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

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. Submit **one complete, public** form with original signatures (scanned, copied, electronic, etc. signatures will not be accepted) to:

**Air Permitting Division Director**

**Bureau of Air Quality**

**2600 Bull Street**

**Columbia, South Carolina, 29201**

The facility must submit this information within 7 days of replacing an existing burner assembly in accordance with the requirements of South Carolina Regulation 61-62.5, Standard No. 5.2. The applicant shall keep a copy of this form in their records for use by the facility's air permit contact when answering technical questions and providing additional required information.

**Fuel Combustion Unit Identification**

* *Equipment ID and Description:* Identify and describe the equipment, as listed in the original construction or operating permit, for which the burner assembly has been replaced.
* *Rated Heat Capacity (million BTU/hr):* Provide the rated heat capacity of the fuel combustion unit.
* *Original Date of Manufacture:* Provide the date the fuel combustion unit was manufactured.
* *Original Start of Construction Date:* Provide the original date construction was started.
* *Initial Start-up Date:* Provide the date the fuel combustion unit was initially started up.

**Low NOX Burner Assembly Information**

* *Burner Assembly Replacement Date:* Provide the date the burner assembly was replaced in the fuel combustion unit.
* *Burner Assembly Manufacturer Name:* Provide the burner assembly manufacturer's name
* *Burner Assembly Make and Model Number:* Provide the burner assembly make and model number.
* *Number of Burners:* Provide the number of burners associated with this burner assembly.
* *Burner Rated Heat Capacity (million BTU/hr each):* Provide the rated heat capacity for each of the burners.

**NOX Emissions from Fuel Combustion**

* *Permitted Fuels Combusted:* List the type of fuels combusted and grades (e.g. Natural gas, No. 2 fuel oil, B20).
* *Fuel BTU Content:* List the heat capacity of each fuel type (BTU/lb, BTU/gal, etc.).
* *Uncontrolled Emission Rates Prior to Burner Assembly Replacement:* The NOX emissions rates should be given in lb/million BTU.
* *Emission Rates After Low NOX Burner Assembly Installation:* The NOX emissions rates should be given in lb/million BTU.
* *Estimated NOX Reduction:* The NOX emissions reduction should be given in lb/ million BTU/hr and as a percentage.

**Subsequent Burner Assembly Replacement**

Once an initial burner assembly has been replaced, which achieves the 30% reduction or greater, each subsequent replacement of this burner would need to, at minimum, maintain the reduction of the emission levels achieved by the previous burner assembly.

| **FACILITY IDENTIFICATION** | |
| --- | --- |
| SC Air Permit Number (8-digits only)       - | Notification Date |
| Facility Name *(This should be the name used to identify the facility at the physical location)* | |

|  |
| --- |
| **The following information should be submitted along with this form:** |
| *Supporting Information:* Attach all Manufacturers' data and supporting information needed to determine NOX reduction after burner assembly replacement.  *Sample Calculations, Emission Factors Used, etc.:* Detailed narrative description of the method used to determine NOX reduction after burner assembly replacement. Full details regarding the calculation method and emission factors used shall be included. |

| **FUEL COMBUSTION UNIT IDENTIFICATION** | |
| --- | --- |
| Equipment ID and Description: | |
| Manufacturer Name: | Make and Model Number: |
| Rated Heat Capacity (million BTU/hr): | Original Date of Installation: |

|  |  |
| --- | --- |
| **LOW NOX BURNER ASSEMBLY INFORMATION** | |
| Burner Assembly Replacement Date: | Burner Assembly Manufacturer Name: |
| Burner Assembly Make and Model Number: | Number of Burners: |
| Burner Rated Heat Capacity (BTU/hr each): | |

| **NOX EMISSIONS FROM FUEL COMBUSTION** *(Calculated at maximum design heating capacity.)* | | | | | |
| --- | --- | --- | --- | --- | --- |
| Permitted Fuels Combusted | Fuel BTU Content\* | Uncontrolled Emission Rates Prior to Burner Assembly Replacement (lb/million BTU) | Emission Rates After Low NOx Burner Assembly Installation (lb/million BTU) | Estimated NOx Reduction | |
| lb/million BTU | % |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*\*BTU content should be consistent with previously submitted emissions for the fuel combustion unit.*

|  |  |  |  |
| --- | --- | --- | --- |
| **OWNER OR OPERATOR**  ***(****\*For Title V facilities, this application must be signed by a Responsible Official. For all other facilities it should be signed by an owner/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** | | | |
| As a duly authorized representative of this facility, with the responsibility to ensure that this facility is in compliance with the requirements of any air permit issued by the Department, I certify that the information in this Low NOX Burner Assembly Replacement Notification are true, accurate, and complete. | | | |
|  | | | |
| \*Signature of Owner or Operator | | | Date |