**PLEASE ANSWER THE FOLLOWING QUESTION TO SEE IF YOU ARE ELIGIBLE FOR COVERAGE UNDER THIS REGISTRATION PERMIT.**

| **SAWMILL OPERATIONS***(The facility must meet all requirements that are included in this table.)* |
| --- |
| **Applicability:** A source may qualify for coverage under the Registration Permit for Sawmill Operations if it is a sawmill where logs (greenwood) are cut into lumber. This process may consist of any combination of the following: debarking, decking, sawing, planing, edging, trimming, drying, and loading of lumber, wood residue, and/or wood waste, wood preserving, and surface finishing. |
| **Criteria:** A facility may operate under the conditions contained herein if it meets the following , as applicable:1. The facility is a sawmill where logs (greenwood) are cut into lumber (timber).

 Yes [ ]  No [ ] 1. The facility does not make panel products, plywood, veneer, particleboard, medium density fiberboard, hardboard, oriented strand board, waferboard, wood shavings, or engineered (composite) wood products.

 Yes [ ]  No [ ] 1. All wood drying is conducted naturally by air. The facility does not use kilns, ovens, etc. to dry wood.

 Yes [ ]  No [ ]  N/A [ ] 1. All non-road diesel engines are fired on low sulfur (500 ppm or less) diesel.

 Yes [ ]  No [ ]  N/A [ ] 1. All non-road diesel engines certified by the manufacturer to meet EPA's non-road diesel engine emission standards/tiers

 Yes [ ]  No [ ]  N/A [ ] 1. The maximum size for a single diesel engine is 500 hp and with a displacement of <10 liters per cylinder.

 Yes [ ]  No [ ]  N/A [ ] If you answered yes to above questions, continue to fill out this application and submit to the address listed below. If you answered no to any of the above question, call our office at the number below to determine the type of permit you need.  |

If you have any questions regarding the use of this form, please contact the Bureau of Air Quality by calling (803) 898-4123. The facility must submit one completed form with original signature to:

**Bureau of Air Quality**

**2600 Bull Street**

**Columbia, South Carolina, 29201**

Applications with scanned, copied, or electronic signatures will not be accepted as an official submittal. The facility should also keep a copy of the complete application package in their records for use by the facility's air permit contact when answering questions and providing additional required information.

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 form with the “tab” key.

| **FACILITY IDENTIFICATION** |
| --- |
| SC Air Permit Number (8-digits only):      -      | Submittal Date:       |
| Facility Name:       |

| **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:       | [ ]  NAD27 *(North American Datum of 1927), or*[ ]  NAD83 *(North American Datum of 1983)* |

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| **AIR PERMIT FACILITY 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:       |
| City:       | State:       | Zip Code:       |
| E-mail Address:       | Phone No.:       | Cell No.:       |
| One hard copy of the signed permit will be mailed to the designated Air Permit Contact.If additional individuals need electronic copies of the permit, please provide their names and e-mail addresses. |
| **Name** | **E-mail Address** |
|       |       |
|       |       |

| **WOOD PROCESSING EQUIPMENT***(Identify all that will exist at this facility.)* |
| --- |
| **Description** | **Make/Model** | **Manufacture/Installation/Modification Date** | **Rated Capacity**(tons/hour) | **Control Device Description** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

| **WOOD PAINTING / COATING EQUIPMENT***(Identify all that will exist at this facility. If the facility does not have any of these sources put N/A in the Table.)* |
| --- |
| **Description** | **Make/Model** | **Manufacture/Installation/Modification Date** | **Control Device Description** | **Exhaust Stack** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

| **WOOD PRESERVATION EQUIPMENT***(Identify all that will exist at this facility. If the facility does not have any of these sources put N/A in the Table.)* |
| --- |
| **Description** | **Make/Model** | **Manufacture/Installation/ Modification Date** | **Rated Capacity****(Units)** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

| **GENERATORS AND OTHER FUEL BURNING EQUIPMENT\****(Identify all that will exist at this facility. If the facility does not have any of these sources put N/A in the Table.)* |
| --- |
| **Description** | **Make/Model** | **Fuel Type** | **Manufacture/Installation/Modification Date** | **Rated Capacity**(Units) |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

\*All diesel engines present at the facility (as indicated in the equipment list) must have manufacturer’s engine certifications and must be included with the application.

| **EMISSIONS (Tons per Year)**Complete the following table including all equipment at your facility. Submit a copy of the emissions calculations with the application.  |
| --- |
| **EQUIPMENT** | **PM** | **PM10** | **PM2.5** | **SO2** | **NOX** | **VOC** | **CO** | **Highest HAP** | **Total HAP** |
|  |  |       |       |       |       |  |  |       |       |
|  |  |       |       |       |       |  |  |       |       |
|  |  |       |       |       |       |  |  |       |       |

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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 that we meet the criteria established for this Registration Permit for Sawmill Operations and agree to the conditions and terms of this Registration Permit for Sawmill Operations. 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 registration 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 |