PRI[redacted]

DIRECTORATE OF ENVIRONMENTAL HEALTH

x Equality Concrete

Charles County Concrete Co.
Establishment or Complainant's Name

45 - Yost Pl., Seat Pleasant, MD 20743
Address

Carol Jackson
Mr. Chaney
Individual Contacted

843 - 6101
Phone Number

Date 05 Dec 86 Time ______

A. Inspection

______ 100 Ton Source
______ <100 Ton Source
______ Burning Request # ______
______ Accepted ______ Denied
______ Complaint No. ______
______ Visible Emissions
______ Odors
______ Open Burning
______ Motor Vehicles
______ Fugitive Dust
______ Other

Registration Update

Year ending 4/30/86

6,300 Tons Cement ✓
17,000 Tons Sand ✓
24,000 Tons gravel ✓
Used in process equipment.

5500 gallons of #2 fuel Oil burned in fuel burner (one) rated at 5M BTU/hr.

Emissions Calculations for fuel burner

B. N.O.V.

______ Visible Emissions
______ Open Burning
______ Fugitive Dust
______ Odors
______ Failure to register
______ Other

Particulates $\left(\frac{5500\,gal}{yr}\right)\left(\frac{yr}{180\,op\,da}\right)\left(\frac{2\,lb}{1000\,gal}\right) = 0.6 \rightarrow \emptyset$ 1

C. V.E.T.

______ Pass ______ Fail

D. Other

SOx $\left(\frac{5500\,gal}{yr}\right)\left(\frac{yr}{180\,op\,da}\right)\left(\frac{43\,lb}{1000\,gal}\right) = 1.31 \rightarrow 1\ \frac{lb}{op\,da}$

NOx $\left(\frac{5500\,gal}{yr}\right)\left(\frac{yr}{180\,op\,da}\right)\left(\frac{20\,lb}{1000\,gal}\right) = 0.61 \rightarrow 1\ \frac{lb}{op\,da}$

CO $\left(\frac{5500\,gal}{yr}\right)\left(\frac{yr}{180\,op\,da}\right)\left(\frac{5\,lb}{1000\,gal}\right) = 0.15 \rightarrow \emptyset$

THC $\left(\frac{5500\,gal}{yr}\right)\left(\frac{yr}{180\,op\,da}\right)\left(\frac{0.5\,lb}{1000\,gal}\right) = 0.02 \rightarrow \emptyset$

E. BACHARACH

______ Oil No. ______ Gas
(1) ______ Net Temp.
______ CO_2 ______ Efficiency
______ Smoke Spot No.
______ In Compliance
______ Not in Compliance

Registration # 16-0739-4-1055 – fuel burner
Registration # 16-0739-9-37 – Process Equipment

Ralph McCloud 05 Dec. 86

Prince George's County
Health Department
Directorate of Environmental Health

Joseph Lechman
Sanitarian

10210 Greenbelt Road
Seabrook, Maryland 20706-2292 (301) 794-6800

Environmental
Health

Prince George's County
Health Department

10210 Greenbelt Road
Lanham-Seabrook, MD 20706-2292
301/794-6800 (TDD) 301/773-8717

February 14, 1991

Mr. Robert Stahl, Jr.
Chaney Enterprises
P. O. Box 548
Waldorf, Maryland 20604

RE: Registration of Installations
for Air Pollution Control
Purposes

Dear Mr. Stahl:

A review has been completed of your application for registration of the installation which is located at the following address:

Equality Concrete Company
45 Yost Place
Seat Pleasant, Maryland

The installation has been registered and assigned the registration number listed on the enclosed copy of your application.

If you have any questions, please call Mr. Joseph Lechman of this Division on extension 234 weekdays between 7:30 and 9:00 a.m.

Sincerely yours,

Manfred Reichwein

Manfred Reichwein, Chief
Division of Air Quality Control

MR:JL:crm
Enclosure

Installation Registered	Registration Number
one concrete batch plant	16-0739-6-0282-89

STATE OF MARYLAND
DEPARTMENT OF THE ENVIRONMENT

Air Management Administration
2500 Broening Highway
Baltimore, Maryland 21224

green

APPLICATION FOR PROCESSING OR MANUFACTURING EQUIPMENT: Permit to Construct ☐ Registration ☒

Title 30 Do Not Write in This Space

1. Owner of Installation or Company Name: CHANEY ENTERPRISES
Date of Application: 11-19-90
Date Rec. Local: 2-6-91 SM
Date Rec. State: NOV 23 1990

