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

This form may be used to submit the following air permitting requests:

 Construction Permit Exemption Request (submit application pages 2-4);

 Construction Permit Application;

 Construction Permit Application Revision;

 Construction Permit Modification.

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

This application contains four (4) sections as outlined below:

 Section 1 – Facility Information

 Section 2 – Equipment/Process Information

 Section 3 – Source Identification and Emissions Checklist

 Section 4 – Completeness Checklist for Regulatory Review

Submit the completed application package to:

Air Permitting Division Director

Bureau of Air Quality

2600 Bull Street

Columbia, South Carolina, 29201

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).

The applicant should also keep a copy of the complete 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.

**Coastal Counties Require Additional Certification**

If operations covered by construction permits involve land-disturbing activities in Beaufort, Berkeley, Charleston, Colleton, Dorchester, Georgetown, Horry or Jasper counties, contact S.C. DHEC's Office of Ocean and Coastal Resource Management (OCRM) for information on [**Coastal Zone Consistency Certification**](https://www.scdhec.gov/environment/water-quality/coastal-permits/coastal-zone-consistency-certification-state-and-federal) requirements.

Additional rows may be added to the tables in this application as needed by selecting the **“unprotect document”** or **“stop protection”** function. The location and use of this function varies depending on your version of Microsoft Word. The form’s **“protect document”** tool should then be reselected so that you may resume navigating through the form with the “tab” key.

| **SECTION 1 - FACILITY IDENTIFICATION** |
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|  |  |
| --- | --- |
| SC Air Permit Number (8-digits only)*(Leave blank if one has never been assigned)*     -      | Application Date      |
| 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. This name will be listed on the permit and 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)*  -      |

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| **REQUEST TYPE (Check all that apply)** |
| **Exemption Request:** [ ] Complete Section 1 and attach documentation to support exemption request. |
| **Construction Application:**[ ]  Minor New Source Review Project[ ]  Synthetic Minor Project[ ]  Prevention of Significant Deterioration Project[ ]  112(g) Project |
| **Expedited Review Request:** [ ] If checked, include [Expedited Form D-2212](https://www.scdhec.gov/sites/default/files/Library/D-2212.docx) in the construction application package. |
| **Construction Permit Modification:** [ ] Provide the construction permit ID (e.g. CA, CB, etc.) for which modification is requested:       |
| **Application Revision:** [ ]  |
| **CONSTRUCTION PERMIT APPLICATION FORMS BEING REVISED***(Amended construction permit forms must be filled out completely and attached to this modification request.)* |
| **Form #** | **Date of Original Submittal** | **Brief Description of Revision** |
| D-2566 |       |       |
| D-2573 |       |       |

| **FACILITY PHYSICAL ADDRESS** |
| --- |
| 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:       |

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| **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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| **PROJECT DESCRIPTION** |
| Project Description (What, why, how, etc.):       |

| **AIR PERMIT FACILITY CONTACT***(Person listed will be in our files as the point of contact for all air permitting related questions and will receive all air permitting notifications.)* |
| --- |
| Title/Position:       | Salutation:       | First Name:       | Last Name:       |
| Mailing Address:       |
| City:       | State:       | Zip Code:       |
| E-mail Address:       | Primary Phone No.:       | Alternate Phone No.:       |

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| The signed permit will be e-mailed to the designated Air Permit Contact.If additional individuals need copies of the permit, please provide their names and e-mail addresses. |
| **Name** | **E-mail Address** |
|       |       |
|       |       |

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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:       | Salutation:       | First Name:       | Last Name:       |
| Mailing Address:       |
| City:       | State:       | Zip Code:       |
| E-mail Address:       | Primary Phone No.:       | Alternate Phone 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, supporting documentation, 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 |

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| **APPLICATION PREPARER (if other than Professional Engineer below)** |
| Title/Position:       | Salutation:       | First Name:       | Last Name:       |
| Mailing Address:       |
| City:       | State:       | Zip Code:       |
| E-mail Address:       | Phone No.:       | Cell No.:       |

