**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**

The South Carolina Department of Health and Environmental Control may modify the Title V Operating Permit through the Administrative Permit Amendments process described in S.C. Regulation 61-62.70.7(d). The owner or operator must apply for an administrative permit amendment in writing by submitting this form.

This form may be used to request several Administrative Permit Amendments at the same time. The information provided in the Administrative Permit Amendment form will describe the types of administrative permit amendments being requested, provide the reasons for amendment, identify the permit conditions that need amending, identify the affected emissions units or equipment, identify amendments to periodic monitoring, recordkeeping or reporting, and identify construction permits that are to be incorporated into the Title V 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.

**Administrative Permit Amendment for Correction of Typographical Errors? "Yes\*" or "No"**

*Permit Condition Number(s):* Cite the Permit Condition(s) with the typographical error(s).

*Current permit language with error:* Quote the sentence in the Permit Condition with the typographical error(s).

*Requested amendment:* Rewrite the sentence in the Permit Condition with the typographical error(s) corrected.

**Administrative Permit Amendment for More Frequent Monitoring, Record Keeping, or Reporting Requirements? "Yes\*" or "No"**

*Permit Condition Number(s):* Cite the Permit Condition(s) with the monitoring, recordkeeping, or reporting requirements that need to be changed.

*Emission Unit ID:* Identify the emission unit, as listed in the current Title V operating permit, for which the monitoring, recordkeeping, or reporting requirements need to be changed.

*Equipment ID / Process ID / Control Device ID:* Identify all of the equipment, processes, and/or control devices, as listed in the current Title V operating permit, for which the monitoring, recordkeeping, or reporting requirements need to be changed.

*Reason for Change:* State the reason the monitoring, recordkeeping, or reporting requirements need to be changed.

*Requested amendment:* Rewrite the permit condition to propose the monitoring, recordkeeping, or reporting requirements changes being requested.

**Administrative Permit Amendment for Revisions to Conditions Identified as "State Only" Requirements or Standards? "Yes\*" or "No"**

*Permit Condition Number(s):* Cite the Permit Condition(s) identified as "State Only" requirements or standards that need to be revised.

*Emission Unit ID:* Identify the emission unit, as listed in the current Title V operating permit, for which the "State Only" requirements or standards need to be changed.

*Equipment ID / Process ID / Control Device ID:* Identify all of the equipment, processes, and/or control devices, as listed in the current Title V operating permit, for which the "State Only" requirements or standards need to be changed.

*Reason for Change:* State the reason the "State Only" requirements or standards need to be changed.

*Requested amendment:* Rewrite the permit condition to propose the "State Only" requirements or standards changes being requested.

**Administrative Permit Amendment for** **Incorporation of Preconstruction Review Permit Requirements in accordance with S.C. Regulation 61-62.70, Title V Operating Permit Program, Section 70.7(d)(1)(v)? "Yes\*" or "No"**

*Construction Permit ID:* Provide the construction permit ID 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 an excessive number of IDs, it is acceptable to list the process ID, versus listing each piece of equipment.

"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

*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.

*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 for any purpose; which will include testing of equipment.

| **SITE IDENTIFICATION** |
| --- |
| SC Air Permit Number (8-digits only)      - |
| Facility Site Name  *(The facility Name should match the current permit.)* |

| **ADMINISTRATIVE PERMIT AMENDMENT**  *(A marked-up copy of the permit may be submitted with this form to show requested changes.)* | | | |
| --- | --- | --- | --- |
| Correction of typographical errors?  Yes  No  Permit Condition Number(s):  Current permit language with error:  Requested amendment: | | | |
| More frequent monitoring, record keeping, or reporting requirements?  Yes  No  Permit Condition Number(s):  Emission Unit ID:  Equipment ID/Process ID/Control Device ID:  Reason for Change:  Requested amendment: | | | |
| Revisions to conditions identified as "State Only" requirements or standards?  Yes  No  Permit Condition Number(s):  Emission Unit ID:  Equipment ID/Process ID/Control Device ID:  Reason for Change:  Requested amendment: | | | |
| Incorporation of preconstruction review permit requirements in accordance with S.C. Regulation 61-62.70, Title V Operating Permit Program, Section 70.7(d)(1)(v)?  Yes  No  *(If "Yes" – This form must be postmarked within 15 days after actual date of initial startup of each new or altered source.)* | | | |
| **Construction Permit ID** | **Equipment/Process/Control Device ID** | **Equipment / Process / Control Device Description**  **(Include the Make and Model if applicable.)** | **Initial Start-up Date** |
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| **INDIVIDUAL CERTIFYING CONSTRUCTION** | | | | | |
| Title/Position: | | | | | |
| Salutation: Choose | First Name: | | | Last Name: | |
| E-mail Address: | | | Phone No.: | | Cell No.: |
| If PE include: SC License/Registration No. | | | | | |
| **RESPONSIBLE OFFICIAL** | | | | | |
| Title/Position: | | Salutation: | First Name: | | Last Name: |
| Mailing Address: | | | | | |
| City: | | | State: | | Zip Code: |
| E-mail Address: | | | Phone No.: | | Cell No.: |

| **CERTIFICATION OF CONSTRUCTION**  *This signature is only required if this request is to incorporate a construction permit into Title V Operating Permit* | |
| --- | --- |
| 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 of Individual Certifying Construction | Date |

|  |  |
| --- | --- |
| **RESPONSIBLE OFFICIAL SIGNATURE**  *This signature is required for all Administrative Amendment Request* | |
| 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. | |
|  |  |
| Signature of Responsible Official | Date |