

---

# Air Quality – AQ02 Comprehensive Plan Crematory Application

MassDEP, Bureau of Air & Waste



**EEA ePLACE Portal**

# How to Apply

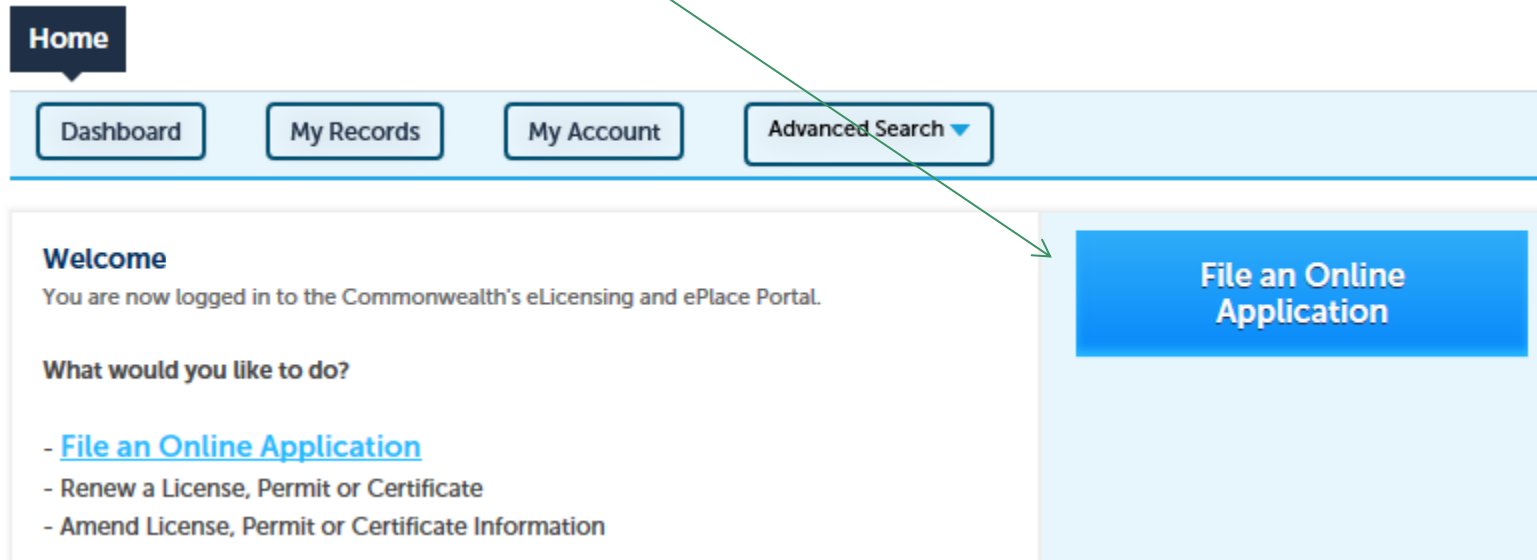
- Create or log into your account in eLicensing
- First time users click here
- Be sure to provide full name, address and contact information when setting up your account.

The screenshot shows the EEA ePLACE Portal website. At the top, there is a navigation bar with links for 'State Offices & Courts', 'State A-Z Topics', 'State Forms', and 'Accessibility FAQs'. Below this is the 'eLicensing and ePermitting Portal' header. A green arrow points from the third bullet point of the list to the 'Register for an Account' link in the top navigation bar. The main content area includes a 'Need Help?' section with contact information for the ePLACE Help Desk Team, a 'Contact Energy and Environmental Affairs' link, and a 'Convenience Fee' notice. Below this is a 'Home' button and a 'Advanced Search' dropdown. The main content area is divided into two columns. The left column contains a 'Welcome to the Commonwealth of Massachusetts ePLACE Portal' message, followed by 'Options for Licensees and Applicants' (Apply for, Renew, or Amend a License, Permit, Certificate or Notification; Make Payments Online) and 'Options for Consumers and the General Public' (Check License Status for Individuals or Business Licensees). The right column contains a 'Login' section with fields for 'User Name or E-mail' and 'Password', a 'Login' button, and a 'Remember me on this computer' checkbox. Below the login section are links for 'Forgot my password?' and 'New Users: Register for an Account'.



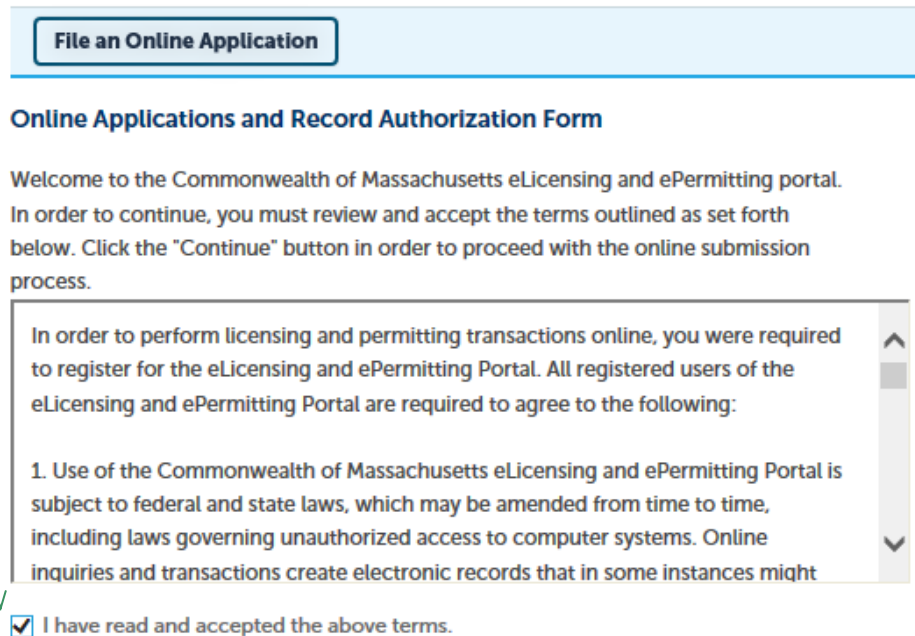
# File an Online Application

- 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.



