     | 79-80                                     | 81-82                                     | 83-84                                     |                       |

**12. Equivalent Stack Information- is Exhaust through Doors, Windows, etc. Only? (Y/N)**

N

  
85

If not, then

Height Above Ground (FT)

|  |   |   |
|--|---|---|
|  | 2 | 5 |
|--|---|---|

86-88

Inside Diameter at Top (FT)

|  |  |     |
|--|--|-----|
|  |  | 0.7 |
|--|--|-----|

89-91

Exit Temperature (°F)

|   |   |   |
|---|---|---|
| 7 | 6 | 2 |
|---|---|---|

92-95

Exit Velocity (FT/SEC)

|   |   |   |
|---|---|---|
| 7 | 2 | 3 |
|---|---|---|

96-98

**NOTE:**

**Attach a block diagram of process/process line, indicating new equipment as reported on this form and all existing equipment, including control devices and emission points.**

**13. Input Materials (for this equipment only)**

Is any of this data to be considered confidential? N (Y or N)

|    | NAME        | CAS NO. (IF APPLICABLE) | PER HOUR | INPUT RATE |          | UNITS |
|----|-------------|-------------------------|----------|------------|----------|-------|
|    |             |                         |          | UNITS      | PER YEAR |       |
| 1. | Diesel Fuel |                         |          |            |          |       |
| 2. |             |                         |          |            |          |       |
| 3. |             |                         |          |            |          |       |
| 4. |             |                         |          |            |          |       |
| 5. |             |                         |          |            |          |       |
| 6. |             |                         |          |            |          |       |
| 7. |             |                         |          |            |          |       |
| 8. |             |                         |          |            |          |       |
| 9. |             |                         |          |            |          |       |

**TOTAL**

**14. Output Materials (for this equipment)**

**Process/Product Stream**

|    | NAME             | CAS NO. (IF APPLICABLE) | PER HOUR | OUTPUT RATE |          | UNITS |
|----|------------------|-------------------------|----------|-------------|----------|-------|
|    |                  |                         |          | UNITS       | PER YEAR |       |
| 1. | Electrical Power |                         |          |             |          |       |
| 2. |                  |                         |          |             |          |       |
| 3. |                  |                         |          |             |          |       |
| 4. |                  |                         |          |             |          |       |
| 5. |                  |                         |          |             |          |       |
| 6. |                  |                         |          |             |          |       |
| 7. |                  |                         |          |             |          |       |
| 8. |                  |                         |          |             |          |       |
| 9. |                  |                         |          |             |          |       |

**TOTAL**

**15. Waste Streams- Solid and Liquid**

|    | NAME | CAS NO. (IF APPLICABLE) | PER HOUR | OUTPUT RATE |          | UNITS |
|----|------|-------------------------|----------|-------------|----------|-------|
|    |      |                         |          | UNITS       | PER YEAR |       |
| 1. | None |                         |          |             |          |       |
| 2. |      |                         |          |             |          |       |
| 3. |      |                         |          |             |          |       |
| 4. |      |                         |          |             |          |       |
| 5. |      |                         |          |             |          |       |
| 6. |      |                         |          |             |          |       |
| 7. |      |                         |          |             |          |       |
| 8. |      |                         |          |             |          |       |
| 9. |      |                         |          |             |          |       |

