**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 application to (must have original signatures – scanned, copied, electronic, etc. signatures will not be accepted):

**Air Permitting Division Director**

**Bureau of Air Quality**

**2600 Bull Street**

**Columbia, South Carolina 29201**

This form will be used by the facility for the following:

* To request an Initial Operating Permit
* To officially notify the Department of the Initial Start-up Date of all newly constructed or modified equipment, processes, or control devices
* To officially certify construction in accordance with the specifications of the construction permit(s).
* To request a modification to an existing Operating Permit

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.

**\*Note for Title V Facilities:** Use this form only if the facility does not currently operate under a Title V permit. If the facility is a new major source, an initial Title V Operating Permit application must also be submitted to the Department within 12 months of initial start-up. Sources currently operating under a Title V permit should submit the appropriate Title V Modification Request Form instead of this form.

*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 that authorized the construction of the equipment, processes, and/or control devices that have been placed into operation.

*Equipment ID / Process ID / Control Device ID:* Identify all of the equipment, processes, and/or control devices as listed in the original construction permit that have been placed into operation. If there are hundreds of IDs, it is acceptable to list the process ID, versus listing each piece of equipment.

*Equipment / Process / Control Device Description:* Provide a brief description of the equipment, processes, and/or control devices as listed in the original construction permit that has been placed into operation. Include the Make and Model if applicable.

"All Sources" may be designated in this form if all of the equipment, processes, and/or control devices, as listed in the original construction permit, have been placed into operation. Otherwise, the form will be filled out and submitted each time any equipment, process, and/or control device, listed in the original construction permit, has been placed into operation.

*Initial Start-up Date:* Provide the date on which the equipment, processes, and/or control devices were placed into operation.

If a specific NSPS or NESHAP is applicable to the equipment, processes, and/or control devices that have been placed into operation, please refer to the start-up definition listed in the NSPS or NESHAP. In all other circumstances, start-up will be defined as setting a piece of equipment in operation; which will include testing of equipment.

| **FACILITY IDENTIFICATION**  *(Must be postmarked no later than 15 days after the actual date of initial startup of each new or altered source.)* | | |
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| SC Air Permit Number (8-digits only)       - | | Operating Permit Request Date |
| Facility Name  *(This should be the name used to identify the facility)* | | |
| **OPERATING PERMIT TYPE** | | |
| State Operating Permit | General State Operating Permit | |
| Conditional Major Operating Permit | General Conditional Major Operating Permit | |
| Title V - *Use this form only if the facility does not currently operate under a Title V Permit. If the facility is a new major source, an initial Title V Operating Permit application must also be submitted to the Department within 12 months of initial start-up.* | | |

| **MODIFICATION OF EMISSION UNITS LISTED ON EXISTING OPERATING PERMIT**  *(Including equipment, processes, control devices, and conditions)* | | |
| --- | --- | --- |
| **Emission Unit ID /**  **Equipment ID /**  **Process ID /**  **Control Device ID /**  **Condition Number** | **Brief Description of Modification**  *(Include a marked up copy of the existing permit that clearly indicates the desired changes)* | **Modification Date** |
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| **NOTIFICATION OF INITIAL START-UP OF EQUIPMENT, PROCESSES, CONTROL DEVICES**  *(Must be postmarked within 15 days after actual date of initial startup of each new or altered source.)* | | | |
| --- | --- | --- | --- |
| The owner or operator or professional engineer in charge of the project shall certify that the construction under application has been completed in accordance with the specifications agreed upon in the construction permit issued by the Department. If construction is not built as specified in the permit application and associated construction permit(s), the owner or operator must submit to the Department a complete description of modifications that are at variance with the documentation of the construction permitting determination prior to commencing operation. | | | |
| **NSPS SOURCES ONLY -** (40 CFR 60.7(a)(3)) A notification of the actual date of initial startup of an affected facility postmarked within 15 days after such date. | | | |
| **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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| **SIGNATURE OF PERSON CERTIFYING CONSTRUCTION**  *(Signature of individual certifying construction. This section does not require a signature if there is no construction that requires certification.)* | | |
| --- | --- | --- |
| I certify, to the best of my knowledge and belief, and as a result of periodic observation during construction, the construction has been completed in accordance with the specifications agreed upon in the construction permit(s) 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. | | |
|  | |  |
| Signature | Date |  |

| **PROFESSIONAL ENGINEER IN CHARGE OF PROJECT**  *This section is only required if the PE is signing the certification above.* | | | |
| --- | --- | --- | --- |
| Consulting Firm Name: | | | |
| Title/Position: | Salutation: | First Name: | Last Name: |
| Mailing Address: | | | |
| City: | | State: | Zip Code: |
| E-mail Address: | | Phone No.: | Cell No.: |
| SC License/Registration No.: | | | |

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| --- | --- | --- | --- |
| **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 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. | | | |
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| Signature of Owner or Operator | | | Date |