
Air Quality – AQ02 Non-Major/Major Comprehensive Plan Approval for Fuel Crematory or Process Application

MassDEP, Bureau of Air & Waste



EEA ePLACE Portal

How to Apply

- Create or log into your account in eLicensing
- First time users click here
- Be sure to provide full name, address and contact information when setting up your account.

Mass. State Offices & Courts | State A-Z Topics | State Forms | Accessibility FAQs

An Official website of the Commonwealth of Massachusetts

eLicensing and ePermitting Portal

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Contact [Energy and Environmental Affairs](#)

Convenience Fee: Please note there will be a convenience fee for all online credit card transactions. There is also a nominal fee for online payment by check.

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Welcome to the Commonwealth of Massachusetts ePLACE Portal

The Commonwealth of Massachusetts is pleased to offer online access to many licensing, permitting and certificate services. With ePLACE, the Commonwealth hopes to deliver more efficient, convenient, and interactive e-government services.

Options for Licensees and Applicants:

- Apply for, Renew, or Amend a License, Permit, Certificate or Notification
- Make Payments Online

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- Check License Status for Individuals or Business Licenses [here](#)

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User Name or E-mail:

Password:

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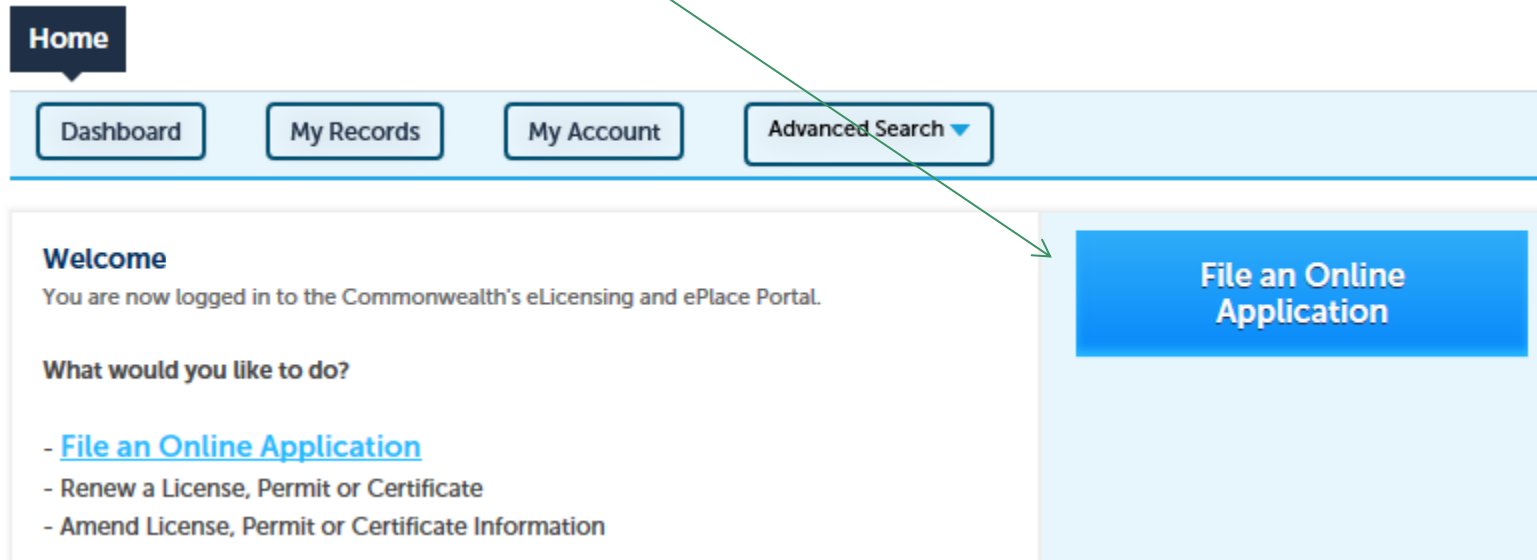
☐ Remember me on this computer

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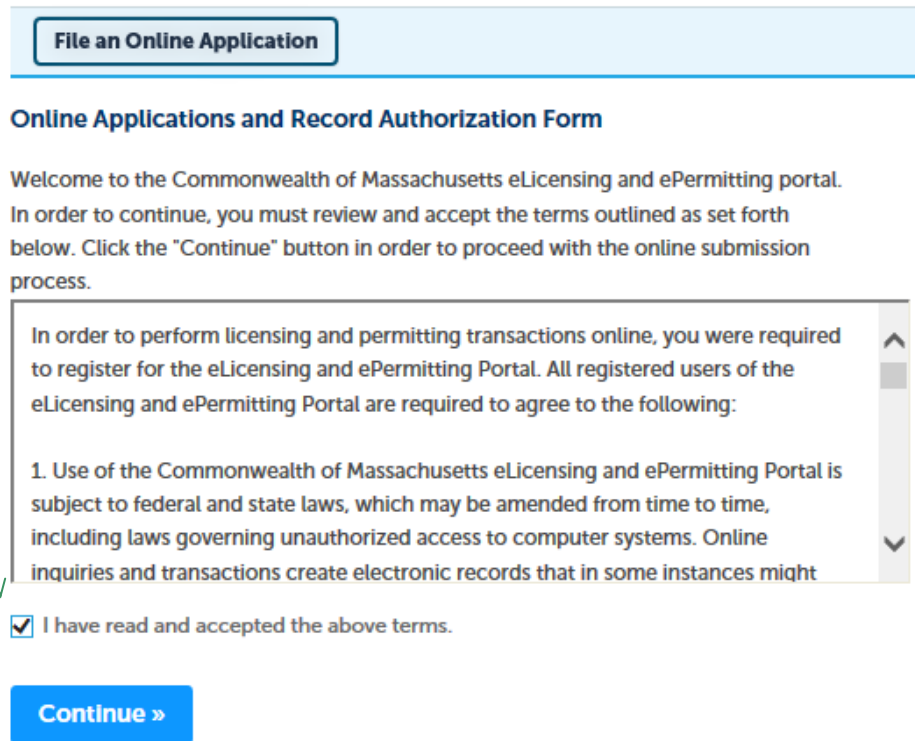
File an Online Application

- Click here to start



File an Online Application

- Read and accept the Terms and Conditions
- Click the checkbox and click “Continue”



File an Online Application

Online Applications and Record Authorization Form

Welcome to the Commonwealth of Massachusetts eLicensing and ePermitting portal. In order to continue, you must review and accept the terms outlined as set forth below. Click the "Continue" button in order to proceed with the online submission process.

In order to perform licensing and permitting transactions online, you were required to register for the eLicensing and ePermitting Portal. All registered users of the eLicensing and ePermitting Portal are required to agree to the following:

1. Use of the Commonwealth of Massachusetts eLicensing and ePermitting Portal is subject to federal and state laws, which may be amended from time to time, including laws governing unauthorized access to computer systems. Online inquiries and transactions create electronic records that in some instances might

☒ I have read and accepted the above terms.

Continue »



File an Online Application

- Click on “Energy and Environmental Affairs” and “Apply for a DEP Authorization”


Home

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eLicensing and ePermitting Online Services

New Applicants and Consumers:
The Commonwealth of Massachusetts eLicensing and ePermitting portal provides the ability to file applications for licensure & permits and submit complaints. From the listing below, please select the service you would like to use and click the continue button.

Existing Licensees or Permit Holders:
Click Home and use the “My Records” tab to renew or amend a license or permit. If your license or permit is not listed under the “My Records” tab, please select the “Link your account” option found in section below. You will be prompted for a “record identification code” and “authorization code.” from the Account Link notification you received. If you have not received a notification letter, please contact the ePLACE Help Desk Team at (844) 733-7522 or (844) 73-ePLACE between the hours of 7:30 AM - 5:00 PM Monday-Friday.

 [Search](#)

▼ **Energy and Environmental Affairs (DEP, MDAR, DCR)**

- ☒ Apply for a DEP Authorization
- ☐ Apply for a MDAR Authorization
- ☐ Apply for a DCR Authorization

▶ [Link Your Account](#)

[Continue »](#)



File an Online Application


- Select the AQ02 or AQ03 form you would like to submit and click “Continue Application

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DEP Applications

Select a Record Type

Choose one of the following available record types. For assistance or to apply for a record type not listed below please contact us.