**TOTAL**

**16. Total Stack Emissions (for this equipment only) in Pounds Per Operating Day**

Particulate Matter  
    0. 23

99-104

Oxides of Sulfur  
    0. 04

105-110

Oxides of Nitrogen  
    4 2

111-116

Carbon Monoxide  
    3.4

177-122

Volatile Organic Compounds  
    1

123-128

PM-10  
    0. 23

129-134

**17. Total Fugitive Emissions (for this equipment only) in Pounds Per Operating Day**

Particulate Matter

135-139

Oxides of Sulfur

140-144

Oxides of Nitrogen

145-149

Carbon Monoxide

150-154

Volatile Organic Compounds

155-159

PM-10

160-164

**Method Used to Determine Emissions (1= Estimate 2= Emission Factor 3= Stack Test 4= Other)**

TSP  
 4

165

SOX  
 2

166

NOX  
 4

167

CO  
 4

168

VOC  
 4

169

PM10  
 4

170

4 - Other:  
 Manufacturer's  
 Data

**AIR AND RADIATION MANAGEMENT ADMINISTRATION USE ONLY**

**18. Date Rec'd. Local**

**Date Rec'd. State**

**Return to Local Jurisdiction**

Date \_\_\_\_\_ By \_\_\_\_\_

**Reviewed by Local Jurisdiction**

Date \_\_\_\_\_ By \_\_\_\_\_

**Reviewed by State**

Date \_\_\_\_\_ By \_\_\_\_\_

**19. Inventory Date**

**Month/Year**

171-174

**Equipment Code**

175-177

**SCC Code**

178-185

**20. Annual**

**Operating Rate**

186-192

**Maximum Design**

**Hourly Rate**

193-199

**Permit to Operate**

**Month**

200-201

**Transaction Date**

**(MM/DD/YR)**

202-207

**Staff Code**

208-210

**VOC Code**

211 212

**SIP Code**

213 214

**Regulation Code**

215-218

**Confidentiality**

219

**Point Description**

220-238

**Action**

239

A: Add  
 C: Change

# 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

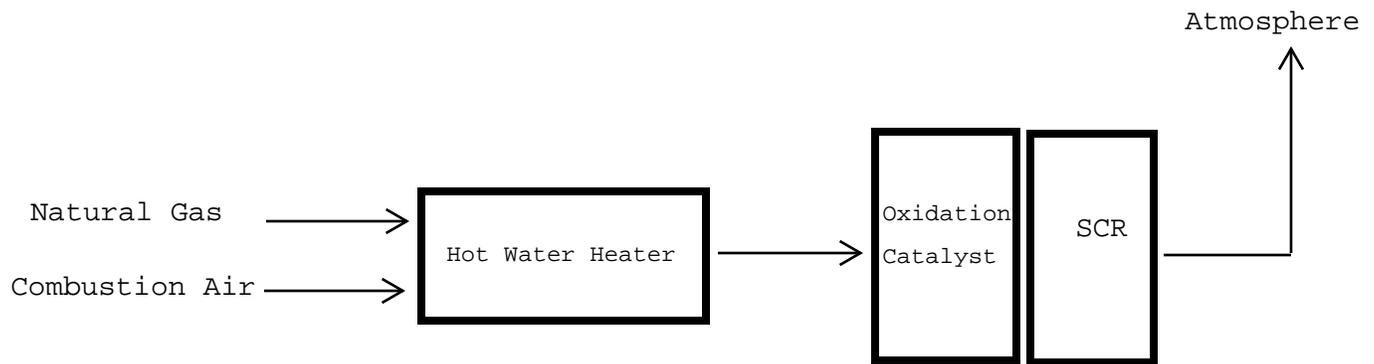
|   |   |   |  |
|---|---|---|--|
| <b>1. Owner of Installation</b><br>AES Sparrows Point LNG, LLC  | <b>Telephone No.</b><br>716-439-1273                        | <b>Date of Application</b>                                  |  |
| <b>2. Mailing Address</b><br>140 Professional Way   | <b>City</b><br>Lockport, NY                                 | <b>Zip Code</b><br>14094                                    | <b>County</b>  |
| <b>3. Equipment Location</b><br>600 Shipyard Road   | <b>City/Town or P.O.</b><br>Baltimore, MD                   | <b>County</b><br>Baltimore                                  |  |
| <b>4. Signature of Owner or Operator</b>  | <b>Title</b><br>Vice President                              | <b>Print or Type Name</b><br>Christopher Diez               |  |
| <b>5. Application Type:</b>   | <b>Alteration</b> <input type="checkbox"/>                  | <b>New Construction</b> <input checked="" type="checkbox"/> |  |
| <b>6. Date Construction is to Start:</b><br>06/2008 (anticipated)   | <b>Completion Date (Estimate):</b><br>06/2011 (anticipated) |   |  |
| <b>7. Type of Gas Cleaning or Emission Control Equipment:</b>   |   |   |  |
| <b>Simple Cyclone</b> <input type="checkbox"/>  | <b>Multiple Cyclone</b> <input type="checkbox"/>            | <b>Afterburner</b> <input type="checkbox"/>                 | <b>Electrostatic Precipitator</b> <input type="checkbox"/> |
| <b>Scrubber</b> <input type="checkbox"/>  | _____ (type)  | <b>Other</b> <input checked="" type="checkbox"/>            | selective catalytic reduction (SCR) system<br>_____ (type) |
| <b>8. Gas Cleaning Equipment Manufacturer</b><br>TBD See note 1 on bottom of page 1.  | <b>Model No.</b><br>TBD                                     | <b>Collection Efficiency (Design Criteria)</b><br>90%       |  |
| <b>9. Type of Equipment which Control Equipment is to Service:</b><br>Four (4) 345 MMBtu/hr natural gas-fired hot water heaters |   |   |  |
| <b>10. Stack Test to be Conducted:</b>  |   |   | within 6 months<br>of startup                              |
| <b>Yes</b> <input checked="" type="checkbox"/>  | <b>No</b> <input type="checkbox"/>                          | _____ (Stack Test to be Conducted By)                       | _____ (Date)   |
| <b>11. Cost of Equipment</b> See note 1 on bottom of page 1.<br>_____   |   |   |  |
| <b>Estimated Erection Cost</b> See note 1 on bottom of page 1.<br>_____   |   |   |  |