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| **PROFESSIONAL ENGINEER INFORMATION** |
| Consulting Firm Name:       | SC Certificate of Authority License No.:       |
| Title/Position:       | Salutation:       | First Name:       | Last Name:       |
| Mailing Address:       |
| City:       | State:       | Zip Code:       |
| E-mail Address:       | Phone No.:       | Cell No.:       |
| SC License/Registration No.:       |
| **PROFESSIONAL ENGINEER SIGNATURE** |
| I have placed my signature and seal on the engineering documents submitted, signifying that I have reviewed this construction permit application as it pertains to the requirements of *South Carolina Regulation 61-62, Air Pollution Control Regulations and Standards*. |
|  |       |  |
| Signature of Professional Engineer | Date |  |

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| **SECTION 2- EQUIPMENT / PROCESS INFORMATION INSTRUCTIONS** |

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| The information provided in tables in this section will identify the equipment and processes that will be added, removed or modified at the facility, including the size and type along with the make and model, and any associated control devices and/or emission points.As an attachment to this form include a narrative with the following information:* Description of the facility's proposed new or altered processes;
* Physical and chemical properties and feed rate(s) of the raw materials used and products made from which the facility determined potential emissions;
* Process flow diagram / production process layout of all new or altered sources changed showing the flow of materials and intermediate and final products.

**Equipment / Process Information Table:**Please identify the equipment and processes that are being added, removed, modified, or are existing and provide the information requested in this table. Additional information required to complete the review of this permit application should be submitted as attachments. **Control Device Information Table:**Identify the control devices being added, removed, modified, or existing in the proposed construction project and provide the information requested in this table. Additional information required to complete the review of this permit application should be submitted as attachments. |

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| **EQUIPMENT / PROCESS INFORMATION** |
| Be as detailed as possible when filling out “Equipment/Process Description.” The following includes examples of source types and relevant information associated with that source:***External Combustion Sources****:* Equipment type and usage (e.g. steam generation, process heat, drying, curing, etc.), maximum heat capacity (MMBTU/hr), primary and backup fuel type (e.g. natural gas, fuel oil, coal, etc.), fuel sulfur content, Low NOx burners, direct or indirect heating***Stationary Internal Combustion Sources****:* Equipment type and usage (e.g. emergency generator, fire pump, etc.), output brake/electrical power (hp/kW), fuel type***Liquid Storage Tanks***: Tank type (e.g. fixed roof, floating roof, variable vapor pressure, etc.), materials stored, material density, vapor pressure, maximum average storage temperature, loading source (e.g. pipeline, rail car, process, etc.)***Incinerators***: Incinerator type (e.g. rotary kiln, air curtain, single chamber, etc.), primary and secondary waste types (e.g. municipal waste, yard waste, clean wood, etc.), waste charge rate (tons/day or lb/hr), burner capacity (BTU/hr), minimum chamber temperature***Surface Coating Sources*:** Coating operation type (e.g. large appliances, auto and light duty trucks, paper and other webs, publication printing inks, etc.), transfer efficiency, coating density, percent Volatile Organic Compound (VOC)/Hazardous Air Pollutants (HAPs)/Toxic Air Pollutants (TAPs), Safety Data Sheets (SDS)Please review applicable regulations to determine additional information that may be required for permitting. |

| **EQUIPMENT / PROCESS INFORMATION** |
| --- |
| **Equipment ID/****Process ID** | **Action** | **Equipment / Process Description** | **Maximum Design Capacity (Units)** | **Control Device ID(s)** | **Emission Point ID(s)** |
|       | [ ]  Add[ ]  Remove[ ]  Modify[ ]  Existing |       |       |       |       |
|       | [ ]  Add[ ]  Remove[ ]  Modify[ ]  Existing |       |       |       |       |
|       | [ ]  Add[ ]  Remove[ ]  Modify[ ]  Existing |       |       |       |       |