 [Search](#)

▼ Air Quality (AQ)

- ☐ AQ 50% or 25% Facility Emission Cap Application
- ☐ AQ01 - Limited Plan Approval for Fuel Utilization Emission Unit(s) Application
- ☐ AQ01 - Limited Plan Approval for Process Emission Unit(s) Application
- ☐ AQ01M - Permit Maintenance Application
- ☐ AQ02 - Comprehensive Plan Approval Crematory Application
- ☐ AQ02 - Non-Major Comprehensive Plan Approval Fuel Application
- ☐ AQ02 - Non-Major Comprehensive Plan Approval Process Application
- ☐ AQ03 - Major Comprehensive Plan Approval Fuel Application
- ☐ AQ03 - Major Comprehensive Plan Approval Process Application
- ☐ AQ08A/B/22 - Emission Control Plan Application
- ☐ AQ09 - Restricted Emission Status Application
- ☐ AQ14/AQ12 - Operating Permit Application
- ☐ AQ18 - Creation of Emission Reduction Credits Application
- ☐ AQ30 - CO2 Budget Emission Control Plan Application
- ☐ AQ33 - LPA/CPA Consolidation Application
- ☐ AQMM - Modeling Submittal Application

▶ Drinking Water (DW)

▶ Hazardous Waste (HW)

▶ Solid Waste (SW)

▶ Toxic Use Reduction (TUR)

▶ Legacy Application

[Continue Application »](#)



Contact Information

- **VERY IMPORTANT:** The entries you make in this section will dictate who will be able to access the application both before and after submittal.
- There are three required contacts
 - ▶ Permittee- The person with signatory authority for the company requesting a plan approval.
 - ▶ Professional Engineer- The Massachusetts License professional Engineer who will review and certify as to the technical accuracy of the application
 - ▶ Submitter- Could be the Permittee but more likely a Consultant or Company staff person who is preparing the application and will be responsible for editing the application after submittal if MassDEP request additional information.



Contact Information: Permittee

Permittee

Permittee is the person or signatory authority whom is responsible for signing and accepting all conditions of the Permit. If you are the Permittee, please select "I'm Permittee".

If you are preparing the application on behalf of the Permittee, click on "Look Up", search and select the appropriate Permittee.

Note – If you are unable to find the correct Permittee, click on "save and resume later" button. Advise the Permittee to create an account in the EEA ePLACE Portal and then resume the application.

I'm Permittee

Look Up

In order to insert a Permittee, the person must have an account in ePLACE. Click "Look up" and enter the person's last name to retrieve their account information for this section. If the account information is incorrect, close the application and have the person edit their account.



Contact Information: Permittee Affiliation

The next box asks for the company the Permittee is affiliated with. The only information required is the name and address of the company. If you choose to “Look Up” and there is a contact name on the record that is not correct , save the selected company then click the “Edit” button to edit out the contact name and/ or phone number

Permittee Company

Please add the company information that the Permittee is affiliated with.

Add New

Look Up



Contact Information: Professional Engineer and Contributors

- Again, anyone that should be listed in this fields must have an ePlace account. By adding them to the record, you will be giving them access to contribute to the application. Click the Look up Button and search by Name.

Professional Engineer

The Massachusetts Licensed Professional Engineer whom is responsible for certifying the application prior to its approval by the Permittee.

Note – If you are unable to find the correct Professional Engineer, click on "save and resume later" button. Advise the Professional Engineer to create an account in the EEA ePLACE Portal and then resume the application.

Look Up

Application Contributors

If multiple prepares will be part of filling out this application, you will need to add them below.

Note – If you are unable to find the correct Preparer, click on "save and resume later" button. Advise the Preparer to create an account in the EEA ePLACE Portal and then resume the application.

Look Up

Showing 0-0 of 0

Name	Organization Name	Contact Person	Telephone #	E-mail	Action
No records found.					

Continue Application »

Save and resume later



Facility Information

- Search for an existing facility by entering the name or address and click on “Search”.
- If not found, click on “Clear” and search different or fewer criteria
- If still not found, add as new by typing in the facility information as required (see red asterisk)

* Facility Name:

* Street # * Street Name: Street Name 2

* City: * State: * Zip:

Latitude Longitude

DEP Facility ID: AQ ID:

Owner Information

To add an owner, click the “Add New” button. You will have the option of using your login information, if applicable. You can also “Look Up” a previously entered contact, and select as the owner. If an owner is incorrect or has changed, you need to add the new/correct owner first, and then you can remove the incorrect/previous owner. Note that at least one owner is required to be entered.

Showing 0-0 of 0

Name	Organization Name	Contact Person	Telephone #	E-mail	Action
No records found.					



Facility Information

- Based on what you have searched for, a list will be returned with all possible matches.
- Click on the button to the right of the facility you are seeking and click “Select” or
- Click “Cancel and search again

The screenshot shows a web interface titled "Facility(s)" with a close button (X) in the top right corner. Below the title, it says "Showing 1-12 of 120+". A table lists facilities with columns for "Facility Name" and "Address". Each row has a radio button to its left. The facilities listed are:

Facility Name	Address
ACTON	0 ACTON ACTON MA 01720
ALGONQUIN GAS TRANSMISSION CO	0 BEACHAM ST EVERETT MA 02149
ALGONQUIN GAS TRANSMISSION CO	0 BRALEY HILL RD ROCHESTER MA 02770
ALGONQUIN GAS TRANSMISSION CO	0 BULLARD ST SHARON MA 02067
ALGONQUIN GAS TRANSMISSION LLC	0 BATES ST MENDON MA 01756
ALLEN AVENUE SCHOOL	0 ALLEN AVE NORTH ATTLEBOROUGH MA 02760
AMVET ELEMENTARY SCH	0 AMVET BLVD NORTH ATTLEBOROUGH MA 02760
ASHBURNHAM	0 ASHBURNHAM ASHBURNHAM MA 01430
ASHBY	0 ASHBY ASHBY MA 01431
AT&T MOBILITY	0 AMELIAS WAY TISBURY MA 02568
ATHOL	0 ATHOL ATHOL MA 01331
ATHOL ORANGE AERO CLUB	0 AIRPORT RD ORANGE MA 01364

At the bottom of the list, there is a pagination control with "< Prev", a series of numbered buttons (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, ...), and "Next >". The number 1 is highlighted. Below the pagination, there are two buttons: "Select" and "Cancel".



Facility Information

- Add owner Information
- Click “Look Up” to find Facility Owners already registered with DEP
- Click “Add New” if the facility owner is not already registered with DEP

* Facility Name:

* Street # * Street Name: Street Name 2

* City: ? * State: ? MA * Zip: ?

Latitude Longitude

DEP Facility ID: ? AQ ID: ?

Search

Clear

Owner Information

To add an owner, click the "Add New" button. You will have the option of using your login information, if applicable. You can also "Look Up" a previously entered contact, and select as the owner. If an owner is incorrect or has changed, you need to add the new/correct owner first, and then you can remove the incorrect/previous owner. Note that at least one owner is required to be entered.

Add New

Look Up

Showing 0-0 of 0

Name	Organization Name	Contact Person	Telephone #	E-mail	Action
No records found.					

Continue Application »

Save and resume later



Facility Information: Owner Lookup

- If you chose to look up the owner:
 - ▶ Search for the owner by adding the name or other information then clicking “Look up”
 - ▶ If your owner does not come up, click “Clear” and try again

Look Up Contact

Contact Type: ?

--Select--

First Name:

Middle Name:

Last Name:

Name Of Organization: ?

Contact Person:

Telephone #:

E-mail:

Look Up

Clear

Cancel



Facility Owner: Add Owner

- If you clicked “Add Owner”

- ▶ If the owner information matches your login information, check the “Use Login Information” box
- ▶ Indicate if the owner is an individual or an organization
- ▶ Provide all information in the new window that opens
- ▶ Click “Continue”

Please fill the below Information:

☐ Use Login Information

* Individual/Organization:
--Select--

First Name: Middle Name: Last Name:

Suffix:

* Telephone #: Ext #:

* E-mail:

* P.O. Box / Address Line:

* Country:
United States

* City: * State: * Zip:



Owner Information

- You will see a message saying “Contact added successfully”
- Click “Continue Application”

Owner Information

To add an owner, click the “Add New” button. You will have the option of using your login information, if applicable. You can also “Look Up” a previously entered contact, and select as the owner. If an owner is incorrect or has changed, you need to add the new/correct owner first, and then you can remove the incorrect/previous owner. Note that at least one owner is required to be entered.