**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.**

NOx:  
30 ppmvd @ 3% O<sub>2</sub> inlet  
3 ppmvd @ 3% O<sub>2</sub> outlet



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 \_\_\_\_\_



**MARYLAND DEPARTMENT OF THE ENVIRONMENT**

1800 Washington Blvd ▪ Baltimore, Maryland 21230  
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**Air and Radiation Management Administration ▪ Air Quality Permits Program**

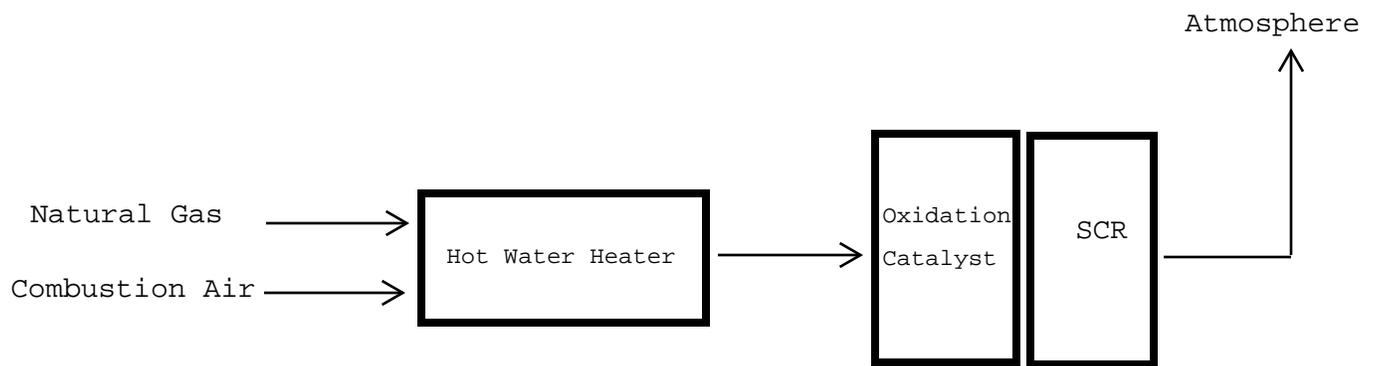
**Application for Permit to Construct  
 Gas Cleaning or Emission Control Equipment**

|   |   |   |
|---|---|---|
| <b>1. Owner of Installation</b><br>AES Sparrows Point LNG, LLC  | <b>Telephone No.</b><br>716-439-1273                        | <b>Date of Application</b>                                  |
| <b>2. Mailing Address</b><br>140 Professional Way   | <b>City</b><br>Lockport, NY                                 | <b>Zip Code</b><br>14094                                    |
| <b>3. Equipment Location</b><br>600 Shipyard Road   | <b>City/Town or P.O.</b><br>Baltimore, MD                   | <b>County</b><br>Baltimore                                  |
| <b>4. Signature of Owner or Operator</b>  | <b>Title</b><br>Vice President                              | <b>Print or Type Name</b><br>Christopher Diez               |
| <b>5. Application Type:</b>   | <b>Alteration</b> <input type="checkbox"/>                  | <b>New Construction</b> <input checked="" type="checkbox"/> |
| <b>6. Date Construction is to Start:</b><br>06/2008 (anticipated)   | <b>Completion Date (Estimate):</b><br>06/2011 (anticipated) |   |
| <b>7. Type of Gas Cleaning or Emission Control Equipment:</b>   |   |   |
| Simple Cyclone <input type="checkbox"/> Multiple Cyclone <input type="checkbox"/> Afterburner <input type="checkbox"/> Electrostatic Precipitator <input type="checkbox"/><br>Scrubber <input type="checkbox"/> _____ (type)    Other <input checked="" type="checkbox"/> catalytic oxidation system _____ (type) |   |   |
| <b>8. Gas Cleaning Equipment Manufacturer</b>   | <b>Model No.</b>  | <b>Collection Efficiency (Design Criteria)</b>              |
| See note 1 on bottom of page 1.   |   | 80%   |
| <b>9. Type of Equipment which Control Equipment is to Service:</b><br>Four (4) 345 MMBtu/hr hot water heaters   |   |   |
| <b>10. Stack Test to be Conducted:</b>  |   | within 6 months of startup                                  |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> _____<br>(Stack Test to be Conducted By)  |   | _____ (Date)  |
| <b>11. Cost of Equipment</b> See note 1 on bottom of page 1.  |   |   |
| <b>Estimated Erection Cost</b> See note 1 on bottom of page 1.  |   |   |



**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.**

CO:  
50 ppmvd @ 3% O<sub>2</sub> inlet  
10 ppmvd @ 3% O<sub>2</sub> outlet



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 \_\_\_\_\_