# File an Online Application

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

Home


[File an Online Application](#)

## 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 AQ02 – Comprehensive Plan Crematory Application and click “Continue Application”

Home

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
- ☒ AQ02 - Comprehensive Plan Crematory Application
- ☐ AQ02/03 – Non-Major/Major Comprehensive Plan Approval Fuel Application
- ☐ AQ02/03 – Non-Major/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)  
▶ Waste Water Management (WWM)

[Continue Application »](#)



# 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”

### Facility(s)

Showing 1-12 of 16

Facility Name   Address
<input type="radio"/> POWER EQUIPMENT CO   0 MULTIPLE SITES ATTLEBORO MA 02703
<input type="radio"/> POWER EQUIPMENT CO   7 FRANKLIN MCKAY DR ATTLEBORO MA 02703
<input type="radio"/> POWER GRAPHICS PRINTING   1921 MAIN ST TEWKSBURY MA 01876
<input type="radio"/> POWER ONE INC   1 RIVERSIDE DR ANDOVER MA 01810
<input type="radio"/> POWER PERFORMANCE CUSTOMS   92 CONCORD ST NORTH READING MA 01864
<input type="radio"/> POWER POINT AUTO REPAIR   267 MAPLE ST BAY J MARLBOROUGH MA 01752
<input type="radio"/> POWER PRODUCTS SYSTEMS LLC   90 BAY STATE RD WAKEFIELD MA 01880
<input type="radio"/> POWER SYSTEM DIVISION   1881 MAIN ST TEWKSBURY MA 01876
<input type="radio"/> POWER WASHER SALES LLC   168 AYER RD LITTLETON MA 01460
<input type="radio"/> POWERCUBE CORPORATION   8 SUBURBAN PARK DR BILLERICA MA 01821
<input type="radio"/> POWERDYNE INTERNATIONAL INC   343 MANLEY ST WEST BRIDGEWATER MA 02379
<input type="radio"/> POWERHOUSE PERFORMANCE   214 LUNENBURG ST FITCHBURG MA 01420

[< Prev](#) [1](#) [2](#) [Next >](#)

[Select](#) [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: --Select-- \* 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	<a href="#">Edit/View</a> <a href="#">Delete</a>

Continue Application »

Save and resume later



# Additional Facility Information

- 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”

Home

DEP Applications

AQ02 - Comprehensive Plan Crematory Application

1 Facility Information	2 Application Information	3 Documents	4 Special Fee Provisions	5 Applicant and Contributors	6	7	8
------------------------	---------------------------	-------------	--------------------------	------------------------------	---	---	---

Step 2: Application Information > Page 1 of 14

Instructions

\* indicates a required field.

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

- “Add a row” to the table for each of your existing Air Quality Plan Approvals, Emission Cap Notifications and 310 CMR 7.26 Compliance Certifications associated with the facility’s emission cap
  - ▶ If you have a Final Operating Permit, you can leave this table blank
- Click ‘Continue Application’ when all approvals have been added

## AQ02 - Comprehensive Plan Crematory Application

1 Facility Information	2 Application Information	3 Documents	4 Special Fee Provisions	5 Applicant and Contributors	6	7	8
------------------------	---------------------------	-------------	--------------------------	------------------------------	---	---	---

### Step 2: Application Information > Page 2 of 14

\* indicates a required field.

#### List of 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	Specify if other	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



# 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:

--Select--

Specify if other:

DEP Approval # or Transmittal # (if applicable):

Air Contaminant:

--Select--

Specify:

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

Submit

Cancel





# Project Description

- Provide a brief description of the project. You have the options to attach a more complete description.
- You must also answer some questions so we can determine what other requirements might be applicable.

Step 2: Application Information > Page 3 of 14

\* indicates a required field.

## Project Description

Note that per 330 CMR 7.02, MassDEP can issue a Plan Approval only for proposed Emission Unit(s) with air contaminant emissions that are representative of Best Available Control Technology (BACT).

\* 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

\* Type of Remains:

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

☐ Yes ☐ No

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

☐ Yes ☐ No

\* 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](#)



# Federal Applicability

- “Add a row” for each applicable federal requirements
- “Add a row” for the details for each piece of proposed equipment
- For each row that you add, provide the information requested by the window that opens and click “Submit”
- Click “Continue Application”

Home

DEP Applications

AQ02 - Comprehensive Plan Crematory Application

1 Facility Information	2 Application Information	3 Documents	4 Special Fee Provisions	5 Applicant and Contributors	6	7	8
------------------------	---------------------------	-------------	--------------------------	------------------------------	---	---	---

Step 2: Application Information > Page 4 of 14

\* 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. 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

**PROPOSED EQUIPMENT DETAILS**

Showing 0-0 of 0

Emission Unit # (EU#)	New or Modified?	Equipment Type	Specify if Other	Manufacturer and Model No of Equipment	Maximum Cremation Rate	Fuels Used	Fuel Type	Specify
No records found.								