[Add New](#)[Look Up](#)

✓ Contact added successfully.

Showing 1-1 of 1

Name	Organization Name	Contact Person	Telephone #	E-mail	Action
Erin Swallow			617-292-5787	erin.swallow@state.ma.us	Edit/View Delete

[Continue Application »](#)[Save and resume later](#)

Additional Facility Information

- Indicate the type of Application
- Provide the Standard Industrial Classification (SIC) Code:
 - For more information about SIC codes, go to: <https://www.osha.gov/pls/imis/sicsearch.html>
- Provide the North American Industry Classification System (NAICS) Code:
 - For more information about NAICS codes, go to: <https://www.census.gov/eos/www/naics/index.html>
- Indicate if the project is subject to MEPA Review.
 - For more information about MEPA, go to: <http://www.mass.gov/eea/agencies/mepa/>
- Click “Continue Application”



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Instructions

* indicates a required field.

Type of Application

BWP AQ02 Non-Major CPA:
☐

BWP AQ03 Major CPA:
☐

Facility Related Information

For more information about:

1. Standard Industrial Classification (SIC) Code, please visit <https://www.osha.gov/pls/imis/sicsearch.html>

2. North American Industry Classification System (NAICS) Code, please visit <https://www.census.gov/eos/www/naics/index.html>

*Note: Please enter either SIC or NAICS for this facility, at least one is required.

Standard Industrial Classification (SIC) Code: ⓘ

North American Industry Classification System (NAICS) Code: ⓘ

Project Coordination

* Is this project subject to MEPA Review?:

☐ Yes ☐ No

Continue Application »

Save and resume later

General Instructions

- All “Required” field are marked with a red asterisk (*)
- In order to make data entry more convenient, the Department limited the use of the “required” fields.
- That said, please make your application complete as possible. Just because a field is not “Required” does not mean that the information is not necessary for a complete application suitable for review and Department action.
- When in doubt- provide attachments.



Existing Approvals

- If you have existing Air Quality Plan Approvals, Emission Cap Notifications and 310 CMR 7.26 Compliance Certifications associated with the facility's emission cap, add a row to the table for each existing plan approval
- Click 'Continue Application' when all approvals have been added

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* indicates a required field.

Existing Approvals

LIST OF EXISTING APPROVALS

List ALL existing Air Quality Plan Approvals, Emission Cap Notifications, and 310 CMR 7.26 Compliance Certifications and associated facility-wide emission caps, if any, for this facility in the table below. If you hold a Final Operating Permit for this facility, you may leave this table blank.

Showing 0-0 of 0

	Approval type	Other Approval type	DEP Approval # or Transmittal # (if applicable)	Air Contaminant	Specify	Existing Facility-Wide Emission Cap(s) Per Consecutive 12 month Time Period (Tons)
No records found.						

Add a Row

Edit Selected

Delete Selected

Continue Application »

Save and resume later



EEA ePLACE Portal

Adding Rows

- Clicking “Add a row” opens this window
 - ▶ Provide the requested information for each of your existing approvals, starting with “Approval Type”
 - ▶ Click Submit
- Repeat for each of your approvals

LIST OF EXISTING APPROVALS

List ALL existing Air Quality Plan Approvals, Emission Cap Notifications, and 310 CMR 7.26 Compliance Certifications and associated facility-wide emission caps, if any, for this facility in the table below. If you hold a Final Operating Permit for this facility, you may leave this table blank.

*Approval type:

Other Approval type:

DEP Approval # or Transmittal # (if applicable):

Air Contaminant: ?

Specify: ?

Existing Facility-Wide Emission Cap(s) Per Consecutive 12 month Time Period (Tons): ?

Submit

Cancel



Editing Rows

- In order to edit rows in a table:

- ▶ Check the box for the row to be edited
- ▶ Click “Edit selected”
- ▶ Provide the requested information
- ▶ Click “Submit”

Note: An orange exclamation point indicates missing information and a row that must be edited



For each of the indicated rows, please click Edit from the Actions drop-down menu, or check the box next to an indicated row, and click “Edit Selected”, to enter the required information.

Showing 1-1 of 1

<input type="checkbox"/>	Emission Unit # (EU#)	Stack #	Stack Height above ground (feet)	Stack Height above roof (Feet)	Stack Exit Diameter (inches)	Exhaust gas Exit Temperature (degrees F)	Exhaust gas velocity range (CFM)	Stack Liner Material	
<input type="checkbox"/>		1							Actions ▼

Add a Row ▼

Edit Selected

Delete Selected



Proposed Project Description

- Give a short description of your proposed project
 - ▶ Include parameters for any associated air pollution controls
- Indicate yes or no for each of the questions about your project proposal
- Click “Continue Application”

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* indicates a required field.

Proposed Project Description

* Provide a Brief description of the proposed project, including relevant parameters and associated air pollution controls, if any:

* Are you going to attach a more detailed project description?:

☐ Yes ☐ No

* Will this proposed Project result in an increase in any existing facility- wide emission cap(s)?:

☐ Yes ☐ No

* Is the Proposed Project Modifying Previously approved equipment?:

☐ Yes ☐ No

* Is the proposed project replacing previously approved Equipment?:

☐ Yes ☐ No

* Has Air Quality Modeling been performed to demonstrate the impact of this project on Air Quality?:

☐ Yes ☐ No

* Is Netting being used to avoid applicability to 310 CMR 7.00, Appendix A?:

☐ Yes ☐ No

* Is the proposed project subject to 310 CMR 7.00, Appendix A Nonattainment Review?:

☐ Yes ☐ No

Continue Application »

Save and resume later



Emission Reduction Credits or Emission Offsets

- If you indicated that your project is subject to 310 CMR 7.00, Appendix A, you summarize the offsets
 - ▶ Add rows for each source of credits or offsets by clicking “Add Row”
 - ▶ Edit existing rows by checking the box for the row and clicking “Edit Selected”
- When the table is complete, click “Continue Application”

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* indicates a required field.

Emission Reduction Credit or Emission Offsets

ERC OR EMISSION OFFSETS

If you have indicated that the proposed project is subject to 310 CMR 7.00, Appendix A, federally enforceable emission offsets, such as Emission Reduction Credits (ERCs), must be used for this part of the application. Complete the table below to summarize either the facility providing the federally enforceable emission offsets, or what is being shut down, curtailed or further controlled at this facility to obtain the required emission offsets. Emission offsets must be part of a federally enforceable Plan Approval to be used for offsetting emission increases in applicable nonattainment pollutants or their precursors.

Showing 0-0 of 0

Source of Emission Reduction Credits or offsets	Approval No authorizing generation of ERC	Air Contaminant	Actual Baseline Emissions	New Potential Emissions	ERC or Emission Offsets including offset ratio and required ERC set aside
No records found.					

Add a Row Edit Selected Delete Selected

Continue Application »

Save and resume later



Prevention of Significant Deterioration (PSD) Information

- Indicate if your project is subject to:

- ▶ PSD
- ▶ Emission limitations
- ▶ New Source Performance Standards
- ▶ MACT or GACT Control Technology

- Click “Continue Application”

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DEP Applications

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* indicates a required field.

Prevention of Significant Deterioration (PSD) Information

*Is the proposed project subject to PSD?:

☐ Yes ☐ No

*Is the application proposing an emissions limitation for the purpose of avoiding PSD Applicability or YES to question about netting?:

☐ Yes ☐ No

If you have indicated NO to Appendix A and/or PSD applicability, provide a brief description of what lead to this conclusion and attach an applicability analysis for both 310 CMR 7.0 Appendix A and PSD to this application.:

*Is the proposed Equipment or Activity Subject to 40 CFR 60: New Source Performance Standards?:

☐ Yes ☐ No

*Is the proposed Equipment or Activity Subject to 40 CFR 63 or 40 CFR 61: NESHAPS for Source Categories- Maximum Achievable (MACT) or Generally Available (GACT) Control Technology?:

☐ Yes ☐ No

Continue Application »

Save and resume later



Application Information

- List each applicable federal requirement
 - ▶ Click “Add Row” for each applicable part and give the requested information

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* indicates a required field.