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| **CONTROL DEVICE INFORMATION** |
| Inherent, required and voluntary control devices, as used in the table below, are defined as:***Inherent:*** Consult EPA Guidance “[Criteria for Determining Whether Equipment is Air Pollution Control Equipment or Process Equipment](https://www.epa.gov/sites/production/files/2015-07/documents/proequip.pdf).” When a control device is deemd “Inherent”, a detailed explanation of the determination must be included as an attachment.***Required:*** Control device is relied-upon or required by regulation, and controlled emissions are used to show compliance with applicable standards and regulations.***Voluntary:*** Control device is not relied-upon and uncontrolled emissions are used to show compliance with applicable standards and regulations. |

| **CONTROL DEVICE INFORMATION** |
| --- |
| **Control Device ID** | **Action** | **Control Device Description** | **Maximum Design Capacity (Units)** | **Inherent/****Required/****Voluntary** | **Pollutants Controlled** (Include CAS #) | **Capture Efficiency** | **Destruction/****Removal Efficiency**  | **Emission Point ID(s)** |
|       | [ ]  Add[ ]  Remove[ ]  Modify[ ]  Existing |       |       |       |       |       |       |       |
|       | [ ]  Add[ ]  Remove[ ]  Modify[ ]  Existing |       |       |       |       |       |       |       |
|       | [ ]  Add[ ]  Remove[ ]  Modify[ ]  Existing |       |       |       |       |       |       |       |

| **SECTION 3 –** **SOURCE IDENTIFICATION AND EMISSIONS CHECKLIST INSTRUCTIONS** |
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| **Definitions for completing the information in the tables below:** |
| Uncontrolled emissions: Maximum emission rate at full design capacity without consideration of control devices or emission limitations.Controlled emissions: Maximum emission rate at full design capacity taking into consideration control devices. Controlled emissions only apply if there are associated control equipment and should be based on uncontrolled emissions and capture/control efficiencies. Controlled emissions do not take into consideration emission limitations.Potential to Emit (PTE): The maximum capacity of a source to emit a regulated pollutant under its physical and operational design. Any physical or operational limitation on the capacity of the source to emit a regulated pollutant, including air pollution control equipment and restrictions on hours of operation or on the type or amount of material combusted, stored, or processed, shall be treated as part of its design only if the limitation or the effect it would haveon emissions is federally enforceable. Secondary emissions as defined in S.C. Regulation 61-62.1, Section I(81), do not count in determining the potential to emit of a source. |

| **Check Box for information addressed** | **Required Information** |
| --- | --- |
| **Source identification and emissions:** |
|[ ]  * Name of each source, process, and control device.
 |
|[ ]  * Assign each source an Equipment ID. The IDs must match the IDs listed in Section 2 of this application.
 |
|[ ]  * Assign an Emission Point ID for each source.
 |
|[ ]  * Assign a Control Device ID for each control device.
 |
|[ ]  * List each pollutant the source will emit.
 |
|[ ]  * List the Uncontrolled, Controlled, and PTE emissions for each source or equipment in lb/hr and tons/year.
 |
|[ ]  * Emission rates for each pollutant should be totaled and listed in lb/hr and tons/year.
 |
|[ ]  * Provide the CAS# for each Hazardous Air Pollutant (HAP) and/or Toxic Air Pollutant (TAP).
 |
| **Information to support emission rates:** |
|[ ]  * Sample calculations.
 |
|[ ]  * Emission factors. Include the source, revision date, specific table and/or chapters. Include source test data if factors were derived from source testing.
 |
|[ ]  * Explanation of assumptions, bottlenecks, etc.
 |
|[ ]  * Source test information: A copy of the source test results may be requested. If the test results are not included in the application, the application should cite whether this was a DHEC approved test, and if not, explain where the test was conducted and other identifying information.
 |
|[ ]  * Manufacturer’s data.
 |
| ☐ | * Vendor guarantees that support control device efficiencies.
 |
| ☐ | * New Source Review (NSR) analysis.
 |
| ☐ | * Other (e.g. example particle size analysis)
 |