Mail Address: P.O Box 548
Telephone: 301-843-6101
Acknowledgment Sent: Date N/A By

City: WALDORF State: Md. Zip Code: 20604
Reviewed: Name N/A Date

2A. Premises Name if Different from Above: EQUALITY CONCRETE CO
Local / State: CRT

2B. Equipment Location if Different from Above: 45 Post Rd Seat Pleasant Md. 20743
Street Address / City, Town / State / Zip Code
Returned to Local Jurisdiction: Date 2-6-91 By

Application Ret'd. Date 2-11-91 By J LECHMAN

3. Owner, Agent or Authorized Company Official
ROBERT STAHL JR.
Print or Type Name / Signature

P.O Box 548 WALDORF Md. 20604
Mailing Address / City, Town / State / Zip Code

Premise Number: 1 6 0 7 3 9
(1) (2) (3) (4) (5) (6)

4A. New Construction Only
Begin Date Construction
Complete

4B. Existing Installation
Initial Operation Date: 1965
(14-15)

Registration Number: 6 0 2 & 2 & 9
(7) (8) (9) (10) (11) (12) (13)

5. Installer or Contractor (New or Replacement Only)
Name or Company Title
Mailing Address / City, Town / State / Zip Code / Telephone

6. Number of Identical Units: 1

7. Number of Units per Stack:

8A. Major Activity: MIXING CONCRETE

8B. Type of Installation (Cement Kiln, Aggregate Dryer, Grey Iron Cupola, etc.): CONCRETE BATCH PLANT
(17-19)

9. Operating Schedule (for this installation)

Continous Operations (20-1) / Batch Process 75/Day (20-2) / Cycle Duration (Hrs.) .10 / Shifts Per Day 1 (21) / Days Per Week 6 (22) / Days Per Year 300 (25-27)

Seasonal Variation in Operations: No Variations (32) / Winter Percent (33-34) / Spring Percent (35-36) / Summer Percent (37-38) / Fall Percent (39-40)

10. Annual Fuel (s) Consumed by Each Unit Covered by this Application--Sulfur Content to Nearest Tenth Percent Does Not Include Fuels Consumed by Other Equipment or Used to Generate Hot Air or Steam.

Oil (42-47) (Gals.) / Sulfur Content / Grade (48) / Natural Gas (49-55) (Ft^3)

LP Gas (56-59) / Coal (60-66) (Tons) / Sulfur Content / Ash Content

Coke (67-68) (Tons) / Sulfur Content / Ash Content / ☐ Wood (74-79) (Tons) / Sulfur Content

Coke Gas (80-84) (Ft^3) / Sulfur Content / ☐ Blast Furnace Gas (85-89) (Ft^3)

Other Process By-Product (Specify Type) / Annual Amount (Specify Units) (90-92) / Sulfur Content / Ash Content

AMA-5 Revised May 1986
DENV-131

WHITE-Air Management Adm. ● GREEN-Premises ● YELLOW-Local Dept. ● PINK-Applicant's copy; retain for your records.

11. **Materials Used** in this Installation. Specify all materials used by this installation, identifying chemical composition and rate of input. Include all solvents used. Additional information should be included on supplemental data sheet, if necessary.

	Input Rate (Lbs./Process Hr.)	Annual Use (Tons)
SAND		65,000
GRAVEL		100,000
CEMENT		28,200

12. **Materials Produced** by this Installation. Specify all materials produced by this installation, identifying chemical composition and output rate. Include all solvents produced. Use AQ-8 if necessary.

	Production Rate (Lbs./Process Hr.)	Annual Production (Tons)
READY-MIX CONCRETE		100,000 yds

	Emission Rates	Other (Specify Type and Units)
Particulate Matter	gr/scfd	
Oxides of Sulfur	lbs/hr. of Operation	
Oxides of Nitrogen	lbs/hr. of Operation	
Carbon Monoxide	lbs/hr. of Operation	
Volatile Organics (Specify Type-Alcohol, Ketone, Etc.)	lbs/hr. of Operation	