Add a Row Edit Selected Delete Selected

Continue Application »

Save and resume later



# Materials of Construction

- Provide the required information for each row marked with an exclamation point
- To edit a row:
  - ▶ Check the box for the row
  - ▶ Click “Edit Selected”
  - ▶ Provide the requested information
  - ▶ Click Submit
- When all tables are complete, click “Continue Application”

## AQ02 - Comprehensive Plan Crematory Application

1	Facility Information	2	Application Information	3	Documents	4	Special Fee Provisions	5	Applicant and Contributors	6	7	8
---	----------------------	---	-------------------------	---	-----------	---	------------------------	---	----------------------------	---	---	---

### Step 2: Application Information > Page 5 of 14

\* indicates a required field.

#### Materials of Construction

##### MATERIALS OF CONSTRUCTION

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#)	Cremation Unit Shell	Refractory in Primary Chamber	Thickness (inches)	Refractory in Secondary Chamber	Thickness (inches)	Refractory in Stack	Thickness (inches)	Stack Shell	Actions
<input type="checkbox"/>	123456									
<div>Edit Selected Delete Selected</div>										

#### Primary Chamber Dimensions

##### PRIMARY CHAMBER DIMENSIONS

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#)	Length of Primary Chamber (inches)	Height of Primary Chamber (inches)	Width of Primary Chamber (inches)	Cross sectional shape	Total Enclosed Volume (cu ft)	Actions
<input type="checkbox"/>	123456						
<div>Edit Selected Delete Selected</div>							

#### Secondary Chamber Dimensions

##### SECONDARY CHAMBER DIMENSIONS



# Controls, Interlocks and Operating Conditions

- Provide a description for each kind of control
- Scroll down

Home

DEP Applications

AQ02 - Comprehensive Plan Crematory Application

1 Facility Information	2 Application Information	3 Documents	4 Special Fee Provisions	5 Applicant and Contributors	6	7	8
------------------------	---------------------------	-------------	--------------------------	------------------------------	---	---	---

Step 2: Application Information > Page 6 of 14

\* indicates a required field.

Controls, Interlocks and Operating Conditions

\* Describe the control system that prevents material from being charged prior to achieving the required temperature in the Secondary Chamber including system details such as the use of thermocouples, timers, interlocks and electronic switches to prevent operation of the primary chamber burners, the charging door, etc.:

\* Explain what controls the heat release rate in the primary combustion chamber (combustion air controls, burner modulation, etc.):

\* Explain what controls the shutdown of the secondary chamber burner(s) during burn down (e.g. timer, temperature indicator in primary chamber, etc):

\* Describe the Draft Control system employed, if any. (Note an attachment will be required to include calculation you made to confirm size selection):

Pyrometers and Timing Devices



# Controls, Interlocks and Operating Conditions

- “Add a row” to the “Pyrometers and Timing Devices” for each unlisted device
- Edit existing rows to ensure they have complete information

## Pyrometers and Timing Devices

### PYROMETERS AND TIMING DEVICES

Showing 1-1 of 1

<input type="checkbox"/>	Emission Unit # (EU#)	Manufacturer	Model Number	Location	Actions ▼
<input type="checkbox"/>	123456				

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

## Retention time in Primary Chamber

### RETENTION TIME

Showing 1-1 of 1

<input type="checkbox"/>	Emission Unit # (EU#)	Avg retention time during steady state operations (seconds)	Temperature during avg retention time (F)	Minimum retention time during maximum feed/burner firing combination (sec)	Temperature during minimum retention time	Actions ▼
<input type="checkbox"/>	123456					

[Edit Selected](#) [Delete Selected](#)

## Retention time in Secondary Chamber

### SECONDARY RETENTION TIME

 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#)	Does secondary burner remain on for the duration of the burn?	If no, low set point of secondary burner (°F)	If no, high set point of secondary burner (°F)	Temperature maintained in the secondary chamber just prior to material charging (°F)	Actions ▼
<input type="checkbox"/>	<input type="checkbox"/> 123456					

[Edit Selected](#) [Delete Selected](#)

## Temperature Operating Ranges



# Controls, Interlocks and Operating Conditions

- Edit each row marked with an exclamation point
  - ▶ Check the box for the row to be edited and click “Edit Selected”
  - ▶ Provide requested information in the window that opens
  - ▶ Click “Submit”
- When all rows are added and edited, click “Continue Application”

☐ Emission Unit # (EU#) Avg retention time during steady state operations (seconds) Temperature during avg retention time (°F) Minimum retention time during maximum feed/burner firing combination (sec) Temperature during minimum retention time

☐ 123456 Actions ▼

Edit Selected Delete Selected

Retention time in Secondary Chamber

SECONDARY RETENTION TIME

⚠ 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

☐ Emission Unit # (EU#) Does secondary burner remain on for the duration of the burn? If no, low set point of secondary burner (°F) If no, high set point of secondary burner (°F) Temperature maintained in the secondary chamber just prior to material charging (°F)

☐ ⚠ 123456 Actions ▼

Edit Selected Delete Selected

Temperature Operating Ranges

TEMPERATURE OPERATING RANGES

⚠ 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

☐ Emission Unit # (EU#) Primary Chamber operating Range- Low end (°F) Primary Chamber operating Range- High end (°F) Secondary Chamber operating Range- Low end (°F) Secondary Chamber operating Range- High end (°F)

☐ ⚠ 123456 Actions ▼

Edit Selected Delete Selected

Continue Application » Save and resume later



# Air Handling System and Maximum Operating Schedule

- Edit all rows indicated with an exclamation point
  - ▶ Check the box for the row to be edited
  - ▶ Click “Edit Selected”
  - ▶ Provide requested information in the window that opens
  - ▶ Click “Submit”

Home

DEP Applications

AQ02 - Comprehensive Plan Crematory Application

1 Facility Information	2 Application Information	3 Documents	4 Special Fee Provisions	5 Applicant and Contributors	6	7	8
------------------------	---------------------------	-------------	--------------------------	------------------------------	---	---	---

Step 2: Application Information > Page 7 of 14

\* indicates a required field.