Federal Applicability

FEDERAL APPLICABILITY

If any federal requirement is applicable, please provide the reference to the federal standard (Part and Subpart) such as 40 CFR 63 Subpart JJJJ. Other applicable requirements means any state or federal air program requirements not otherwise listed above including but not limited to Acid Rain, Greenhouse Gas Emissions Reporting, refrigerant leaks, or accidental release prevention program rules.

Showing 0-0 of 0

Emission Unit #	Part	Sub Part
No records found.		

Add a Row ▼ Edit Selected Delete Selected



Proposed Project Details: Equipment

- If you have equipment as part of your proposed project
 - ▶ Add a row to the proposed equipment details table for each piece
 - ▶ Edit existing rows to provide complete information
- Click “Continue Application”

Proposed Project Details: Equipment

PROPOSED EQUIPMENT DETAILS

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	Emission Unit #	New or Modified?	Equipment Type	Specify if Other	Manufacturer and Model No of Equipment	Manufacturers Maximum Heat input rating in Btu/Hr	Fuels Used	Fuel Type	Sulfur Content of Fuel (% by Weight)
--	-----------------	------------------	----------------	------------------	--	---	------------	-----------	--------------------------------------

No records found.

Add a Row



Edit Selected

Delete Selected

Continue Application »

Save and resume later



EEA ePLACE Portal

Application Information: Equipment

- If you are filling out a Fuel Application you will be asked about:
 - ▶ Turbine & Engine Output
 - ▶ Burners
- If you are filling out a Process Application you will be asked about:
 - ▶ Ancillary Combustion Equipment
- Add or Edit rows in tables to provide complete information, and answer all questions

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* indicates a required field.

Ancillary Combustion Equipment

ANCILLARY COMBUSTION EQUIPMENT

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Emission Unit # (EU#) or Group of Emission Units	Manufacturers Maximum Heat input rating in Btu/hr	Fuel Type	Fuel Used	Sulfur Content of Fuel (% by weight)	Manufacturers Fuel Firing Rate (Gal/ hr or MMcft/ hr)	Type of Burner	Is Emission Unit Equipped with Flue Gas Recirculation?
No records found.							

[Add a Row](#) [Edit Selected](#) [Delete Selected](#)

Proposed Project Potential Emissions

PROJECT POTENTIAL EMISSIONS

Showing 0-0 of 0

Emission Unit # (EU#) or Group of Emission Units	Pollutant	Specify	Potential Emissions uncontrolled (tons per 12 consecutive month period)
No records found.			

[Add a Row](#) [Edit Selected](#) [Delete Selected](#)

Pollution Control Device (PCD) Info

* Are you proposing an Air Pollution Control Device?:
☐ Yes ☐ No

[Continue Application >](#) [Save and resume later](#)



Pollution Control Devices (PCD)

- If you indicated that you will use a PCD, “Add a Row” to the PCD equipment table to describe each piece of equipment

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* indicates a required field.

PCD Equipment Info

PCD EQUIPMENT

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PCD ID Number	PCD Description	New or Existing?	Emission Unit # (EU#) Served by PCD	Stack #	Air Contaminant	Specify	Overall Control Efficiency (% by Weight)
No records found.							

Add a Row Edit Selected Delete Selected

Continue Application » Save and resume later



Project Configuration

- Project configuration summarizes the
 - ▶ If correct, click “Continue Application”
 - ▶ If incorrect, return to the previous page and edit the information

AQ02/03 – Non-Major/Major Comprehensive Plan Approval Fuel Application

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* indicates a required field.

Project Configuration

PROJECT CONFIGURATION

This table recaps or summarizes the relationship between emission units, pollution control devices and stacks.

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<input type="checkbox"/>	Emission Unit # (EU#)	PCD ID Number	Stack #	
<input type="checkbox"/>	1234952	123456	1	Actions ▼

Add a Row ▼ Edit Selected Delete Selected

Continue Application »

Save and resume later



EEA of EACI Portal

Stack Description & BACT Information

- Stack Information
 - Edit each indicated row to provide complete stack information
 - If you have no stacks, leave this table blank
- Indicate if you are proposing a top case BACT
- Click “Continue Application”

AQ02/03 – Non-Major/Major Comprehensive Plan Approval Fuel Application

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* indicates a required field.

Stack Description

STACK INFORMATION

If the proposed process has no stack (emissions vented through general room ventilation), then no stack information is required. Complete the table below to summarize the details of the proposed project's stack configuration.

Note: Discharge must meet Good Air Pollution Control Engineering Practice. When designing stacks, special consideration must be given to nearby structures and terrain to prevent emissions downwash and adverse impacts upon sensitive receptors. Stack must be vertical, must not impede vertical gas flow, and must be a minimum of 10 feet above rooftop or fresh air intake, whichever is higher.



For each of the indicated rows, please click Edit from the Actions drop-down menu, or check the box next to an indicated row, and click "Edit Selected", to enter the required information.

Showing 1-1 of 1

<input type="checkbox"/>	Emission Unit # (EU#)	Stack #	Stack Height above ground (feet)	Stack Height above roof (Feet)	Stack Exit Diameter (inches)	Exhaust gas Exit Temperature (degrees F)	Exhaust gas velocity range (CFM)	Stack Liner Material	
<input type="checkbox"/>		1							Actions ▼

Add a Row ▼

Edit Selected

Delete Selected

BACT Emissions

* Is Top-Case BACT Proposed?:

☐ Yes ☐ No

Continue Application »

Save and resume later



BACT Emissions

- If you indicated that you will have BACT Emissions:
 - ▶ Add a row to the BACT Emissions table for each proposed emission unit
 - ▶ Add a row to the Production/Operational Limits table to indicate any operational limits on emissions
 - ▶ Indicate if you are proposing sound generating equipment and have proposed a sound study
 - ▶ Click “Continue Application”



BACT Emissions

BACT EMISSIONS

Complete the Table below to summarize the proposed BACT emissions for each Proposed Emission unit

Showing 0-0 of 0

Emission Unit #	Fuel Used	Fuel Type	Air Contaminant	Specify	Uncontrolled Emissions (including unit of measure)	Proposed BACT Emission Rate (including unit of measure)	Proposed Maximum monthly emissions (in tons)	Proposed consecutive 12 month time period emissions (in tons)
No records found.								
Add a Row Edit Selected Delete Selected								

BACT Fuel Limits

BACT FUEL LIMITS

If the applicant is not proposing any limitation in fuel use, indicate "none" or provide a fuel use number that represents the total maximum fuel use possible given the maximum fuel firing rate of the emission unit.

Showing 0-0 of 0

Emission Unit #	Fuel Used	Fuel Type	Proposed Monthly fuel use limits (if any)	Proposed 12-month consecutive period fuel use limits	Unit of measure (fuel)
No records found.					
Add a Row Edit Selected Delete Selected					

External Noise Information

*Is there external sound generating equipment associated with the proposed project?:

☐ Yes ☐ No

Have you performed or do you plan to perform a sound study?: [?](#)

☐ Yes ☐ No

[Continue Application »](#)

[Save and resume later](#)

Sound Suppression & Project Potential

- Add a row to the Equipment table for each piece of sound suppressing equipment
- Describe the potential for other impacts, including:
 - ▶ Visible emissions
 - ▶ Odors

AQ02/03 – Non-Major/Major Comprehensive Plan Approval Process Application

1 Facility Information	2 Application Information	3 Documents	4 Special Fee Provisions	5 Applicant and Contributors	6	7	8
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Step 2: Application Information > Page 11 of 12

* indicates a required field.

Sound Suppression Equipment

EQUIPMENT

Showing 0-0 of 0

EU#/Stack#	Type of Sound Suppression Equipment (Measures?)	Equipment Manufacturer	Equipment Model No
No records found.			

[Add a Row](#) [Edit Selected](#) [Delete Selected](#)

Proposed Project Potential

* Describe the potential for visible emissions from the proposed project and how they will be controlled?:

* Describe the potential for odor impacts from the proposed project and how they will be controlled:

Monitoring and Record Keeping

MONITORING AND RECORDKEEPING

Complete the table below to summarize the details of the proposed project's monitoring and record keeping procedures. Proposed record keeping procedures need to be able to demonstrate your compliance status with regard to all limitations/restrictions proposed herein. Record keeping may include, but is not limited to, hourly or daily logs, meter charts, time logs, purchase records, raw material records, etc.