13. **Stack Information:** Number of Stacks _____

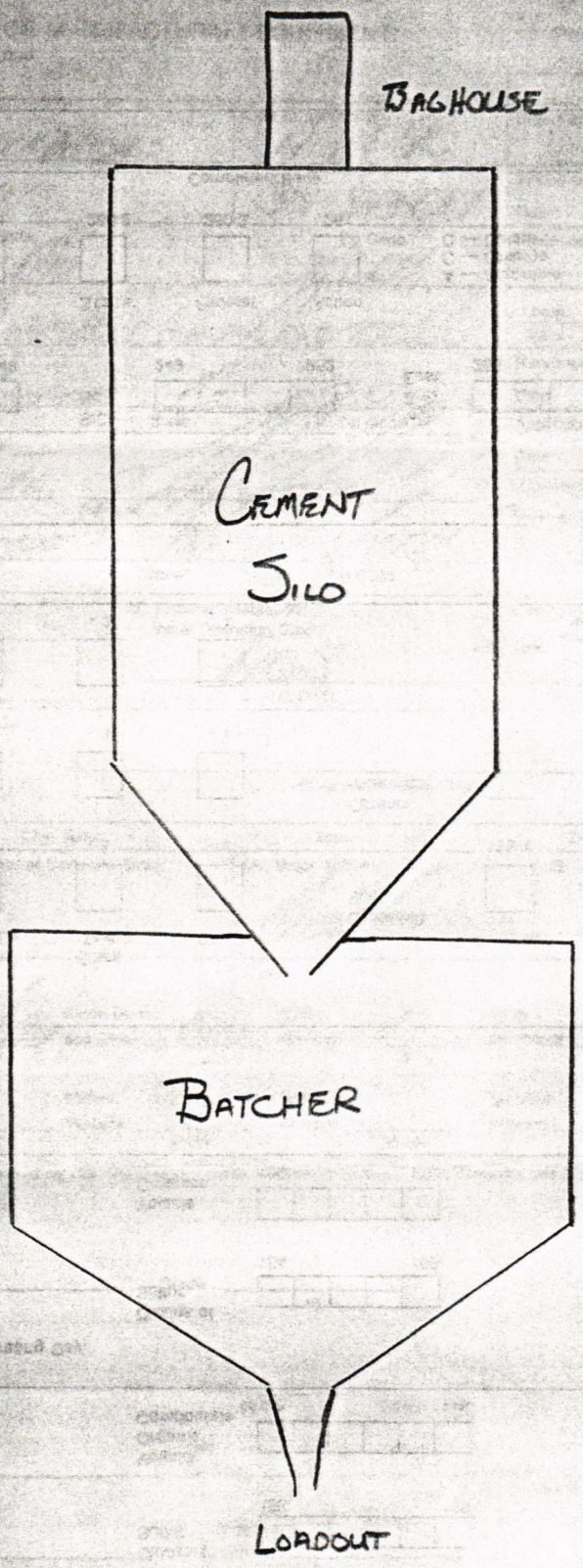
Not Applicable ☐ 93 — Height Above Ground (Ft.) _____ 94-96 — Inside Diameter At Top (in.) _____ 97-99 — Exit Temperature (°F) _____ 100-103 — Velocity (Ft./Min.) _____ 104-107

14. **Emission Control Devices**—Gas Cleaning Form AMA-6 Must Be Completed for Each Device Used & Attached to this Application.

None ☐ 108 — Setting Chamber or Baffles ☐ 109 — Simple Cyclone ☐ 110 — Multiple Cyclone ☐ 111 — Scrubber ☐ 112 — Venturi Scrubber ☐ 113 — Electrostatic Precipitator ☐ 114 — Bag-house ☒ 115 — After-burner ☐ 116

Other ☐ _____ Specify Type (117-118)

15. Indicate by Block Diagram the Flow of Materials, All Major Equipment and All Points of Discharge to the Atmosphere. Indicate any connection to other installation(s) requiring registration, and all emission control devices. Provide a materials balance for all materials in this process, including waste and discharge materials.



DO NOT WRITE BELOW THIS LINE

16. Actual Stack Emissions in Pounds per Operating Day.

Particulate Matter (119–124)	1	Oxides of Sulfur (125–130)		Oxides of Nitrogen (131–136)	
Carbon Monoxide (137–142)		Volatile Organic Compounds (143–148)		Other Pollutants Specify (Type/Amount)	

17. Fugitive Emissions in Pounds per Operating Day.

Particulate Matter (149–153)	10	Oxides of Sulfur (154–158)		Oxides of Nitrogen (159–163)	
Carbon Monoxide (164–168)		Volatile Organics (169–173)		18. Emission Key (174–179)	

19. Inventory Date (180–183): 0665

20. Method Used to Determine Emissions

	Estimate	Emission Factor	Stack Test	Other
Particulate Matter (184-1 / -2 / -3 / -4)	✓			
Oxides of Sulfur (185-1 / -2 / -3 / -4)				
Oxides of Nitrogen (186-1 / -2 / -3 / -4)				
Carbon Monoxide (187-1 / -2 / -3 / -4)				
Volatile Organics (188-1 / -2 / -3 / -4)				

191-198 NEDS Annual Operating Rate

21. Premises Information

Premises Name (207–242): EQUALITY CONCRETE CO.

