**PLEASE DO NOT SEND A COPY OF THE INSTRUCTIONS IN WITH YOUR APPLICATION**

If you have any questions while filling out the construction permit application forms, please contact the Bureau of Air Quality, Engineering Services Division by calling (803) 898-4123.

Submit **two complete, sanitized** registration permit application packages, at least one must have original signatures (scanned, copied, electronic, etc. signatures will not be accepted) to:

**Engineering Services Division Director**

**Bureau of Air Quality**

**2600 Bull Street**

**Columbia, South Carolina, 29201**

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

The information provided in this form is needed to identify the facility, verify the physical address of the facility, identify the primary products or services provided by the facility, and establish the Owner or Operator for the facility. This form is also used to designate the Professional Engineer and the facility's air permit contact to answer technical questions and provide additional information required to complete the review of this permit application.

You may add additional rows in a table by selecting the **“unprotect document”** or **“stop protection”** function. The location and use of this function varies depending on your version of Word. The forms **“protect document”** tool should then be reselected so that you may resume navigating through the forms with the “tab” key.

**Co-location Determination**

Are there other facilities in close proximity that could be considered co-located? Refer to “[Guidance for Collocation/Single Source Determination](http://www.scdhec.gov/Environment/docs/Guidance%20for%20CollocationSingle%20Source%20Determinations.pdf)” for assistance with this determination.

The registration permit for Wood Working Operations covers any operation involving the generation of small wood waste particles (shavings, sanderdust, sawdust, etc.) by any kind of mechanical manipulation of wood or wood byproducts. Includes, but is not limited to, sawing, planing, chipping, shaping, moulding, hogging, lathing and sanding, waste transfer or collection units, internal combustion engines, surface finishing processes, dryers, ovens, boilers, control devices, and dust collector.

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| **FACILITY INFORMATION** |
| SC Air Permit Number (8-digits only)(*Leave blank if one has never been assigned.)*     -       | Application Date       |
| Facility Name*(This should be the name used to identify the facility at the physical address listed below)*      | Facility Federal Tax Identification Number*(Established by the U.S. Internal Revenue Service to identify a business entity)*      |
| Primary [SIC Code](https://www.osha.gov/pls/imis/sicsearch.html) *(Standard Industrial Classification Codes)* | Primary [NAICS Code](http://www.census.gov/eos/www/naics/reference_files_tools/2012/2012_NAICS_Structure.xls) *(North American Industry Classification System)*      |
| Physical Address:       | County:       |
| City:       | State: SC | Zip Code:       |
| Facility Coordinates *(Facility coordinates should be based at the front door or main entrance of the facility.)* | Latitude:       | Longitude:       | [ ]  NAD27*(North American Datum of 1927)*[ ]  NAD83*(North American Datum of 1983)* |

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| **CO-LOCATION DETERMINATION** |
| Are there other facilities in close proximity that could be considered co-located? [ ]  No [ ]  Yes\* |
| *\*If yes, please contact the Deparment.* |

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| **AIR PERMIT 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 (if different):       |
| City:       | State:    | Zip Code:       |
| E-mail Address:       | Phone No.: (   )    -     | Cell No.: (   )    -     |

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| **OWNER OR OPERATOR** |
| Title/Position:       | Salutation:       | First Name:       | Last Name:       |
| Mailing Address (if different):       |
| City:       | State:    | Zip Code:       |
| E-mail Address:       | Phone No.: (   )    -     | Cell No.: (   )    -     |
| I certify that this facility meets the criteria and agrees to the conditions and terms of the permit. 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. |
|  |       |
| **Signature of Owner or Operator** | **Date** |

| **EQUIPMENT INFORMATION**Complete and submit the “Wood Working Emissions Estimator - Wood Waste and/or Wood EF” along with this application. If a calculation method other than the Bureau Emission Estimator is used, please provide an example calculation with this application. |
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| **Wood Working Equipment** |
| **Equipment** (Each piece of equipment should have its own unique ID (alpha-numeric) designated by the facility | **Make/Model** | **Installation / Modification Date**  | **Control Device / Collection Unit**(Specify the type (baghouse, filter, cyclone, etc.) | **Emission Point**(Equipment/process exhaust point. If none, put “fugitive”.) |
| *Example: Molder* | *Bridgewood* | *1999 / None* | *Cyclone #1* | *Cyclone #1* |
|       |       |       |       |       |
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| **EQUIPMENT INFORMATION**If the facility performs surface finishing, please complete and submit the “Surface Finishing Emission Estimator.” If the facility has combustion sources, please complete and submit the “Wood Working Combustion Emission Estimator.” If a calculation method other than the Bureau Emission Estimator is used, please provide an example calculation with this application. |
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| **Combustion Sources** |
| **Equipment**(Each piece of equipment should have its own unique ID (alpha-numeric) designated by the facility | **Maximum Rated Capacity (Units)** | **Make/Model** | **Manufacture/ Installation/ Modification Date** | **Primary Fuel** | **Maximum Sulfur Content (%)** | **Secondary Fuel** | **Maximum Sulfur Content (%)** |
| *Example: Curing Oven #1* | *5.00 million BTU/hr* | *Brownells* | *1977 /None* | *Natural Gas* | *None* | *No. 2 Fuel Oil* | *0.05* |
|       |       |       |       |       |       |       |       |
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| **Paint Booths** |
| **Equipment**(Each piece of equipment should have its own unique ID (alpha-numeric) designated by the facility | **Make/Model** | **Installation/ Modification Date** | **Control Device**(Specify the type (baghouse, filter, etc.) | **Emission Point**(Equipment/process exhaust point. If none, put “fugitive”.) |
| *Example: Paint Booth #1* | *Nova Verta* | *2010 / None* | *Filters* | *PB#1* |
|       |       |       |       |       |
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| **EMISSIONS INFORMATION**There are flowcharts and emission estimators to aid in emission calculations. The facility may use different options throughout the facility, for different processes. If the facility chooses to use a calculation method other than the one provided by the Department, submit as part of your application detailed emission calculations to include all the necessary input, equations, basis, etc. List the potential emissions from the emission calculations in this section. |
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| **Process** | **Pollutant** |
| **Particulate Matter (PM)****(TPY)** | **Particulate Matter <10 microns (PM10)****(TPY)** | **Particulate Matter <2.5 microns (PM2.5)****(TPY)** | **Volatile Organic Compounds (VOCs) (TPY)** | **Nitrous Oxides (NOx) (TPY)** | **Highest Hazardous Air Pollutant (HAP)****(TPY)** | **Total Hazardous Air Pollutant (HAP)****(TPY)** |
| **Wood Working Totals** |
| Source Test Data |       |       |       | N/A |
| Wood Waste Tab |       |       |       |
| Wood EF Tab |       |       |       |
| Other (Specify)      |       |       |       |
| **Total** |       |       |       |
| **Surface Finishing Totals** |
| VOC-PM Tab |       |       |       |       | N/A |
| HAPs Tab | N/A |       |       |
| Other (Specify)      |       |       |       |       | N/A |       |       |
| **Total** |       |       |       |       | N/A |       |       |
| Usage Rate (gallons/year) |       |
| **Combustion Source Totals** |
| Combustion Calculator |       |       |       |       |       | N/A |
| Other (Specify)      |       |       |       |       |       |
| **Total** |       |       |       |       |       |
| **Facility Wide Totals** |
| **Total (Woodworking + Surface Finishing + Combustion Source)** |       |       |       |       |       |       |       |