Showing 0-0 of 0

Emission Unit/PCD #	Parameters Monitored	Method of Monitoring	Frequency of Monitoring	Frequency of Monitoring	Record Keeping Procedures	Frequency of Data Record	Frequency of Data Record
---------------------	----------------------	----------------------	-------------------------	-------------------------	---------------------------	--------------------------	--------------------------



Monitoring

- Add and edit rows in each table to provide complete information for:
 - ▶ Emission Monitoring Records
 - ▶ Fuel Monitoring Records
 - ▶ Emission Monitor Alarms
- When all tables are complete, click “Continue Application”

Monitoring and Recordkeeping - Emission

EMISSION MONITORING RECORDS

Showing 0-0 of 0

EU#	Air Contaminant	Specify	Monitoring Method	Recordkeeping Procedures	Frequency of Data Record	Specify if Other
No records found.						

[Add a Row](#) [Edit Selected](#) [Delete Selected](#)

Monitoring and Recordkeeping - Fuel

FUEL MONITORING RECORDS

Showing 0-0 of 0

EU#	Fuel Used	Fuel Type	Method of Monitoring-Fuel	Specify	Recordkeeping Procedures	Frequency of Data Record	Specify if Other
No records found.							

[Add a Row](#) [Edit Selected](#) [Delete Selected](#)

Emissions Monitor Alarms

EMISSIONS MONITOR ALARMS

Showing 0-0 of 0

Emission Unit #	Air Contaminant	Specify	Monitoring Alarm Type	If Other, Specify	Does Alarm Initiate Automated response?	If Yes, Describe
No records found.						

[Add a Row](#) [Edit Selected](#) [Delete Selected](#)

[Continue Application »](#)

[Save and resume later](#)



Energy Evaluation Survey

- Answer the Energy Evaluation Survey
 - ▶ You must indicate yes or no to each question marked with a red asterisk, and each question relevant to your application

Step 2: Application Information > Page 12 of 12

* indicates a required field.

Energy Efficiency Evaluation Survey

Do you know where your electricity and/or fuel and/or water and/or heat and/or compressed air is being used/consumed?:
☐ Yes ☐ No

Has your facility had an energy audit performed by your utility supplier (or other) in the past two years?: [?](#)
☐ Yes ☐ No

Did the audit include evaluations for heat loss, lighting load, cooling requirements and compressor usage?:
☐ Yes ☐ No

Did the audit influence how this project is configured?:
☐ Yes ☐ No

Does your facility have an energy management plan?:
☐ Yes ☐ No

Have you identified and prioritized energy conservation opportunities?:
☐ Yes ☐ No

Have you identified opportunities to improve operating and maintenance procedures by employing an energy management plan?:
☐ Yes ☐ No

* Has each emission unit proposed herein been evaluated for energy consumption including average and peak electrical use; efficiency of electric motors and suitability of alternative motors such as variable speed; added heat load and/or added cooling load as a result of the operation of the proposed process; added energy load due to building air exchange requirements as a result of exhausting heat or emissions to the ambient air; and/or use of compressors?:
☐ Yes ☐ No

Has your facility considered alternative energy methods such as solar, geothermal or wind power as a means of supplementing all or some of the facility's energy demand?:
☐ Yes ☐ No

Select Applicable Supplemental Form(s)

EQUIPMENT DETAILS

Please click "Add a Row" and select the supplemental form(s) associated with your application. Supplemental forms are required for each air pollution control device proposed, and/or if you are not proposing top case BACT. Each application will include at least one supplemental form, the Certification form, to be used by the Massachusetts Licensed Professional Engineer (PE) and the Responsible Party for the applicant, to certify the application prior to submission.

Showing 0-0 of 0

Equipment Type	PCD ID #
----------------	----------



Equipment Details

- Add a row to the Equipment Details table for each supplemental form required for your application
 - ▶ Click Add a Row
 - ▶ Provide requested information
 - ▶ Click “Submit”
- Click “Continue Application”



Did the audit include evaluations for heat loss, lighting load, cooling requirements and compressor usage?:

☐ Yes ☐ No

Did the audit influence how this project is configured?:

☐ Yes ☐ No

Does your facility have an energy management plan?:

☐ Yes ☐ No

Have you identified and prioritized energy conservation opportunities?:

☐ Yes ☐ No

Have you identified opportunities to improve operating and maintenance procedures by employing an energy management plan?:

☐ Yes ☐ No

*Has each emission unit proposed herein been evaluated for energy consumption including average and peak electrical use; efficiency of electric motors and suitability of alternative motors such as variable speed; added heat load and/or added cooling load as a result of the operation of the proposed process; added energy load due to building air exchange requirements as a result of exhausting heat or emissions to the ambient air; and/or use of compressors?:

☐ Yes ☐ No

Has your facility considered alternative energy methods such as solar, geothermal or wind power as a means of supplementing all or some of the facility's energy demand?:

☐ Yes ☐ No

Does your facility comply with Leadership in Energy & Environmental Design (LEED) Green Building Rating System design recommendations?:

☐ Yes ☐ No

Select Applicable Supplemental Form(s)

EQUIPMENT DETAILS

Please click "Add a Row" and select the supplemental form(s) associated with your application. Supplemental forms are required for each air pollution control device proposed, and/or if you are not proposing top case BACT. Each application will include at least one supplemental form, the Certification form, to be used by the Massachusetts Licensed Professional Engineer (PE) and the Responsible Party for the applicant, to certify the application prior to submission.

Showing 0-0 of 0

Equipment Type	PCD ID #
No records found.	

Add a Row

Edit Selected

Delete Selected

Continue Application »

Save and resume later

Attach Documents

- Upload all required documents for your application
 - ▶ The required documents will be listed on the application
- To begin attaching documents, click “Browse”

DEP Applications

AQ02/03 – Non-Major/Major Comprehensive Plan Approval Fuel Application

1 Facility Information	2 Application Information	3 Documents	4 Special Fee Provisions	5 Applicant and Contributors	6	7	8
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Step 3: Documents > Page 1 of 1

* indicates a required field.

List of Documents

Documents:

Please upload 7 Required Document(s) which are mandatory to submit this Application:

1. APCD Manufacturer Specifications

2. AQ Modeling Analysis/ Report

3. Applicabilty Analysis for PSD and/or New Source Review

4. Combustion Equipment Manufacturer Specifications including but not limited to emission data

5. Detail of Proposed Project Description

6. Monitoring Plan

7. Sound Study/ Protocol

Attach Documents

When uploading file document(s) the maximum file size allowed is 100 MB.
The 'File Name' (including file extension) MUST NOT exceed 75 characters in length.
The document 'Description' MUST NOT exceed 50 characters in length.
Documents that exceed any of these limits will be removed by the system, and cannot be retrieved, which may delay the review process.

Name	Type	Size	Latest Update	Description	Action
No records found.					

Browse

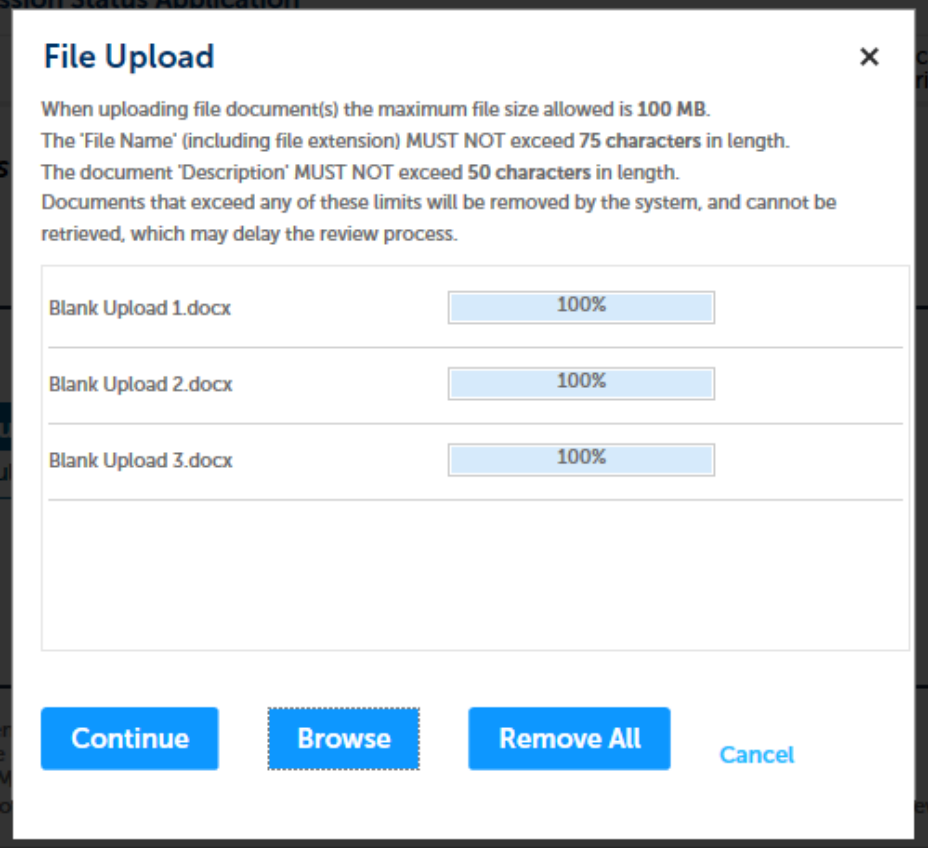
Continue Application »