Air Handling System

**BASIC FAN DATA**

Describe the fans and flow parameters associated with the cremation unit. If fans are an integral part of the new or modified equipment, you must also attach to this form the manufacturer's fan performance curve or rating curve with the operating point indicated.

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#)	Total Fan Capacity in SCF per minute	Fan Make	Fan Model	Actions
<input type="checkbox"/>	123456				

Edit Selected Delete Selected

**Proposed Maximum Cremation Schedule**

**MAXIMUM OPERATING SCHEDULE**

Complete the table below to summarize your proposed maximum operating schedule. This information will be incorporated into your approval as a restriction on operation to the Cremation Unit (s). You will be required to keep a record of all cremations performed per hour or per day in order to demonstrate compliance with this requirement.

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#)	Proposed Maximum Cremations per day	Proposed days or hours of operation per week	Associated Time Period	Proposed maximum number of Cremations per week	Proposed Maximum number of cremations per consecutive 12 month period
<input type="checkbox"/>						



# Air Handling System and Maximum Operating Schedule

- Scroll down and indicate if you are proposing a Pollution Control Device (PCD)
- Click “Continue Application”

Describe the fans and flow parameters associated with the cremation unit. If fans are an integral part of the new or modified equipment, you must also attach to this form the manufacturers fan performance curve or rating curve with the operating point indicated.

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#)	Total Fan Capacity in SCF per minute	Fan Make	Fan Model	Actions
<input type="checkbox"/>	123456				<a href="#">Edit Selected</a> <a href="#">Delete Selected</a>

## Proposed Maximum Cremation Schedule

### MAXIMUM OPERATING SCHEDULE

Complete the table below to summarize your proposed maximum operating schedule. This information will be incorporated into your approval as a restriction on operation to the Cremation Unit (s). You will be required to keep a record of all cremations performed per hour or per day in order to demonstrated compliance with this requirement.

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#)	Proposed Maximum Cremations per day	Proposed days or hours of operation per week	Associated Time Period	Proposed maximum number of Cremations per month	Proposed Maximum number of cremations per consecutive 12 month period	Actions
<input type="checkbox"/>	123456						<a href="#">Edit Selected</a> <a href="#">Delete Selected</a>

## Proposed Pollution Control Device (PCD)

\* 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

Home

DEP Applications

AQ02 - Comprehensive Plan Crematory Application

1 Facility Information	2 Application Information	3 Documents	4 Special Fee Provisions	5 Applicant and Contributors	6	7	8
------------------------	---------------------------	-------------	--------------------------	------------------------------	---	---	---

Step 2: Application Information > Page 8 of 14

\* indicates a required field.

PCD Equipment Info

---

PCD EQUIPMENT

Showing 0-0 of 0

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

- Check the project configuration in the table below
  - ▶ If correct, click “Continue Application”
  - ▶ If incorrect, return to the previous page and edit the information

## AQ02 - Comprehensive Plan Crematory Application

1 Facility Information	2 Application Information	3 Documents	4 Special Fee Provisions	5 Applicant and Contributors	6	7	8
------------------------	---------------------------	-------------	--------------------------	------------------------------	---	---	---

### Step 2: Application Information > Page 9 of 14

\* indicates a required field.

#### Project Configuration Info

##### PROJECT CONFIGURATION

If the project configuration below is incorrect, please go back one page to correct it. You cannot edit in this table

Showing 1-1 of 1

<input type="checkbox"/>	Emission Unit # (EU#)	PCD ID Number	Stack #	
<input type="checkbox"/>	42325	123456	3242342	Actions ▼

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

[Continue Application »](#)

[Save and resume later](#)



# Stack Description & BACT Information

- Stack Information
  - ▶ If your facility has no stack emissions, leave the table blank
  - ▶ If you have stacks, provide complete stack information in the table
    - “Add a Row” for each stack
- Indicate if you are proposing a top case BACT
- Click “Continue Application”

Home

DEP Applications

AQ02 - Comprehensive Plan Crematory Application

1 Facility Information	2 Application Information	3 Documents	4 Special Fee Provisions	5 Applicant and Contributors	6	7	8
------------------------	---------------------------	-------------	--------------------------	------------------------------	---	---	---

Step 2: Application Information > Page 10 of 14

\* 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.

Showing 1-1 of 1

<input type="checkbox"/>	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"/>	3242342						

[Actions ▼](#)

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

### BACT Information

If you are NOT proposing top case BACT, you will be required to attach a Top-Down BACT analysis to this application.

