



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Air Quality

BWP AQ 25

**Emission Standards for Power Plants –
Emission Control Plan (ECP)**

Transmittal Number

Facility ID# (if known)

A. Facility Information

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Facility:

Facility Name

Street Address

City/Town

State

Zip Code

Mailing Address(if different from above):

Street/PO Box

City/Town

State

Zip Code

2. Facility Contact Person:

Name

Title

Telephone Number

3. Facility Owner:

Owner or Corporation Name

Telephone Number

4. Compliance Contact:

Name

Title

Telephone Number

B. Facility Description

List all units at the affected facility that will be used to demonstrate compliance with 310 CMR 7.29(5).



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C. Affected Facility Unit (Complete Section C for each unit)

1. Unit Number _____
2. Manufacturer _____
3. Model Number _____
4. Maximum Continuous Rated Design Capacity:
 - a. Fuel heat Input _____
 - b. Electrical Output _____
5. Date of Installation _____

D. Compliance Path

1. Will this affected facility comply with the emission standards in 310 CMR 7.29(5) by repowering a unit subject to 40 CFR Part 72 at the affected facility?
 Yes No
2. Will any unit at this affected facility be required to receive a plan approval pursuant to 310 CMR 7.02 for construction, substantial reconstruction or alteration of a facility subject to 40 CFR Part 72 for the purpose of compliance with 310 CMR 7.29?
 Yes No
 If yes, identify which units.

E. Emissions Control for Nitrogen Oxides, Sulfur Dioxides, Particulate Matter, Mercury, Carbon Dioxide, and Carbon Monoxide (Complete Section E for each unit)

For each unit, indicate Existing Controls (if none, check "None" ONLY):

- | | | | |
|--------------|--|-------------------------------|-------------------------------|
| Unit Number: | Existing Controls: | | |
| _____ | <input type="checkbox"/> Electrostatic Precipitators (ESP) | <input type="checkbox"/> SNCR | <input type="checkbox"/> None |
| _____ | <input type="checkbox"/> Low NO _x Burners | <input type="checkbox"/> SCR | |
| _____ | <input type="checkbox"/> Electrostatic Precipitators (ESP) | <input type="checkbox"/> SNCR | <input type="checkbox"/> None |
| _____ | <input type="checkbox"/> Low NO _x Burners | <input type="checkbox"/> SCR | |
| _____ | <input type="checkbox"/> Electrostatic Precipitators (ESP) | <input type="checkbox"/> SNCR | <input type="checkbox"/> None |
| _____ | <input type="checkbox"/> Low NO _x Burners | <input type="checkbox"/> SCR | |
| _____ | <input type="checkbox"/> Electrostatic Precipitators (ESP) | <input type="checkbox"/> SNCR | <input type="checkbox"/> None |
| _____ | <input type="checkbox"/> Low NO _x Burners | <input type="checkbox"/> SCR | |



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F. Compliance Methods

A description of how the facility will comply with the emission standards contained in 310 CMR 7.29(5) for:

1. NO_x _____

2. SO₂ _____

3. CO₂ (e.g. sequestration, off-site reductions, on-site efficiency improvements)

G. Optimization Section

A description of how emission reduction measures implemented to achieve reductions in one pollutant will optimize reductions of other pollutants, for example mercury and CO₂.

H. Proposed Schedule

Submit a proposed schedule with interim milestones for each activity leading to compliance with the requirements in 310 CMR 7.29(5). Such information shall include, but not be limited to, sufficient information to allow DEP to consult with the Division of Energy Resources and the Department of Telecommunications and Energy, to address any concerns with potential impacts to the reliability of the New England power system.



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**I. Signature of the Facility Contact Responsible for Compliance with
310 CMR 7.29**

The signature below is required pursuant to 310 CMR 7.29(6)(b)5. Even if an agent has been designated to fill out this form, the responsible official must sign it.

I certify that I have examined the responses provided herein and that to the best of my knowledge they are true and complete.

Print Name

Signature of Responsible Official

Position/Title

Representing

Date