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

If you have any questions while filling out the Start of Construction Notification, please contact the Bureau of Air Quality, Air Permitting Division by calling (803) 898-4123. Submit to:

**Air Permitting Division Director**

**Bureau of Air Quality**

**2600 Bull Street**

**Columbia, South Carolina, 29201**

The information provided in this form is needed to identify all of the equipment and control devices, as listed in the original construction permit, for which construction has started.

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.

**Equipment and Control Devices under Construction**

***Equipment ID / Process ID / Control Device ID:*** Identify all of the equipment and control devices, as listed in the original construction permit, for which construction has started. If there are hundreds of IDs, it is acceptable to list the process ID, versus listing each piece of equipment.

"All Sources" may be designated in this column if all equipment and control devices, as listed in the original construction permit, have begun construction. Otherwise, the form will be filled out and submitted each time any equipment/process listed in the original construction permit starts construction.

***Date Issued:*** Provide the date the Bureau of Air Quality issued the construction permit.

***Construction Permit ID:*** Provide the construction permit ID (e.g. CA, CB, etc.) that was assigned by the Bureau of Air Quality for the construction permit.

***Description:*** Provide a brief description of the equipment and control devices, as listed in the original construction permit, for which construction has started.

***Construction / Modification Start Date:*** Provide the date on which construction was started.

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

|  |
| --- |
| **REGULATORY REQUIREMENT FOR START OF CONSTRUCTION NOTIFICATION** |
| (SC Regulation 61-62.1, Section II.A.3) The owner or operator shall submit written notification to the Department of the date construction is commenced, postmarked no later than 30 days after such date. |

|  |
| --- |
| **NSPS SOURCES ONLY - REGULATORY REQUIREMENT FOR START OF CONSTRUCTION NOTIFICATION** |
| (40 CFR 60.7(a)(1)) A notification of the date construction (or reconstruction as defined under 40 CFR 60.15) of an affected facility is commenced postmarked no later than 30 days after such date. This requirement shall not apply in the case of mass-produced facilities which are purchased in completed form. |

| **EQUIPMENT AND CONTROL DEVICES UNDER CONSTRUCTION** | | | | |
| --- | --- | --- | --- | --- |
| **Equipment ID**  **Process ID**  **Control Device ID** | **Date Issued** | **Construction Permit ID** | **Description** | **Construction / Modification Start Date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **OWNER OR OPERATOR** | | | |
| Title/Position: | Salutation: | First Name: | Last Name: |
| Mailing Address: | | | |
| City: | | State: | Zip Code: |
| E-mail Address: | | Phone No.: | Cell No.: |
| **OWNER OR OPERATOR SIGNATURE** | | | |
| I certify, to the best of my knowledge and belief that the construction has begun in accordance with the specifications agreed upon in the construction permit issued by the Department. 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 |