| **Existing (Permitted) Facilities** |
| --- |
| **Check Box** | **Required Information** | **Location in Application** |
| ☐ | Facility-wide emissions prior to construction/modification:* Include an explanation if these emissions do not match the facility-wide emissions submitted in the last application.
 |       |
| ☐ | Facility-wide emissions after construction/modification:* Include net change, if applicable.
 |       |
| **As applicable for the construction/ modification:** |
| ☐ | * Name of each source.
 |       |
| ☐ | * Assign each source an Equipment ID. The IDs must match the IDs listed in Section 2 of this application or on your current construction / operating permit.
 |       |
| ☐ | * Assign a Control Device ID for each control device.
 |       |
| ☐ | * Assign an Emission Point ID for each source.
 |       |
| ☐ | * List each pollutant the source will emit.
 |       |
| ☐ | * List the Uncontrolled, Controlled, and PTE (if applicable) emissions for each source or equipment.
 |       |
| ☐ | * Emission rates for each pollutant should be totaled and listed in lb/hr and tons/year.
 |       |
| ☐ | * Provide the CAS# for each HAP and/or TAP.
 |       |
| **Information to support facility-wide emission rates:** |
| ☐ | * Sample calculations.
 |       |
| ☐ | * Emission factors. Include the source, revision date, specific table and/or chapters. Include source test data if factors were derived from source testing.
 |       |
| ☐ | * Explanation of assumptions, bottlenecks, etc.
 |       |
| ☐ | * Source test information: A copy of source the test results may be requested. If the results are not included in the application, the application should cite whether this was a DHEC approved test and if not, explain where the test was conducted and other identifying information.
 |       |
| ☐ | * Manufacturer’s data.
 |       |
| ☐ | * Vendor guarantees that support control device efficiencies.
 |       |
| ☐ | * NSR analysis.
 |       |
| ☐ | * Other (please explain)
 |       |

| **Section 4 Completeness Checklist for Regulatory Review** |
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| **State and Federal Air Pollution Control Regulations and Standards** |
| 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. |

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| **Check Box** | **State and Federal Air Pollution Control Regulations and Standards** |
|[ ]  S.C. Regulation 61-62.1 Section II.E Synthetic Minor Construction Permits |
|[ ]  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.)* |
|[ ]  * Standard No. 5 Volatile Organic Compounds
 |
|[ ]  * Standard No. 5.2 Nitrogen Oxides Lowest Achievable Emission Rate
 |
|[ ]  * Standard No. 7 Prevention of Significant Deterioration (PSD)
 |
|[ ]  * Standard No. 7.1 Nonattainment New Source Review (NSR)
 |
|[ ]  * 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 |
|[ ]  40 CFR Part 64 Compliance Assurance Monitoring (CAM) |
|[ ]  S.C. Regulation 61-62.68 and 40 CFR Part 68 Chemical Accident Prevention Provisions |
|[ ]  S.C. Regulation 61-62.70 and 40 CFR Part 70 Title V Operating Program |
|[ ]  Other S.C. Air Pollution Control Regulations, as applicable. |
|[ ]  Other Federal Air Pollution Control Regulations, as applicable. |
|[ ]  40 CFR 98 Green House Gas (GHG) emissions*(Note: Quantify GHG emissions, if S.C. Regulation 61-62.5, Standard No. 7 or S.C. Regulation 61-62.5, Standard No. 7.1 is triggered.)* |

| **Completeness Checklist:** |
| --- |
| For applicable federal and state regulations, the narrative should address the specific limitations, monitoring, recordkeeping, and reporting requirements associated with the new or altered source(s). Include the specific regulatory citations. Check all that have been reviewed and addressed in the narrative. |

| **Check Box** | **Completeness Checklist:** |
| --- | --- |
| **Applicability Determination:** |
|[ ]  * Is this regulation *applicable,* *reasonably applicable, potentially applicable,* or *not applicable?*
 |
|[ ]  * Is the basis for the applicability determination explained?
 |
| **Affected Sources:** |
|[ ]  * Is the name and identification of each emission source or process included?
 |
| **Compliance Demonstration:** |
|[ ]  * How will compliance be demonstrated?
 |
|[ ]  * Are specific methods or activities to be utilized by the facility to demonstrate compliance with each specific limitation and/or requirement provided?
 |
|[ ]  * Are control devices and control device requirements included?
 |
|[ ]  * Are monitoring, recordkeeping, and reporting requirements necessary to demonstrate compliance included?
 |
| **Regulatory Citations:** |
|[ ]  * Are the regulatory citations identified?
 |