If you have any questions while filling out this form, please contact the Bureau of Air Quality, Air Permitting Division by calling (803) 898-4123.

The application package should include:

1. **One complete, public** application package, with original signature (scanned, copied, electronic, etc. signatures will not be accepted); and
2. **One complete, confidential** application package, (if applicable), with original signature (no electronic versions of a confidential application should be submitted).

Submit the completed application package to:

**Air Permitting Division Director**

**Bureau of Air Quality**

**2600 Bull Street**

**Columbia, South Carolina, 29201**

The applicant should also keep a copy of the complete permit application package in their records for use by the facility's air permit contact when answering technical questions and providing additional required information.

| **FACILITY IDENTIFICATION** | |
| --- | --- |
| SC Air Permit Number (8-digits only):      -  *(Request cannot be processed without this number)* | Request Date: |

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| **CURRENT OPERATING PERMIT TYPE:** |
| State Operating Permit |
| Conditional Major Operating Permit |
| Registration Permit \* |
| General State Operating Permit \* |
| General Conditional Major Operating Permit \* |

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| **TYPE OF OPERATING PERMIT BEING REQUESTED/RENEWED:**  Eligibility criteria for general and registration permits may be found at:  https://scdhec.gov/environment/air-quality/air-quality-permits/general-registration-permits-air-quality |
| State Operating Permit |
| Conditional Major Operating Permit |
| Registration Permit \* |
| General State Operating Permit  \* |
| General Conditional Major Operating Permit \* |

\*By checking one of the registration or general permits options above, I am certifying, to the best of my knowledge and belief that this source qualifies for and agrees to the conditions and terms of the registration permit or general operating permit listed above. The source shall be subject to enforcement action for operation without a valid permit if the source is later determined not to qualify for the conditions and terms of the registration or general permit listed above.

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| **FACILITY IDENTITY** |
| Facility Name/Legal Identity *(This should be the official legal name under which the facility is owned/operated and should be consistent with the name registered with the S.C. Secretary of State's office, as applicable.)* |
| Facility Site Name (Optional) *(Please provide any alternative or additional identifier of the facility, such as a specific plant identifier (e.g., Columbia plant) or any applicable "doing business as" (DBA) identity.)* |
| Facility Federal Tax Identification Number *(Established by the U.S. Internal Revenue Service to identify a business entity)*    - |

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| **FACILITY PHYSICAL ADDRESS**  *(Facility coordinates should be based at the front door or main entrance of the facility.)* | | |
| Physical Address: | | County: |
| City: | State: SC | Zip Code:      - |
| Latitude:   °   ’     ” | Longitude: -  °   ’     ” | |

| **FACILITY'S PRODUCTS / SERVICES** | |
| --- | --- |
| Primary Products / Services *(List the primary product and/or service)* | |
| Primary [SIC Code](https://www.osha.gov/pls/imis/sicsearch.html) *(Standard Industrial Classification Codes):* | Primary [NAICS Code](https://www.census.gov/eos/www/naics/) *(North American Industry Classification System)* |
| Other Products / Services *(List other products and/or services)*: | |
| Other SIC Code(s): | Other NAICS Code(s): |

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| **AIR PERMIT FACILITY CONTACT**  *(Person at the facility who can answer technical questions about the facility and permit application.)* | | | |
| Title/Position: | Salutation: | First Name: | Last Name: |
| Mailing Address: | | | |
| City: | | State: | Zip Code:      - |
| E-mail Address: | | Primary Phone No.: (   )    - | Alternate No.: (   )    - |

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| **CONFIDENTIAL INFORMATION / DATA** |
| Is [confidential information](https://www.scdhec.gov/sites/default/files/docs/Environment/docs/DHEC_Confid_policy.pdf) or data being submitted under separate cover?  No  Yes\* |
| *\*If yes, submit ONLY ONE COMPLETE CONFIDENTIAL APPLICATION with original signature, along with the public version of the application.* |

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| **CO-LOCATION DETERMINATION** |
| Are there other facilities in close proximity that could be considered collocated?  No  Yes\* |
| If yes, list potential collocated facilities, including air permit numbers if applicable: |
| *\*If yes, please submit* [*collocation applicability determination*](https://www.scdhec.gov/sites/default/files/docs/Environment/docs/Guidance%20for%20CollocationSingle%20Source%20Determinations.pdf) *details in an attachment to this application.* |