Census Tract (243–248)	802704	SIC No. (249–252)	5039	MD Grid East (253–256)	0826	MD Grid North (257–259)	386

	Private	Local	State	Federal	Action
Owner (260-0 / 260-1 / 260-2 / 260-3 / 261)	✓				A

A — Add
C — Change
D — Delete

Date Completed _____ Completed By _____

1. Calculations Made By _____

Calculation Sheet Must Accompany This Form

2. Revision By _____ Date _____ By _____ Date _____

_____ Date _____ By _____ Date _____

STATE OF MARYLAND
DEPARTMENT OF THE ENVIRONMENT

Air Management Administration
2500 Broening Highway
Baltimore, Maryland 21224

APPLICATION FOR PROCESSING OR MANUFACTURING EQUIPMENT:

Permit to Construct ☐ Registration ☒

Do Not Write in This Space	
Date Rec. Local	Date Rec. State
Acknowledgment Sent Date	By
Reviewed Name	Date
Local	
State	
Returned to Local Jurisdiction Date	By
Application Ret'd. Date	By
Premise Number (1) (2) (3) (4) (5) (6)	
Registration Number (7) (8) (9) (10) (11) (12) (13)	

1. Owner of Installation or Company Name: CHANEY ENTERPRISES
Date of Application: 11-19-90
Mail Address: P.O Box 548
Telephone: 301-843-6101
City: WALDORF State: MD. Zip Code: 20604

2A. Premises Name if Different from Above: EQUALITY CONCRETE CO

2B. Equipment Location if Different from Above: 45 Post Rd Swan Point MD.
Street Address City, Town State Zip Code

3. Owner, Agent or Authorized Company Official
ROBERT STAHL JR.
Print or Type Name Signature
P.O Box 548 WALDORF MD 20604
Mailing Address City, Town State Zip Code

4A. New Construction Only
Date Construction Begin _____ Complete _____

4B. Existing Installation
Initial Operation Date: 1965 (14-15)

5. Installer or Contractor (New or Replacement Only)
Name or Company Title
Mailing Address City, Town State Zip Code Telephone

6. Number of Identical Units	7. Number of Units per Stack	8A. Major Activity	8B. Type of Installation (Cement Kiln, Aggregate Dryer, Grey Iron Cupola, etc.) (17-19)
1		MIXING CONCRETE	CONCRETE BATCH PLANT

9. Operating Schedule (for this installation)

Continous Operations _____ (20-1) Batch Process 75/DAY (20-2) Cycle Duration (Hrs.) .10 Shifts Per Day 1 (21) Days Per Week 6 (22) Days Per Year 300 (25-27)

Seasonal Variation in Operations: No Variations _____ (32) Winter Percent _____ (33-34) Spring Percent _____ (35-36) Summer Percent _____ (37-38) Fall Percent _____ (39-40)

10. Annual Fuel (s) Consumed by Each Unit Covered by this Application - - Sulfur Content to Nearest Tenth Percent Does Not Include Fuels Consumed by Other Equipment or Used to Generate Hot Air or Steam.

Oil _____ (42-47) (Gals.) Sulfur Content _____ Grade _____ (48) Natural Gas _____ (49-55) (Ft^3)

LP Gas _____ (56-59) Coal _____ (60-66) (Tons) Sulfur Content _____ Ash Content _____

Coke _____ (67-68) (Tons) Sulfur Content _____ Ash Content _____ ☐ Wood _____ (74-79) (Tons) Sulfur Content _____

Coke Gas _____ (80-84) (Ft^3) Sulfur Content _____ ☐ Blast Furnace Gas _____ (85-89) (Ft^3)

Other Process By-Product _____ Specify Type Annual Amount _____ Specify Units (90-92) Sulfur Content _____ Ash Content _____

AMA-5 Revised May 1986
DENV-131

WHITE - Air Management Adm. ● GREEN - Premises ● YELLOW - Local Dept. ● PINK - Applicant's copy; retain for your records.