\* Are you proposing top case BACT as referenced in 310 CMR 7.02(8)(a)2.a.?:  
☐ Yes ☐ No

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



# BACT Emissions

- Edit each row of the BACT Emissions table to provide complete information for each Proposed Emission unit
  - ▶ BACT = Best Available Control Technology

Home

DEP Applications

AQ02 - Comprehensive Plan Crematory Application

1 Facility Information 2 Application Information 3 Documents 4 Special Fee Provisions 5 Applicant and Contributors 6 7 8

Step 2: Application Information > Page 11 of 14

\* indicates a required field.

BACT Emissions

**BACT EMISSIONS**

Complete the Table below to summarize the proposed BACT emissions for each Proposed Emission unit. Click on the HELP icon to see the unit of measure to be used to report each emission value. Most pollutants must be reported in parts per million by volume corrected to 7% oxygen. PM is to be reported in grains per dry standard cubic foot at 7% oxygen and 100% rated capacity.

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#)	PM/PM10/PM2.5	SO2	NOx	VOC	CO	
<input type="checkbox"/>	123456						Actions ▼

Edit Selected Delete Selected

**Proposed Material Inputs**

**PROPOSED MATERIAL INPUTS**

Please provide annual material use by type and in the units recommended in the help text for each field.

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#)	Type 0 Waste	Type 4 Waste	Gaseous Fuel	
<input type="checkbox"/>	123456				Actions ▼



# Proposed Material Inputs

- Scroll down
- Edit each indicated row of the Proposed Material Inputs table
- Provide your Proposed Monthly Emissions in tons per month
- Provide your proposed emissions for 12 Consecutive Months

## Proposed Material Inputs

### PROPOSED MATERIAL INPUTS

Please provide annual material use by type and in the units recommended in the help text for each field.



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#)	Type 0 Waste	Type 4 Waste	Gaseous Fuel	Actions
<input type="checkbox"/>	123456				

Edit Selected

Delete Selected

## Proposed Monthly Emissions

Please provide the proposed short and long term emissions from the new and / or modified equipment.

\* Total Tons per month - SO<sub>2</sub>:

\* Total Tons per month - NO<sub>x</sub>:

\* Total Tons per month - VOC:

\* Total Tons per month - CO:

## Proposed 12 Consecutive Month Emissions

\* Total Tons per 12 month - SO<sub>2</sub>:

\* Total Tons per 12 month - NO<sub>x</sub>:



# External Noise Information

- Indicate if your equipment will generate noise external to the building
- Click “Continue Application”

## Proposed Monthly Emissions

Please provide the proposed short and long term emissions from the new and / or modified equipment.

\*Total Tons per month - SO<sub>2</sub>:

\*Total Tons per month - NO<sub>x</sub>:

\*Total Tons per month - VOC:

\*Total Tons per month - CO:

## Proposed 12 Consecutive Month Emissions

\*Total Tons per 12 month - SO<sub>2</sub>:

\*Total Tons per 12 month - NO<sub>x</sub>:

\*Total Tons per 12 month - VOC:

\*Total Tons per 12 month - CO:

## External Noise Information

\*Is this equipment going to generate sound external to the building?:

☐ Yes ☐ No

[Continue Application »](#)

[Save and resume later](#)



# Noise Equipment Information

- “Add a row” for any noise control equipment at your facility
- Describe other potential impacts and how they will be controlled
  - ▶ Visible emissions
  - ▶ Odor impacts

Home

DEP Applications

AQ02 - Comprehensive Plan Crematory Application

1 Facility Information	2 Application Information	3 Documents	4 Special Fee Provisions	5 Applicant and Contributors	6	7	8
------------------------	---------------------------	-------------	--------------------------	------------------------------	---	---	---

Step 2: Application Information > Page 12 of 14

\* indicates a required field.

Noise Equipment Information

---

EQUIPMENT

Showing 0-0 of 0

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

Add a Row Edit Selected Delete Selected

Other Potential Impacts

\* 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:

Continue Application » Save and resume later



# Monitoring Equipment

- Provide all information for each piece of monitoring equipment associated with an emission unit
- Edit each indicated row in each table
- Click “Continue Application”

Home

DEP Applications

AQ02 - Comprehensive Plan Crematory Application

1 Facility Information 2 Application Information 3 Documents 4 Special Fee Provisions 5 Applicant and Contributors 6 7 8

Step 2: Application Information > Page 13 of 14

For each emission unit, indicate all of the associated monitoring equipment and provide the details as required

\* indicates a required field.

Monitoring Equipment

Opacity Monitoring

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#)	Full Scale Opacity Monitor	Full Scale Opacity Monitor-Make/Model	Continuous Opacity Monitor	Audible Alarm to indicate opacity problems?	Visible Alarm to Indicate Opacity Problems?
<input type="checkbox"/>	123456					

Edit Selected Delete Selected Actions

Temperature Monitoring

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#)	Temperature Monitor for Primary Chamber?	Temperature Monitor for exit of Secondary Chamber?	Continuous Temperature Recorder for Primary Chamber?	Make/ Model-Continuous Temperature Recorder for Primary Chamber	Continuous Temperature Recorder for exit of Secondary Chamber?	Make/ Model -Continuous Temperature Recorder for Exit of Secondary Chamber
<input type="checkbox"/>	123456						

Edit Selected Delete Selected Actions





# Energy Efficiency Evaluation Survey

- Indicate yes or know for each question in the Energy Efficiency Evaluation Survey

## AQ02 - Comprehensive Plan Crematory Application


1 Facility Information	2 Application Information	3 Documents	4 Special Fee Provisions	5 Applicant and Contributors	6	7	8
------------------------	---------------------------	-------------	--------------------------	------------------------------	---	---	---

### Step 2: Application Information > Page 14 of 14

\* 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

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

- 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”

Home

DEP Applications

AQ02 - Comprehensive Plan Crematory Application

1 Facility Information	2 Application Information	3 Documents	4 Special Fee Provisions	5 Applicant and Contributors	6	7	8
------------------------	---------------------------	-------------	--------------------------	------------------------------	---	---	---

Step 3: Documents > Page 1 of 1

\* indicates a required field.