Save and resume later



Attach Documents

- A “File Upload” window opens
- Click “Browse”
- Choose the file(s) you want to attach
- When all files reach 100%, click “Continue”



File Upload [X]

When uploading file document(s) the maximum file size allowed is **100 MB**.
The 'File Name' (including file extension) **MUST NOT** exceed **75 characters** in length.
The document 'Description' **MUST NOT** exceed **50 characters** in length.
Documents that exceed any of these limits will be removed by the system, and cannot be retrieved, which may delay the review process.

Blank Upload 1.docx	100%
Blank Upload 2.docx	100%
Blank Upload 3.docx	100%

[Continue] [Browse] [Remove All] [Cancel]



Attach Documents

- Provide a description of each document that you uploaded
- Click “Browse” to add more documents
- When all documents are uploaded and described, click “Save”
- Click “Continue Application”

The screenshot displays the document upload section of the EEA ePLACE Portal. It features three identical document entry forms stacked vertically. Each form includes a file name 'Blank Upload 1.docx', a 100% progress bar, a description field with a 50-character limit, and a type selection dropdown. To the right of each form is a 'Remove' link. At the bottom of the form area are three buttons: 'Save', 'Browse', and 'Remove All'. Below these is a 'Continue Application »' button. A 'Save and resume later' button is located at the bottom right of the page.

File:
Blank Upload 1.docx
100%

* Description (Maximum 50 characters):
A maximum of 50 characters.

* Type:
--Select--

Remove

File:
Blank Upload 2.docx
100%

* Description (Maximum 50 characters):
A maximum of 50 characters.

* Type:
--Select--

Remove

File:
Blank Upload 3.docx
100%

* Description (Maximum 50 characters):
A maximum of 50 characters.

* Type:
--Select--

Remove

Save Browse Remove All

Continue Application »

Save and resume later



Attach Documents

- You should see a message that you have successfully attached documents
- Review the list of attached documents
- When ready, click “Continue Application”

✓

The attachment(s) has/have been successfully uploaded.

It may take a few minutes before changes are reflected.

AQ02/03 – Non-Major/Major Comprehensive Plan Approval Fuel Application

1 Facility Information	2 Application Information	3 Documents	4 Special Fee Provisions	5 Applicant and Contributors	6	7	8
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Step 3: Documents > Page 1 of 1 * indicates a required field.

List of Documents

Documents:

Please upload 7 Required Document(s) which are mandatory to submit this Application:

1. APCD Manufacturer Specifications
2. AQ Modeling Analysis/ Report
3. Applicability Analysis for PSD and/or New Source Review
4. Combustion Equipment Manufacturer Specifications including but not limited to emission data
5. Detail of Proposed Project Description
6. Monitoring Plan
7. Sound Study/ Protocol

Attach Documents

When uploading file document(s) the maximum file size allowed is 100 MB.
 The 'File Name' (including file extension) MUST NOT exceed 75 characters in length.
 The document 'Description' MUST NOT exceed 50 characters in length.
 Documents that exceed any of these limits will be removed by the system, and cannot be retrieved, which may delay the review process.

Name	Type	Size	Latest Update	Description	Action
Blank Upload 2.docx	Detail of Proposed Project Description	12.26 KB	Pending	Description	
Blank Upload 2.docx	AQ Modeling Analysis/ Report	12.26 KB	Pending	Description	
Blank Upload 3.docx	Monitoring Plan	12.25 KB	Pending	Description	
Blank Upload 3.docx	Applicability Analysis for PSD and/or New	12.25 KB	Pending	Description	



Special Fee Provision

- Leave blank and click “Continue Application” if special fees do not apply to your situation
- If you have a Special Fee Provision (e.g., you are a municipal employee), check the appropriate box and provide requested information
- Click “Continue Application”

AQ02/03 – Non-Major/Major Comprehensive Plan Approval Process Application

1	2 Application Information	3 Documents	4 Special Fee Provisions	5 Applicant and Contributors	6 Review	7	8
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Step 4: Special Fee Provisions > Page 1 of 1

* indicates a required field.

Special Fee Provisions

Check if applicable:

Exemption: ?

☐

Exclusion (special agreement or policy): ?

☐

Substitution (ASP/IRP): ?

☐

Double Fee for Enforcement: ?

☐

Hardship payment extension request: ?

☐

[Continue Application »](#)

[Save and resume later](#)



Applicant Contributors

- Review the list of individuals who have viewed, edited or signed this application
- This certification must be reviewed by:
 - ▶ The Applicant
 - ▶ A Professional Engineer (PE)
 - ▶ The applicant and the PE cannot be the same person
- Click “Continue Application”

Step 2: Application Contributors > Page 1 of 1

* indicates a required field.

Application Contributors

Shown below are all registered users that have viewed, edited and/or signed this application.

Showing 1-1 of 1

Name	Organization Name	Contact Person	Telephone #	E-mail	Action
Erin Swallow			617-292-5787	erin.swallow@state.ma.us	Edit/View

[Continue Application »](#)

[« Back to Authorization Forms](#)

[Save and resume later](#)



Review the Certification

- The entire application is shown on a single page for your review
- If you note something you want to change, click “Edit Application”
- Otherwise, continue to the bottom of the page and click “Continue Application”

Step 6: Review

[Continue Application »](#)

[Save and resume later](#)

Please review all information below. Click the “Edit Application” button to make changes, if needed.

Review and Certification

If you arrive at this Review page after selecting “Resume Application” from your dashboard, (and then select “Pick up where I left off”), you will need to click on the “Applicant and Contributors” tab at the top of this page, and then click “Continue” to finish submitting this application.

[Edit Application](#)

Facility Information

NATIONAL GRID TRAINING CTR | 449 SOUTHWEST CUTOFF MILLBURY MA 01527
DEP Facility ID: 249988
DEP Region: CE
HW ID: MAC300006319
Message: NULL
Facility Record ID: 15-FAC-016724

Owner Information

Showing 1-1 of 1

Name	Organization Name	Contact Person	Telephone #	E-mail	Action
Erin Swallow			617-292-5787	erin.swallow@state.ma.us	Edit/View

Facility Related Information

Standard Industrial Classification (SIC) Code: 12345
North American Industry Classification System (NAICS) Code: 567890

Project Coordination

Is this project subject to MEPA Review?: Yes
If yes, enter the project's EEA file number: 123456



Supplemental Forms

- Each Supplemental form is a sub-part to the main application
- You will have indicated which forms you plan to attach in an earlier table.
- Once the review of the main application is complete, the supplemental forms will be listed
- To change what supplemental forms are listed, you need to modify the table (see page 30 of this presentation)



Supplemental Forms

- You need to provide all supplemental forms indicated in your application
- Click “Start Application” for each form
- Complete each form
- You can save and resume at any time.

AQ02/03 – Non-Major/Major Comprehensive Plan Approval Fuel Application

1	2	3	4	5	Applicant and Contributors	6	Review	7	Authorization Forms	8	Pay Fees	9	Application Submitted
---	---	---	---	---	----------------------------	---	--------	---	---------------------	---	----------	---	-----------------------

Step 7: Authorization Forms

You have selected the following Authorization.