11. Materials Used in this Installation. Specify all materials used by this installation, identifying chemical composition and rate of input. Include all solvents used. Additional information should be included on supplemental data sheet, if necessary.

	Input Rate (Lbs./Process Hr.)	Annual Use (Tons)
SAND		65,000
GRAVEL		100,000
CEMENT		28,200

12. Materials Produced by this Installation. Specify all materials produced by this installation, identifying chemical composition and output rate. Include all solvents produced. Use AQ-8 if necessary.

	Production Rate (Lbs./Process Hr.)	Annual Production (Tons)
READY-MIX CONCRETE		100,000 yds

	Emission Rates	Other (Specify Type and Units)
Particulate Matter	gr/scfd	
Oxides of Sulfur	lbs/hr. of Operation	
Oxides of Nitrogen	lbs/hr. of Operation	
Carbon Monoxide	lbs/hr. of Operation	
Volatile Organics (Specify Type-Alcohol, Ketone, Etc.)	lbs/hr. of Operation	

13. Stack Information: Number of Stacks _____

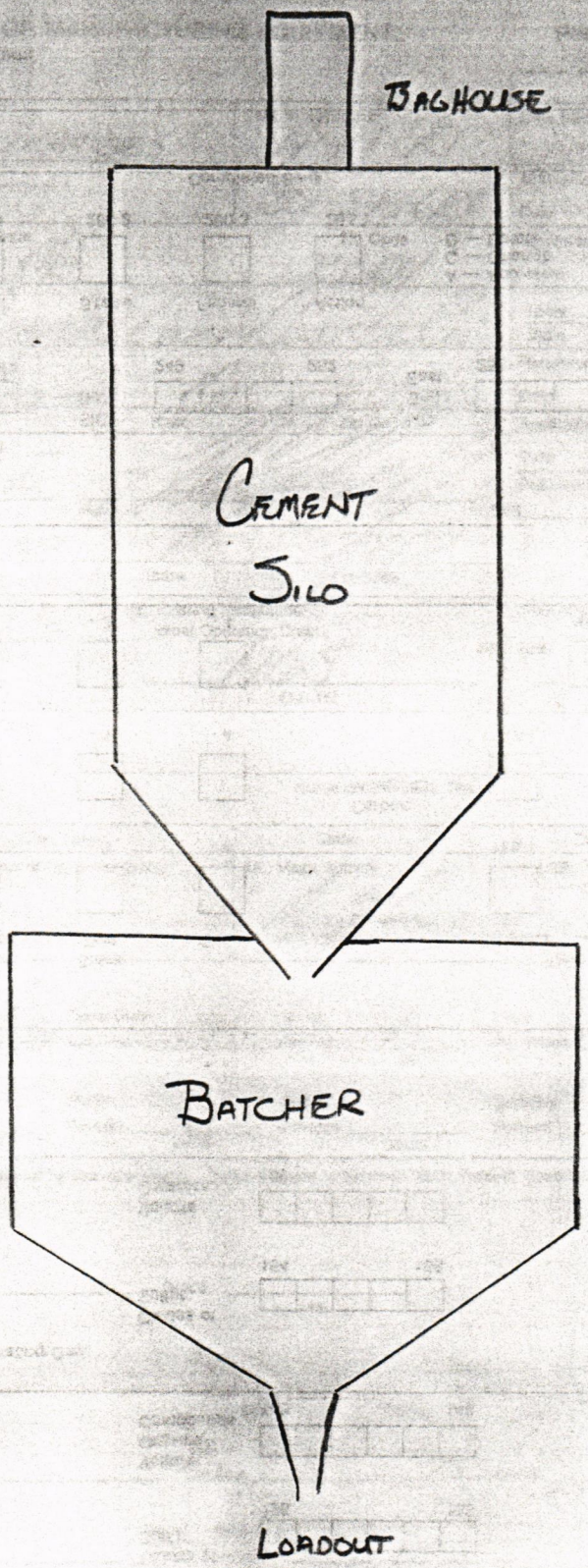
Not Applicable ☐ 93 | Height Above Ground (Ft.) _____ 94-96 | Inside Diameter At Top (in.) _____ 97-99 | Exit Temperature (°F) _____ 100-103 | Velocity (Ft./Min.) _____ 104-107

14. Emission Control Devices—Gas Cleaning Form AMA-6 Must Be Completed for Each Device Used & Attached to this Application.