List of Documents

Documents:

Please upload 3 Required Document(s) which are mandatory to submit this Application:

1. AQ Modeling Analysis/ Report
2. Process Equipment Manufacturer Specifications including but not limited to emission data
3. Proposed Project Description

Attach Documents

When uploading file document(s) the maximum file size allowed is 50 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 50 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 type dropdown 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. In the bottom right corner, there is a 'Save and resume later' button. Two green arrows originate from the list on the left: one points from 'click “Save”' to the 'Save' button, and the other points from 'Click “Continue Application”' to the 'Continue Application »' button.



# 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 - Comprehensive Plan Crematory Application

1 Facility Information	2 Application Information	3 Documents	4 Special Fee Provisions	5 Applicant and Contributors	6	7	8
------------------------	---------------------------	-------------	--------------------------	------------------------------	---	---	---

Step 3: Documents > Page 1 of 1

\* indicates a required field.

List of Documents

Documents:

Please upload 3 Required Document(s) which are mandatory to submit this Application:

1. AQ Modeling Analysis/ Report
2. Process Equipment Manufacturer Specifications including but not limited to emission data
3. Proposed Project Description

Attach Documents

When uploading file document(s) the maximum file size allowed is 50 KB.  
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
<a href="#">Blank Upload 1.docx</a>	AQ Modeling Analysis/ Report	12.26 KB	05/04/2017	Description	<a href="#">Actions ▼</a>
<a href="#">Blank Upload 3.docx</a>	Proposed Project Description	12.25 KB	05/04/2017	Description	<a href="#">Actions ▼</a>
<a href="#">Blank Upload 2.docx</a>	Process Equipment Manufacturer Specifications including but not limited to emission data	12.26 KB	05/04/2017	Description	<a href="#">Actions ▼</a>

[Browse](#)

[Continue Application](#)

[Cancel & Logout](#)



# 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”

Home

DEP Applications

## AQ02 - Comprehensive Plan Crematory Application

1	2 Application Information	3 Documents	4 Special Fee Provisions	5 Applicant and Contributors	6 Review	7	8
---	---------------------------	-------------	--------------------------	------------------------------	----------	---	---

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



EEA ePLACE Portal

# 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”

[Home](#)

DEP Applications

## AQ02 - Comprehensive Plan Crematory Application

1	2	3 Documents	4 Special Fee Provisions	5 Applicant and Contributors	6 Review	7 Authorization Forms	8
---	---	-------------	--------------------------	------------------------------	----------	-----------------------	---

Step 5: Applicant and 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 1-2 of 2

Name	Organization Name	Contact Person	Telephone #	E-mail	Action
<a href="#">Erin Swallow</a>			617-292-5787	<a href="mailto:erin.swallow@state.ma.us">erin.swallow@state.ma.us</a>	<a href="#">Edit/View</a>
Delegate User 17TMP-004379					<a href="#">Edit/View</a>

[Continue Application »](#)

[Save and resume later](#)



EEA ePLACE Portal



# 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	<a href="#">Edit/View</a>

### 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 32 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 Form

- Once the last Supplemental form is complete, a Certification form is created
- The certification form is completed by BOTH the Massachusetts Registered Professional Engineer (PE) and the Applicant/ Responsible Official

## 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 Form

If you are the preparer:

- Click “Save and resume”
- E-mail the Application PIN to your PE
- The PE must log into ePLACE and click on “Start Application” for the Certification Information

## 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](#)



# PE Certification Information

- Once the PE activates the PIN:
- Click “Start Application” for the “Certification Information” on the “Step 7: Authorization Forms” page
- Provide the requested signatory authority information
- Click “Continue Application”
- Click “Save and resume later”



EEA ePLACE Portal

## Certification Information

1 PE Certification	2 Applicant and Contributors	3 Review	4 Authorization Forms
--------------------	------------------------------	----------	-----------------------

### Step 1: PE Certification > Professional Engineer

\* indicates a required field.

#### Professional Engineer's Certification

This is to certify that the information contained in this form has been checked for accuracy, and that the design represents good air pollution control engineering practice.

☐ \* I agree that I am the Professional Engineer:

☐

Printed Name:

PE Address:

\* Date Signed:

\* PE License #:

\* Expiration date:

[Continue Application »](#)

[« Back to Authorization Forms](#)

[Save and resume later](#)

# Certification Form

---

- The PE will be emailed an Applicant PIN Letter.
- The PE must forward this to the Applicant/ Responsible Official.