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| **OWNER OR OPERATOR** | | | |
| Title/Position: |  | First Name: | Last Name: |
| Mailing Address: | | | |
| City: | | State: | Zip Code:      - |
| E-mail Address: | | Primary Phone No.: (   )    - | Alternate No.: (   )    - |
| **OWNER OR OPERATOR SIGNATURE** | | | |
| I certify, to the best of my knowledge and belief, that no applicable standards and/or regulations will be contravened or violated. I certify that any application form, report, or compliance certification submitted in this permit application is true, accurate, and complete based on information and belief formed after reasonable inquiry. I understand that any statements and/or descriptions, which are found to be incorrect, may result in the immediate revocation of any permit issued for this application. I understand that all emission units at this facility must comply with all current applicable requirements and must, on a timely basis, comply with the requirements of any new applicable standards and/or regulations that become effective during the permit term. | | | |
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| Signature of Owner or Operator | | | Date |

| **CONSTRUCTION PERMITS TO BE INCORPORATED** | | | |
| --- | --- | --- | --- |
| **Construction Permit ID** | **Equipment ID / Process ID /**  **Control Device ID** | **Equipment / Process / Control Device Description**  **(Include the Make and Model if applicable.)** | **Initial Start-up Date** |
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| **PERMITTED EQUIPMENT/PROCESSES REMOVED OR DECOMMISSIONED** | | | |
| --- | --- | --- | --- |
| **Equipment ID/**  **Process ID** | **Equipment / Process Description** | **Control Device ID(s)** | **Emission Point ID(s)** |
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| **Exempt Source ID** | **EXEMPT SOURCES ADDED, REMOVED OR DECOMMISSIONED** |
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| **ANY OTHER EQUIPMENT/PROCESS CHANGES NOT LISTED ABOVE** | | | |
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| **Equipment ID/**  **Process ID** | **Equipment / Process Description** | **Control Device ID(s)** | **Emission Point ID(s)** |
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| **SUPPORTING DOCUMENTATION CHECKLIST**  **Include the information below to complete the renewal application package.** |
| Detailed process description (walkthrough of process, products produced, process flowchart, etc.) |
| Standard work schedule (hours/day, days/week, weeks/year):       hours/day       days/week       weeks/year |
| If the standard work schedule is less than the maximum of 24 hours/day and 365 days/year, what limits the schedule to less than maximum? |
| Manufacturer’s specifications establishing rated capacity for all equipment. |
| Emission calculations\* including:   * Potential to emit, uncontrolled and controlled emissions for criteria, hazardous and toxic air pollutants; * Spreadsheet (hard and electronic versions) and example calculations; * Emissions factors including source of factors; and * Explanation of all assumptions (for example, process bottleneck) used to calculate emissions.   \*For select general and registration permits industries, emission calculator spreadsheets may be available at <https://scdhec.gov/environment/air-quality/guidance-emission-calculators-air-permits>. |
| Regulatory Review (state and federal regulations and standards listed below) |
| Air Dispersion Modeling (if applicable) |

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| **Check Box** | 1. **State and Federal Air Pollution Control Regulations and Standards**   Instructions: Perform a review of all State and Federal Air Pollution Control Regulations and Standards for applicability and attach a detailed narrative from the regulatory review to the permit application. If the standard or regulation is not applicable, state the reason. Check all regulations and standards that have been reviewed and addressed in the narrative. |
|  | S.C. Regulation 61-62.1 Section II.E Synthetic Minor Construction Permits   * Include a list of all pollutants and the emissions limits that are accepted or proposed. |
|  | S.C. Regulation 61-62.1 Section II.G Conditional Major Operating Permits   * Include a list of all pollutants and the emissions limits that are accepted or proposed. |
|  | S.C. Regulation 61-62.5 Air Pollution Control Standards |
|  | * Standard No. 1 Emissions from Fuel Combustion |
|  | * Standard No. 2 Ambient Air Quality |
|  | * Standard No. 3 Waste Combustion and Reduction (state only) |
|  | * Standard No. 4 Emissions from Process Industries   *(Note: If Section VIII of this Standard applies, include the process weight rate (PWR) in ton per hour for each applicable source or process with explanation of how it was determined.)* |
|  | * Standard No. 5 Volatile Organic Compounds |
|  | * Standard No. 5.2 Nitrogen Oxides Lowest Achievable Emission Rate |
|  | * Standard No. 8 Toxic Air Pollutants (TAPs) (state only) |
|  | S.C. Regulation 61-62.6 Control of Fugitive Particulate Matter |
|  | S.C. Regulation 61-62.60 and 40 CFR Part 60 New Source Performance Standards (NSPS) |
|  | S.C. Regulation 61-62.61 and 40 CFR Part 61 National Emission Standards for Hazardous Air Pollutants (NESHAP) |
|  | S.C. Regulation 61-62.63 and 40 CFR Part 63 National Emission Standards for Hazardous Air Pollutants (NESHAP) for Source Categories |
|  | S.C. Regulation 61-62.68 and 40 CFR Part 68 Chemical Accident Prevention Provisions |
|  | Other S.C. Air Pollution Control Regulations, as applicable. |
|  | Other Federal Air Pollution Control Regulations, as applicable. |