This section contains all of the supplemental forms you previously indicated you wished to include in this application. If you need additional forms, please go back to the Supplemental Forms table, add a row and answer the associated questions to add a supplemental form. To start filling in a supplemental form, click on the “start application” button. At the end of each form you will be given the opportunity to review and edit the form just completed or you can return to this page to start the next form or review and edit your completed form.

You must fill out the authorization form before you proceed to payment.

001. Electrostatic Precipitator Application

PCD ID: 123456

[Edit Application](#)

002. Certification Information

[Start Application](#)

[Save and resume later](#)



Certification Forms

- Once the last Supplemental form is complete, the Application Submitter Certification form is created
- The person designated as the Submitter should complete this form. Click “Start Application” to begin

AG02 - Non-Major Comprehensive Plan Approval Fuel Application

1	2	3	4 Special Fee Provisions	5 Documents	6 Review	7 Application Forms	8 Application Submitted
---	---	---	--------------------------	-------------	----------	---------------------	-------------------------

Step 7: Application Forms

This section contains all of the supplemental forms if selected from the table during the application process. If you need additional forms, please go back to the Supplemental Forms table, add a row and answer the associated questions to add a supplemental form. To start filling in a supplemental form, click on the “start application” button. At the end of each form you will be given the opportunity to review and edit the form just completed or you can return to this page to start the next form or review and edit your completed form.

001. Application Submitter Certification

[Start Application](#)

[Save and resume later](#)



Certification Forms: Submitter

- If the Submitter is the same as the Permittee, complete the signatory Authority Section.
- Read the Certification statement and agree to it by checking the box below. This action will date and “submit” the application.

Application Submitter Certification

1 Certification Information	2 Review	3 Application Forms
-----------------------------	----------	---------------------

Step 1: Certification Information > Page 1 of 1

*indicates a required field

Signatory Authority

Signatory Authorities are required only for Application's Permittee.

Organization Name:

Source of Signatory Authority:

Title:

Application Submitter Certification

Certification Statement:

I certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.

*By checking this box, I agree to the above certification:

☐

*Date:

Continue Application »

« Back to Authorization Forms

Save and resume later



Certification Form: Submitter

- The Submitter should review the just completed for and either edit or click “Continue” to proceed.
- Clicking “Continue” takes you back to the main application.
- Click “Continue” one more time to make the submittal.

Step 2: Review

[Continue Application »](#) [« Back to Authorization Forms](#)

[Save and resume later](#)

Please review all information below. Click the 'Edit Application' button to make changes, if needed.

Review and Certification

[Edit Application](#)

Signatory Authority

Organization Name:

Source of Signatory Authority:

Title:

Application Submitter Certification

Certification Statement:

I certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.

By checking this box, I agree to the above certification:

Yes

Date:

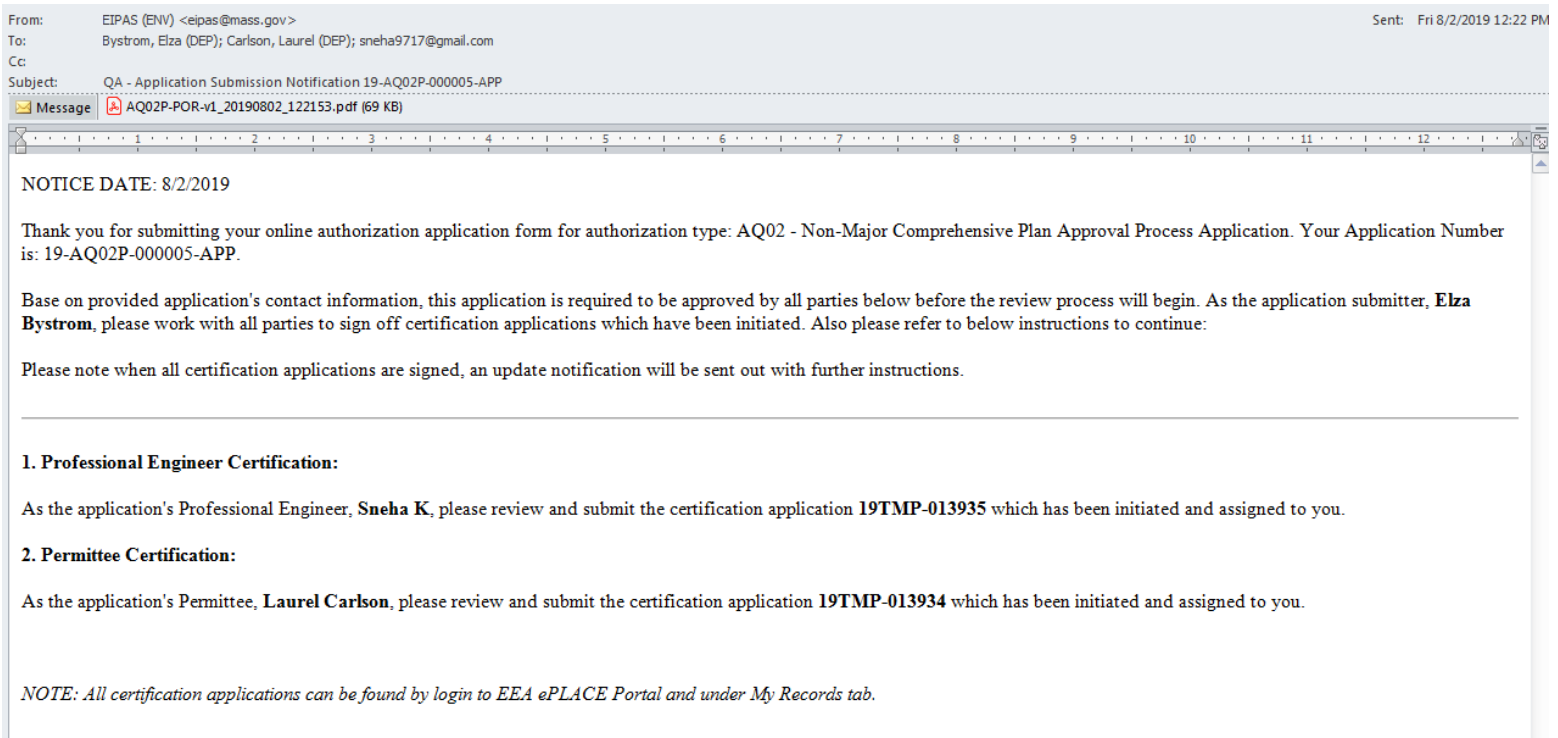
08/29/2019

Application Submitter



Certification Form : Submittal Notification

- Once the application is submitted, an email notice is sent to the PE and Permittee.
- This notice has a copy of the application included as an attachment to make their review easier.



Certification Forms: Submittal Acceptance

- The PE and Permittee should log in and click on “My Records”
- Click on the “Resume Application” Link
- This activates the Certification Statement and Acceptance Page

* Facility Name:
THOMAS CHARLES & SON INC

* Street #
15

* Street Name:
MAYNARD ST

Street Name 2

* City:
ATTLEBORO

* State:
MA

* Zip:
02703

Latitude
-71.2775962

Longitude
41.9459071

DEP Facility ID:
133351

Search Clear

Approval Application Summary

Application Number:
19-AQ02F-000018-APP

Application Name:
AQ02 - Non-Major Comprehensive Plan Approval Fuel Application

Application Submitted Date:
08/29/2019



Certification Forms: Submittal Acceptance

- The PE and Permittee will each get an acceptance statement
- The PE will need to enter their license number and expiration date
- The Permittee will need to enter the signatory information

Permittee Acceptance

*Are you the Permittee who will be accepting and certifying this application?:

☐ Yes ☐ No

Permittee Signatory Authority

Signatory Authorities are required only for Application's Permittee

Organization Name:

Source of Signatory Authority:

Title:



Certification Forms: Certification

- The Permittee and PE should read the certification statement provided and click the box to indicate acceptance of the statement

Permittee Certification

Certification Statement:

I certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.

By checking this box, I agree to the above certification: *



Printed Name: *

L. Carlson

Date: *

08/29/2019



[Continue Application »](#)

[Save and resume later](#)



Certification Forms: Certification

Like the Submitter, the permittee and PE have the opportunity to review the forms

Once they click continue, the certification statement is submitted

Step 2: Review

[Continue Application »](#)

[Save and resume later](#)

Please review all information below. Click the "Edit Application" button to make changes, if needed.

