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

If you have any questions while filling out this permit application form, you may contact the Bureau of Air Quality, Air Permitting Division by calling (803) 898-4123.

This application is for a facility requesting to construct and/or operate under the [Registration Permit for Surface Finishing Operations](https://www.scdhec.gov/sites/default/files/media/document/2020-08-06_Registration%20Surface%20Finishing%20Operations%20Permit.pdf). This registration permit applies to surface finishing operations such as surface coating and/or surface preparation. Activities covered under this permit include but are not limited to: coating preparation/mixing, coating application, and cleanup of coating application equipment, adhesive application, abrasive blasting, welding operations, stationary combustion sources, and other miscellaneous activities such as cutting, grinding, etc. associated with the coating operations.

The applicant should complete all information requested on this form, attach supporting documentation. Submit one public application with original signature (scanned, copied, electronic, etc. signatures will not be accepted) to the following address:

**Air Permitting Division Director**

**Bureau of Air Quality**

**2600 Bull Street**

**Columbia, South Carolina 29201**

The applicant should also keep a copy of the completed application in their records to reference when answering technical questions and providing additional information.

**Coastal Counties Require Additional Certification**

If operations covered by registration permits involve land-disturbing activities in Beaufort, Berkeley, Charleston, Colleton, Dorchester, Georgetown, Horry or Jasper counties, then a [**Coastal Zone Consistency Certification**](https://www.scdhec.gov/environment/water-quality/coastal-permits/coastal-zone-consistency-certification-state-and-federal) may also be required prior to conducting the land-disturbing activities. Those eight coastal counties make up the [**Coastal Zone**](https://www.scdhec.gov/environment/your-water-and-coast/coastal-management/coastal-zone-management/south-carolina-coastal), which is under the jurisdiction of S.C. DHEC's Office of Ocean and Coastal Resource Management (OCRM).

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

| **SURFACE FINISHING OPERATIONS** |
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| **Applicability:** A facility may qualify for coverage under the Registration Permit for Surface Finishing Operations if surface finishing and/or surface preparation activities are performed. Activities covered under this permit include but are not limited to: coating preparation/mixing, coating application, and cleanup of coating application equipment, adhesive application, abrasive blasting, welding operations, stationary combustion sources, and other miscellaneous activities such as cutting, grinding, etc. associated with the coating operations. |
| **Criteria:** A facility may operate under the conditions contained herein if it meets the following, as applicable:   1. Are facility uncontrolled potential to emit emissions below [major source thresholds](https://scdhec.gov/sites/default/files/Library/CR-011244.pdf)?   Yes  No   1. Do facility emissions of criteria pollutants meet [modeling exemptions](https://scdhec.gov/sites/default/files/media/document/BAQ_SC%20Modeling%20Guidelines_10.15.18_revised%204.15.19.pdf)?   Yes  No   1. Are facility emissions of toxic air pollutants below [modeling de minimis rates](https://scdhec.gov/sites/default/files/media/document/BAQ_SC%20Modeling%20Guidelines_10.15.18_revised%204.15.19.pdf)?   Yes  No  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. |

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| **FACILITY IDENTIFICATION** | |
| SC Air Permit Number (8-digits only)  (Leave blank if one has never been assigned)       - | Application Date |
| Facility Legal Name | Facility Federal Tax Identification Number  (Established by the U.S. Internal Revenue Service to identify a business entity)    - |
| Facility Site Name (Please provide any alternative or additional identifier of the facility, such as a specific plant identifier (e.g., Columbia plant) or any applicable "doing business as" (DBA) identity.) | |

| **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: | |  | |

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| **FACILITY’S PRODUCTS / SERVICES** |
| Primary [SIC Code](https://www.osha.gov/pls/imis/sicsearch.html) *(Standard Industrial Classification Codes)*:  Primary [NAICS Code](http://www.census.gov/eos/www/naics/reference_files_tools/2012/2012_NAICS_Structure.xls) *(North American Industry Classification System)*: |
| Services provided and/or products produced: |

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| **CO-LOCATION DETERMINATION** |
| Are there other facilities in close proximity that could be considered co-located?  No  Yes\* |
| List potential co-located facilities, including air permit numbers if applicable: |
| *\*If yes, please submit* [*co-location applicability determination*](https://www.scdhec.gov/sites/default/files/docs/Environment/docs/Guidance%20for%20CollocationSingle%20Source%20Determinations.pdf) *details in an attachment to this application.* |

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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: |
| Company Name: | | | |
| Mailing Address: | | | |
| City: | | State: | Zip Code: |
| E-mail Address: | | Primary Phone No.:  (   )    - | Alternate Phone No.: (   )    - |