None ☐ 108 | Setting Chamber or Baffles ☐ 109 | Simple Cyclone ☐ 110 | Multiple Cyclone ☐ 111 | Scrubber ☐ 112 | Venturi Scrubber ☐ 113 | Electrostatic Precipitator ☐ 114 | Bag-house ☒ 115 | After-burner ☐ 116

Other ☐ _____ Specify Type (117-118)

15. indicate by Block Diagram the Flow of Materials, All Major Equipment and All Points of Discharge to the Atmosphere. Indicate any connection to other installation(s) requiring registration, and all emission control devices. Provide a materials balance for all materials in this process, including waste and discharge materials.



DO NOT WRITE BELOW THIS LINE

16. Actual Stack Emissions in Pounds per Operating Day.

Particulate Matter [ ] 119–124
Oxides of Sulfur [ ] 125–130
Oxides of Nitrogen [ ] 131–136
Carbon Monoxide [ ] 137–142
Volatile Organic Compounds [ ] 143–148
Other Pollutants Specify _____ Type / Amount

17. Fugitive Emissions in Pounds per Operating Day.

Particulate Matter [ ] 149–153
Oxides of Sulfur [ ] 154–158
Oxides of Nitrogen [ ] 159–163
Carbon Monoxide [ ] 164–168
Volatile Organics [ ] 169–173
18. Emission Key [ ] 174–179

19. Inventory Date [ ] 180–183

20. Method Used to Determine Emissions

	Estimate	Emission Factor	Stack Test	Other
Particulate Matter	[ ] 184-1	[ ] - 2	[ ] - 3	[ ] - 4
Oxides of Nitrogen	[ ] 186-1	[ ] - 2	[ ] - 3	[ ] - 4
Volatile Organics	[ ] 188-1	[ ] - 2	[ ] - 3	[ ] - 4

	Estimate	Emission Factor	Stack Test	Other
Oxides of Sulfur	[ ] 185-1	[ ] - 2	[ ] - 3	[ ] - 4
Carbon Monoxide	[ ] 187-1	[ ] - 2	[ ] - 3	[ ] - 4

191-198 [ ] NEDS Annual Operating Rate

21. Premises Information

Premises Name _____ 207–242

Census Tract [ ] 243–248
SIC No. [ ] 249–252
MD Grid East [ ] 253–256
MD Grid North [ ] 257–259

	Private	Local	State	Federal	Action
Owner	[ ] 260-0	[ ] 260-1	[ ] 260-2	[ ] 260-3	[ ] 261

A — Add
C — Change
D — Delete

Date Completed _____ Completed By _____

1. Calculations Made By _____

Calculation Sheet Must Accompany This Form

2. Revision By _____ Date _____ By _____ Date _____

_____ Date _____ By _____ Date _____

State of Maryland

DEPARTMENT OF THE ENVIRONMENT

2500 Broening Highway, Baltimore, Maryland 21224

Area Code 301 • 631- 3225

William Donald Schaefer
Governor

Robert Perciasepe
Secretary

Dear Permit-to-Construct Applicant:

Enclosed you will find the necessary materials to complete an application for a permit to construct from the Air Management Administration (AMA). These include:

(1) letter of transmittal

(2) application form(s)

(3) general requirements

(4) instructions

Please complete the application form(s) and provide the additional information requested on the general requirements list. Complete the letter of transmittal and submit the completed package for review. If you have any questions about completing the application or any of the information requested, please call us at (301) 631-3230.

The letter of transmittal must include a description of the proposed process and an explanation of how the proposed process would relate to any existing processes that may operate at the premises. If the application is for a new process at a new premises, please state so. Clearly describing what your permit application is for and how it relates to existing operations can significantly expedite permit review.

Please be aware that the application review procedure conducted by AMA can be time consuming and complex in many cases. For some applications there is a State law requiring advertisement of the application in a newspaper and an opportunity for a public hearing. Consequently, you should allow from 2 to 6 months, depending on the complexity of the application and other factors, for the Department to review an application and issue a permit to construct. Submittal of complete and accurate information will help to speed the review process.

Your permit to construct application will not be reviewed by the Department until the permit fee is paid. Do not, however, submit the permit fee with your application. The Department will determine the amount of the fee based on your application and will send you an invoice. The invoice will provide you with instructions on where to send your permit fees.