Applicant PIN, Authorization # 17TMP-002186, Authorization Type - AQ02/03 – Non-Major/Major Comprehensive Plan Approval Fuel Application

From: Auto\_Sender@Accela.com

Sent: Wed, Mar 22, 2017 at 11:05 am

To: bharavi.butta@gcomsoft.com

NOTICE DATE: 3/22/2017

APPLICANT PIN - 081721739938

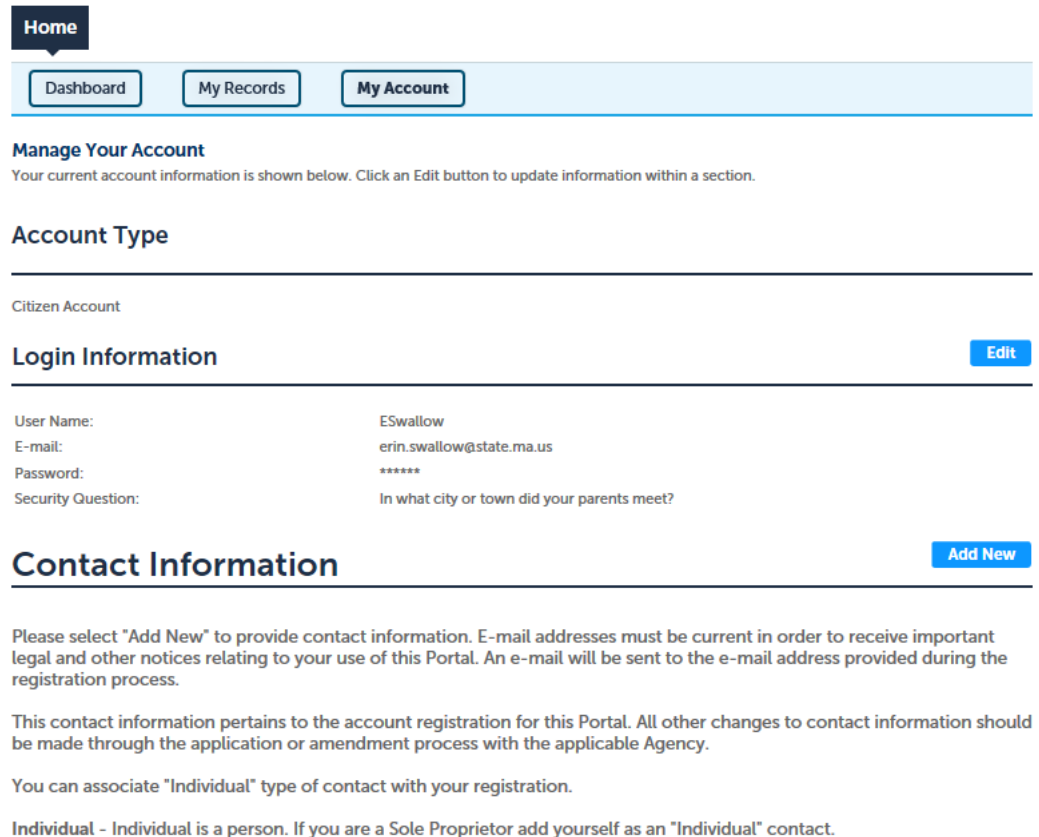
This PIN has been created in order for you to allow Applicant to review 17TMP-002186 application and certify it. You can choose to share this PIN with any registered ACA user who is Applicant of this application. That user will then have the ability to review and certify the application.

To learn more about the delegation, please see the FAQs: <http://www.mass.gov/eea/agencies/massdep/service/approvals/>



# Activating the Applicant PIN

- ▶ The Applicant/ Responsible Official should Log into EIPAS
- ▶ Click “My Account”
- ▶ Click “Add New” on the contact information line
- ▶ Choose “Delegate” as the “Contact type”
- ▶ Enter PIN from the e-mail
- ▶ Click “Continue”
- ▶ Return to “My Records”



**Home**

[Dashboard](#) [My Records](#) [My Account](#)

### Manage Your Account

Your current account information is shown below. Click an Edit button to update information within a section.

#### Account Type

Citizen Account

#### Login Information

[Edit](#)

User Name: ESwallow  
E-mail: erin.swallow@state.ma.us  
Password: \*\*\*\*\*  
Security Question: In what city or town did your parents meet?

#### Contact Information

[Add New](#)

Please select "Add New" to provide contact information. E-mail addresses must be current in order to receive important legal and other notices relating to your use of this Portal. An e-mail will be sent to the e-mail address provided during the registration process.

This contact information pertains to the account registration for this Portal. All other changes to contact information should be made through the application or amendment process with the applicable Agency.

You can associate "Individual" type of contact with your registration.

**Individual** - Individual is a person. If you are a Sole Proprietor add yourself as an "Individual" contact.





# If you are forwarded an Applicant PIN

- Once you've added the contact, the application appears under "My Records"
- ▶ Click "Resume Application"
- ▶ Choose "Pickup where I left off"

Home

Dashboard My Records My Account

▼ DEP

Showing 1-10 of 20 | [Download results](#) | [Add to collection](#)