Review and Certification

[Edit Application](#)

Facility Information

THOMAS CHARLES & SON INC | 15 MAYNARD ST ATTLEBORO MA 02703
DEP Facility ID: 133351
DEP Region: SE
HW ID: MAD001194091
Facility Record ID: 15-FAC-005939

Approval Application Summary

[Home](#)

[DEP Applications](#)

Permittee Certification

1 Application Information

2 Review

3 Record Issuance

Step 3: Record Issuance

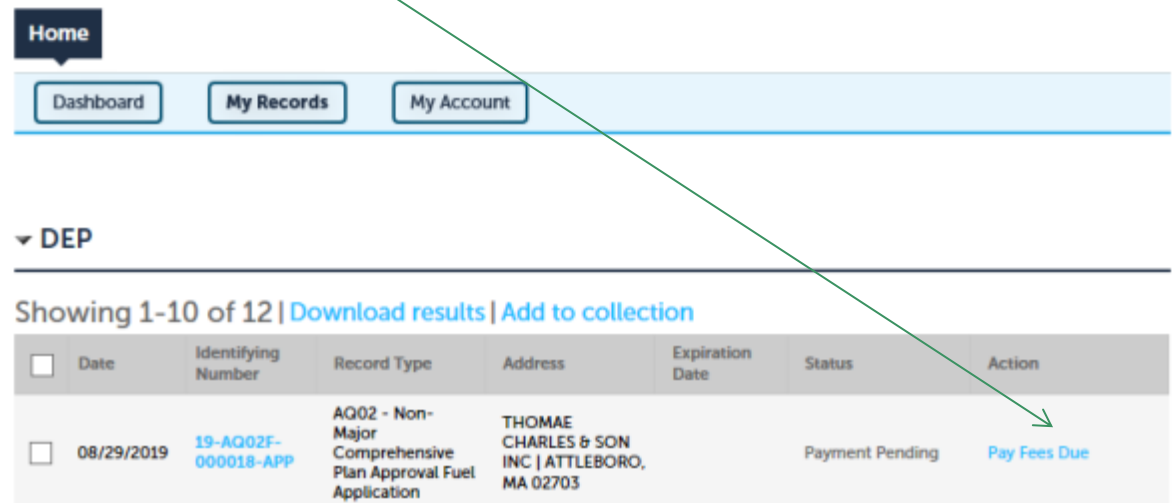


Successfully Completed.



Pay Permit Fee

- The Permittee should return to the “My Records” page and click on the “Pay Fees Due” Link



Home

Dashboard My Records My Account

▼ DEP

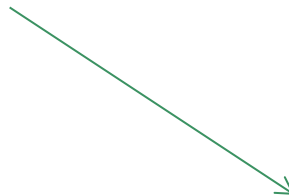
Showing 1-10 of 12 | [Download results](#) | [Add to collection](#)

<input type="checkbox"/>	Date	Identifying Number	Record Type	Address	Expiration Date	Status	Action
<input type="checkbox"/>	08/29/2019	19-AQ02F-000018-APP	AQ02 - Non-Major Comprehensive Plan Approval Fuel Application	THOMAE CHARLES & SON INC ATTLEBORO, MA 02703		Payment Pending	Pay Fees Due



Application Fee

- Both online payment and pay by mail are available
- Online payment will require a service charge
- Click the appropriate box to begin



Home

DEP Applications

Listed below is the fee for the authorization that you are applying for. The following screen will display your total fees.

Payment may be made by electronic check or credit card for a nominal processing fee. The electronic check fee is \$0.35 per transaction. Credit card payments are 2.35% per transaction. Clicking on the PAY ONLINE button will bring you to the secure online payments portal. Once you have made payment, you will be returned to your application for submittal.

Payment may also be made by mail. However, review of your permit will not begin until payment is received. By clicking on the Pay by Mail button, you will have submitted your application. You will receive a notification email with the location and address to send your payment. That information is also available in the instructions for this authorization.

Application Fees

Fees		Amount
AQ02 - Non-Major Comprehensive Plan Approval Fuel Application		\$2,370.00
AQ02 Fee	1	\$2,370.00

\$2,370.00

Pay Online »

Pay by Mail »

Pay Online

- If you choose “Pay Online”, you will be brought to this screen
- Provide all payment and billing information
- Accept the terms and conditions
- You will be e-mailed a receipt

Billing Information

Enter Company AND/OR First and Last Name below.

Company Name
Enter Company Name

First Name
Enter First Name

Last Name
Enter Last Name

Street
Enter Street

City
Enter City

State/Territory
Select State

Zip
Enter Zip

Phone Number
() -

Email
Enter Email Address

Confirm Email
Enter Email Address

Payment Information

To pay by electronic check, click the ACH tab.

☐ Credit/Debit Card ☒ ACH

Card Type
Select Card Type

Card Number
Enter Card Number

CVV Code
Enter CVV Code

Expiration
01 2017

Check to accept both the Commonwealth of Massachusetts and nCourt Terms Agreements.
☐ I Accept

Commonwealth of Massachusetts Terms Agreement

I authorize the charge to my credit card for the amount shown above. I agree to pay the total amount above according to the card issuer agreement. By checking the box below, I certify that I am an authorized user for the above referenced credit card account.

[nCourt Terms Agreement](#)

Please click the back button to return to your application

Back

Submit Payment



Pay by Mail

- If you chose pay by mail, check your e-mail for instructions
- We will not review your application until we receive payment

NOTICE DATE: 5/24/2017

Thank you for submitting your online authorization application form for authorization type: AQ02/03 – Non-Major/Major Comprehensive Plan Approval Fuel Application. Your Application Number is: 17-AQ02/03F-000019-APP.

Payment online: If you have paid online by credit or ACH you will receive an additional notification that your payment is complete. Review of your application will begin. You will also receive a notification from the payment vendor that your payment is complete. That notification will include a Reference ID # for your records.

Pay by Mail: If you chose the "Pay by Mail" option, please make your payment in the form of a check or money order made payable to the Commonwealth of Massachusetts. Do not send cash. You must include your Application Number 17-AQ02/03F-000019-APP on the check or money order that must be sent to the address below.

Department of Environmental Protection
PO Box 4062
Boston, MA 02211

Review of your application will not begin until after your payment has been received and processed.

Fee Exempt Status or Hardship Status Requested: If your application indicated a Fee Exempt Status, MassDEP will review your request. If your fee exempt status is not approved you will be contacted with instructions for paying the fee. If your application indicated a request for hardship status, your request will be reviewed and you will be contacted with the final determination.

You can track the progress of your submission through the review process at the following link: <https://permitting.state.ma.us/citizenaccess/>. Review of your application will now begin.

Please email any questions or concerns about this notification or this application to: EIPAS@massmail.state.ma.us



Submission Successful!

- When you submit your certification you will receive this notice.
- You will also received a Record ID so you can track the status of your application on line
- Go to your “My Records” page to see the status of an application

AQ02/03 – Non-Major/Major Comprehensive Plan Approval Fuel Application

1	2	3	4	5	6	7
Facility Information	Application Information	Documents	Special Fee Provisions	Applicant and Contributors		

Step 1: Facility Information > Page 1 of 1



Successfully Completed.

Thank you for using our online services. You will need this number to check the status of your application.
Your Record Number is 17-AQ02/03F-000019-APP.

Conditions

Showing 1-5 of 7

Documents - 7 Uploaded

Required Documents

APCD Manufacturer Specifications

Required Documents

Uploaded || 05/24/2017

AQ Modeling Analysis/ Report

Required Documents

Uploaded || 05/24/2017

Applicability Analysis for PSD and/or New Source Review

Required Documents

Uploaded || 05/24/2017

Combustion Equipment Manufacturer Specifications including but not limited to emission data

Required Documents

Uploaded || 05/24/2017

Detail of Proposed Project Description

Required Documents

Uploaded || 05/24/2017

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Questions?

- For technical assistance, contact the ePlace Help Desk Team at (844) 733-7522 or ePLACE_helpdesk@state.ma.us
- For other questions, contact your regional office. You can lookup your regional office and their contact information at:
<http://www.mass.gov/eea/agencies/massdep/about/contacts/find-the-massdep-regional-office-for-your-city-or-town.html>