There is no implied assurance that a permit to construct will be issued based on the application as submitted. The review process may necessitate modifications to the original design to insure compliance with applicable air quality regulations. Alternatively, the review process may produce a reason why the application should be denied outright. Also please keep in mind that no construction may begin until an approved permit to construct is issued by AMA.

Again, if there are any questions, please give us a call.

Sincerely yours,

Donald P. Andrew, P.E., Administrator
Air Toxics and New Source Permits Program
Air Management Administration

DPA:dk

Enclosures

Air Management Administration
(301) 631-3230

General Instructions for Completing
Permit to Construct Application Forms

The following forms are used to apply for a permit to construct from the Air Management Administration (AMA):

Form	Name
5	Application for Processing or Manufacturing Equipment
5A	Air Toxics Summary Sheet
5B	Application for Stack or Emission Point
6	Application for Control Device
10	Application for Incinerator
11	Application for Fuel Burning Equipment (Boilers)

The form to be used will depend on the nature of the equipment to be constructed. Form 5 is used for all equipment required to obtain a permit to construct other than air pollution control devices, incinerators and boilers. Forms 5A and 5B are used as supplements to Forms 5 and 10 for sources subject to the toxic air pollutant requirements. Form 6 is used for air pollution control equipment. Form 10 is used for incinerators and Form 11 for fuel burning equipment (boilers). Brief instructions for completing these forms are presented below. More detailed instructions and further guidance for all application forms are available from AMA. Please call us at (301) 631-3230 if you have any questions.

Form 5: This is the general application form for all equipment capable of creating air pollution and which is not an air pollution control device, an incinerator, or a boiler. For sources subject to COMAR 26.11.15, Toxic Air Pollutants, a Form 5A and 5B must accompany the Form 5. A Form 6 is required for any control device associated with the equipment described in Form 5.

The information is indicated in the appropriate blanks on the form. Some comments on certain items of Form 5 follow. In Item 11 we are looking for all chemicals or mixtures of chemicals that are used as raw materials, cleaning agents, or any other use connected with the proposed construction. In many cases, it is easier to attach an additional sheet and list raw materials that way. Item 12 may also be itemized on a separate piece of paper if necessary.

Item 13 requests information on stacks. If the source is subject to the toxic air pollutant requirement, one Form 5B will be used for each stack and Item 13 may be left blank. For other sources, this item should be completed as indicated. Item 15 requests a flow diagram. This should be a complete diagram including all major process equipment, control devices, discharge points to the atmosphere, and material flow. In many cases it will be necessary to use additional pages to provide an adequate level of detail.

Form 5A: This form is used to summarize the demonstrations for meeting the T-BACT (26.11.15.05) and Ambient Impact (26.11.15.06) Requirements for sources subject to COMAR 26.11.15 Toxic Air Pollutants.

Best Available Control Technology for Toxics (T-BACT) Requirement - Parts 1 and 2 of Form 5A summarize the T-BACT demonstration. New sources as defined in the regulations are subject to the T-BACT requirement. T-BACT would include any technique that would reduce the impact of process emissions, including the substitution of less toxic materials or a process that uses less material or more efficiently contains material. T-BACT would therefore, include options other than control devices installed at emission points. Most modifications are not considered a new source. The T-BACT demonstration must consider the full range of control options available and choose the most effective means of limiting Toxic Air Pollutant emissions, subject only to a showing of compelling reasons of economic or energy impracticality. The first step is to determine the most effective control option for similar or identical sources. If it can be shown that the most effective control option is not technically or economically feasible, then the next most effective control option must be considered. This process is continued until a T-BACT is selected. No form would be considered complete that states that no T-BACT would be employed with the proposed process. Any applicant not proposing to use the most effective control option would have to supply detailed supporting documentation explaining why the more effective option or options should not be used on the proposed process.

Ambient Impact Requirement = Part 3 of Form 5A summarizes the Demonstration required to meet the Ambient Impact Requirement. All sources are subject to the Ambient Impact Requirement. For each Toxic Air Pollutant discharged, the maximum ground level concentration off of the property, and the appropriate screening level or levels must be calculated, for Toxic Air Pollutants on the priority list (1). To calculate off-site concentrations, you may use TM 86-02 or other acceptable dispersion modeling procedures, or you may call AMA for assistance. Screening levels are calculated using the procedures defined in COMAR 26.11.15.08 or by calling AMA. A list of screening levels for some common Toxic Air Pollutants is available from AMA. CAS (Chemical Abstract Service) numbers may be found in most chemical reference documents or in the regulations.