<input type="checkbox"/>	Date	Identifying Number	Record Type	Address	Expiration Date	Status	Action
<input type="checkbox"/>	05/04/2017	<a href="#">17-AQ02C-000022-APP</a>	AQ02 - Comprehensive Plan Crematory Application	MILLBURY, MA 01527		Payment Pending	<a href="#">Pay Fees Due</a>
<input type="checkbox"/>	05/01/2017	<a href="#">17-AQ18-000025-APP</a>	AQ18 - Creation of Emission Reduction Credits Application	BRAINTREE, MA 02184		Denied	
<input type="checkbox"/>	04/28/2017	<a href="#">17-AQ09-000036-APP</a>	AQ09 - Restricted Emission Status Application	BOSTON, MA 02130		In Review	
<input type="checkbox"/>	04/25/2017	17TMP-003937	AQ18 - Creation of Emission Reduction Credits Application	BRAINTREE, MA 02184			<a href="#">Resume Application</a>
<input type="checkbox"/>	04/24/2017	<a href="#">17-AQMM-000035-APP</a>	AQMM - Modeling Submittal Application	BRAINTREE, MA 02184		In Review	
<input type="checkbox"/>	04/20/2017	<a href="#">17-TU01-000081-REN</a>	TU03 - General Practice Planner Renewal			In Review	<a href="#">Pay Fees Due</a>
<input type="checkbox"/>	04/19/2017	<a href="#">TU01-0000108</a>	TU01 - General Practice TUR Planner Authorization		04/19/2017	Renewal Submitted	<a href="#">Pay Fee Due for Renewal</a>
<input type="checkbox"/>	03/31/2017	<a href="#">17-TU01-000099-APP</a>	TU01 - General Practice Planner Application			Approved	
<input type="checkbox"/>	02/14/2017	<a href="#">17-AQ5025-000027-APP</a>	50% or 25% Facility Emission Cap Application	HOLYOKE, MA 01040		In Review	
<input type="checkbox"/>	02/13/2017	<a href="#">TU01-0000038</a>	TU01 - General Practice TUR Planner Authorization		02/13/2019	Active	<a href="#">Amendment</a>



# Certification Form

- The Applicants Name should now appear in the “Applicant Information” box.
- The applicant should enter the organization name, the type of organization and that persons title or means by which they are authorized to be the applicant (from a pick list).

The screenshot displays a web form for certification. At the top, there are three fields: 'Organization Name' (a text input), 'Source of Signatory Authority' (a dropdown menu with '--Select--'), and 'Title' (a dropdown menu with '--Select--'). Below these is a section titled 'Applicant Information' which contains a large text box. Inside this box, the following information is displayed: 'Bhar Butta', '49 Burbank St', 'Boston, MA, 02135', and 'Telephone #: 857-927-6262 Email: bharavi.butta@gconsoft.com'. Below the text box, there is a link 'Edit or View'. At the bottom of the form, there are three buttons: 'Continue Application >', '< Back to Authorization Forms', and 'Save and resume later'.



# Review and Certification

- The Applicant should Review the certification
  - ▶ You will not be able to edit the application after the PE has certified.
  - ▶ If the applicant feels that changes are needed, they should contact the PE and/ or preparer to make those changes.
  - ▶ The PE and applicant will need to re-certify after any changes have been made.

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

1	2	3	4 Special Fee Provisions	5 Applicant and Contributors	6 Review	7 Authorization Forms	8 Pay Fees	9
---	---	---	--------------------------	------------------------------	----------	-----------------------	------------	---

**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 | 39 QUINCY AVE BRAINTREE MA 02184  
DEP Facility ID: 372323  
DEP Region: SE  
HW ID: MAD980731541  
Facility Record ID: 15-FAC-021697

---

#### 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	<a href="#">Edit/View</a>

---

#### Type of Application



# Certify & Submit

- Applicant Information is at the bottom of the review page. This should be the name and contact info for the responsible Official
- The Applicant should read and agree to the certification language provided by clicking on this box

## Applicant Information

Individual  
Laurel J Carlson  
Boston, 02108  
United States  
Ext #:One Winter St 7th Floor

Telephone #:617-348-4095  
E-mail:Laurel.Carlson@state.ma.us

I certify under penalty of law that I have personally examined and am familiar with the information submitted 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.

In addition, I understand that any material supplied with this application will not be considered confidential unless I have specifically requested that such material be kept confidential and the Department has made a determination of confidentiality in accordance with 310 CMR 3.00.

☐ I agree that I am the Applicant.  
If you are not the Applicant then click on 'Save and resume later' button.

Date Signed:

Continue Application »

Save and resume later



# Application Fee

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

## AQ02 - Comprehensive Plan Crematory Application

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

### Step 8: Pay Fees

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 - Comprehensive Plan Crematory Application	\$2,370.00
AQ02 Fee	\$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

Description	Reference ID	Amount
DEP/AQ/Restricted Emission Status/Application	17TMP-004180	\$1,900.00
		<b>\$1,900.00</b>

**Total Convenience Fee Due: \$44.65**  
**Total Amount Due: \$1,944.65**

### 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.

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](#)



# 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

## Submission Successful 17-AQ02C-000022-APP

EIPAS (ENV) <eipas@massmail.state.ma.us>

Sent: Thu 5/4/2017 12:14 PM

To: Swallow, Erin (DEP)

NOTICE DATE: 5/4/2017

Thank you for submitting your online authorization application form for authorization type: AQ02 - Comprehensive Plan Crematory Application. Your Application Number is: 17-AQ02C-000022-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 epayment 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-AQ02C-000022-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](mailto: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

DEP Applications

AQ09 - Restricted Emission Status Application

1 Facility Information	2 Application Information	3 Documents	4 Special Fee Provisions	5 Applicant and Contributors	6	7	8
------------------------	---------------------------	-------------	--------------------------	------------------------------	---	---	---

Step 1: Facility Information > Page 1 of 2

 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-AQ09-000036-APP.

Conditions

Showing 1-1 of 1

Documents - 1 Uploaded

Required Documents

Detailed Emission Calculations (Emission Restriction)

Required Documents

Uploaded | 04/28/2017





---

## Questions?

- For technical assistance, contact the ePlace Help Desk Team at (844) 733-7522 or [ePLACE\\_helpdesk@state.ma.us](mailto: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>