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| The signed permit will be e-mailed to the designated Air Permit Contact.  If additional individuals need copies of the permit, please provide their names and e-mail addresses. | |
| **Name** | **E-mail Address** |
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| **OWNER OR OPERATOR** | | | | | | |
| Title/Position: | Salutation: | First Name: | | | Last Name: | |
| Mailing Address *(if different)*: | | | | | | |
| City: | | | State: | Zip Code: | | |
| E-mail Address: | | | Primary Phone No.: (   )    - | Alternate Phone No.:  (   )    - | | |
| I certify that this facility meets the criteria established for the Registration Permit for Surface Finishing Operations and agrees to the conditions and terms of the Registration Permit for Surface Finishing 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 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 |

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| **SUPPORTING DOCUMENTATION CHECKLIST** |
| Detailed process description (walkthrough of process, products produced, process flowchart, etc.) |
| Standard work schedule (hours/day, days/week, weeks/year):       hours/day       days/week       weeks/year |
| If the standard work schedule is less than the maximum of 24 hours/day and 365 days/year, what limits the schedule to less than maximum? |
| Manufacturer’s certifications for all diesel engines, guns, control devices, (if applicable). |
| Emission calculations including:   * Potential to emit, uncontrolled and controlled emissions for criteria, hazardous and toxic air pollutants; * Spreadsheet and example calculations; * Emissions factors including source of factors; * Explanation of all assumptions (for example, process bottleneck) used to calculate emissions. |
| Regulatory Review (state and federal) |
| Air Dispersion Modeling (if applicable) |

| **COATINGS PROCESSES**  **(INCLUDE SOLVENTS, ADHESIVES, WASHERS; EXCLUDE POWDER COATING PROCESSES)**  *(Identify all processes that will exist at this facility. If the facility does not have any of these sources enter “None” in the Table.)* | | | | | |
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| **Equipment ID and Description** | **Is process subject to 40 CFR 63 Subpart HHHHHH (6H) or Subpart XXXXXX (6X)? \*** | **Installation/**  **Modification Date** | **Control Device ID** | **Emission Point ID** |
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| *\*Include in the Regulatory Review an explanation for why the listed Subparts do or do not apply to the equipment.* | | | | | |

| **POWDER COATING PROCESSES**  *(Identify all processes that will exist at this facility. If the facility does not have any of these sources enter “None” in the Table.)* | | | |
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| **Equipment ID and Description** | **Installation/ Modification Date** | **Control Device ID** | **Emission Point ID** |
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| **ABRASIVE BLASTING PROCESSES**  *(Identify all processes that will exist at this facility. If the facility does not have any of these sources enter “None” in the Table.)* | | | | |
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| **Equipment ID and Description**  **(including blast media)** | **Is process subject to 40 CFR 63 Subpart XXXXXX (6X)? \*** | **Installation/ Modification Date** | **Control Device ID** | **Emission Point ID** |
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| *\*Include in the Regulatory Review an explanation for why the listed Subparts do or do not apply to the equipment.* | | | | |

| **WELDING PROCESSES**  *(Identify all processes that will exist at this facility. If the facility does not have any of these sources enter “None” in the Table.)* | | | | |
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| **Equipment ID and Description (including welding type, media, and number of stations)** | **Is process subject to 40 CFR 63 Subpart XXXXXX (6X)? \*** | **Installation/ Modification Date** | **Control Device ID** | **Emission Point ID** |
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| *\*Include in the Regulatory Review an explanation for why the listed Subpart do or do not apply to the equipment.* | | | | |

| **FUEL COMBUSTION PROCESSES AND EQUIPMENT**  *(Identify all that will exist at this facility. If the facility does not have any of these sources put “None” in the Table.)* | | | | |
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| **Equipment ID and Description (including Make/Model)** | **Fuel Type(s) (include sulfur content)** | **Combustion type** | **Installation/**  **Modification Date** | **Rated Capacity**  (Units) |
|  |  | Internal    External |  |  |
|  |  | Internal    External |  |  |
|  |  | Internal    External |  |  |

| **OTHER PROCESSES/EQUIPMENT:**  **Identify all other processes/equipment that will exist at this facility. Examples include, but are not limited to, machining, grinding, plasma cutting, metal fabrication, etc.**  *(If the facility does not have any additional processes, put “None” in the Table.)* | | | | |
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| **Equipment ID and Description**  **(including exempt sources)** | **Is process subject to 40 CFR 63 Subpart XXXXXX? \*** | **Installation/ Modification Date** | **Control Device ID** | **Emission Point ID** |
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| *\*Include in the Regulatory Review an explanation for why the listed Subpart do or do not apply to the equipment.* | | | | |

| **CONTROL DEVICES** | | | |
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| **Control Device ID** | **Control Device Description**  **(include efficiency)** | **Installation/Modification Date** | **Pollutant(s) Controlled** |
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| **EXEMPT SOURCES** | | |
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| **Equipment ID** | **Equipment Description** | **Basis for Exemption** |
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