Form 5B: This form is used to summarize the estimated emissions discharged from each stack or other emission point subject to COMAR 26.11.15, Toxic Air Pollutants. A Form 5B must be filled out for each stack or emission point on the premises that has emissions of Toxic Air Pollutants that are on the priority list (1) and discharged from the source or installation requesting the permit. If emissions generated from two pieces of equipment are discharged from one stack, you will need to fill out one Form 5B and identify on the required process flow diagram that two pieces of equipment contribute to that emission point.

Form 6: This is the application form to use for any type of device that is used to reduce the concentration of air pollutants in a gas stream being discharged to the atmosphere. The information requested on Form 6 relates to the control device only. Usually a Form 6 is submitted with another application form such as Form 5, 10, or 11. Form 6 is used to specifically describe the air pollution control device, whereas the other forms are used for the equipment that is creating the air pollution. In some cases, where a new control device is being added to existing equipment, a Form 6 may need to be submitted independently. The information needed on the Form 6 is indicated on the form itself. For Item 15, which requests a flow diagram, a general diagram submitted as requested on Form 5 will be adequate, as long as all control devices and discharge points to the atmosphere are clearly indicated.

Form 10: This is the form to use for incinerators. Since incinerators are subject to the toxic air pollutant requirements, Forms 5A and 5B must be submitted with each Form 10. If the incinerator also has an air pollution control device, a Form 6 must be used.

Form 11: This is the application form for fuel burning equipment (boilers). The information requested on the form should be provided. If there is a separate control device, a Form 6 should also be completed.

(1) The priority list is in Regulation 26.11.15.12.

U.S. Environmental Protection Agency

Facility Registry System (FRS)

Facility Detail Report

Air Permit

Report an Error

Seat Pleasant

FRS

Facility Name:	EQUALITY CONCRETE SEAT PLEASANT
Location Address:	45 YOST PLACE
Supplemental Address:	
City Name:	SEAT PLEASANT
State	MD
County Name:	PRINCE GEORGES
ZIP/Postal Code:	20743
EPA Region:	03
Congressional District Number:	04
Legislative District Number:	
HUC Code:	02070010
Federal Facility:	NO
US Mexico Border Indicator:	NO
Tribal Land :	NO
Latitude:	38.887598
Longitude:	-76.902825
Method:	ADDRESS MATCHING-HOUSE NUMBER
Reference Point Description:	
Duns Number:	
Registry ID:	110002022533

Map this facility

Environmental Interests

Information System	Information System ID	Environmental Interest Type	Data Source	Last Updated Date	Supplemental Environmental Interests:
MD-PEMIS	033-0739	STATE MASTER	MD-PEMIS		- AIR MINOR
AIRS/AFS	2403300739	AIR MINOR	AIRS/AFS	07/19/1999	

Facility Mailing Addresses

Affiliation Type	Delivery Point	City Name	State	Postal Code	Information System
FACILITY MAILING ADDRESS	45 YOST PLACE	SEAT PLEASANT	MD	20601	AIRS/AFS

NAICS Codes

No NAICS Codes returned.

SIC Codes

Data Source	SIC Code	Description	Primary
MD-PEMIS	3273	READY-MIXED CONCRETE	
AIRS/AFS	3273	READY-MIXED CONCRETE	

Contacts

Affiliation Type	Full Name	Office Phone	Information System	Mailing Address
OWNER	E-QUALITY CONCRETE - SEAT PLEASANT		MD-PEMIS	

Organizations

No Organizations returned.

Alternative Names

Alternative Name	Source of Data
E-QUALITY CONCRETE - SEAT PLEASANT	MD-PEMIS

Query executed on: OCT-22-2007

E·QUALITY
Concrete Inc.
P.O. Box 3665, Capitol Heights, MD 20791
(301) 336-3900 • (301) 336-6400 • Fax (301) 336-7974

FACSIMILE TRANSMISSION
COVER SHEET

DATE: 4/18/91 FAX #: 932-5039

TO: BOBBY STAHL COMPANY: CE

FROM: DIANA BOWLING

SUBJECT: PG ENV. HEALTH INSP.

NUMBER OF PAGES IN TRANSMISSION : ~~2~~ 3 (INCLUDES COVER SHEET)

NOTES:

BOBBY -

CALL ME OR DALE CLARK IN REGARDS TO THIS. THANKS

DAB

If there are any problems with this transmission, please call our office number at 301-336-3900. Our FAX number is 301-336-7974