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| logo_agency_4c | **Office of Environmental Quality Control****Bureau of Air Quality****South Carolina Clean Air Interstate Rule (CAIR)****Permit Application Instructions** |  |

**PURPOSE:**

The information provided in this "CAIR Permit Application" will identify the facility, name the facility's authorized CAIR account representatives, list the facility's affected emission units, and identify the SC CAIR programs the affected emissions units are subject to. Submitted forms are retained in the Bureau of Air Quality file room in the facility's permanent Air permitting records.

**EXPLANATION:**

**South Carolina Clean Air Interstate Rule (CAIR) Permit Requirements**

 (1) The CAIR designated representative of each CAIR NOX source, CAIR SO2 source, and CAIR NOX Ozone Season source (as applicable) required to have a Title V operating permit, and each CAIR NOX unit, CAIR SO2 unit, and CAIR NOX Ozone Season unit (as applicable) required to have a Title V operating permit at the source shall:

 (i) Submit to the South Carolina Department of Health and Environmental Control (Department) a complete CAIR permit application under §96.122, §96.222, and §96.322 (as applicable) of 40 CFR part 96 in accordance with the deadlines specified in §96.121, §96.221, and §96.321 (as applicable) of 40 CFR part 96; and

 (ii) Submit in a timely manner any supplemental information that the Department determines is necessary in order to review a CAIR permit application and issue or deny a CAIR permit.

 (2) The owners and operators of each CAIR NOX source, CAIR SO2 source, and CAIR NOX Ozone Season source (as applicable) required to have a Title V operating permit and each CAIR NOX unit, CAIR SO2 unit, and CAIR NOX Ozone Season unit (as applicable) required to have a Title V operating permit at the source shall have a CAIR permit issued by the Department under subpart CC, CCC, and CCCC (as applicable) of 40 CFR part 96 for the source and operate the source and the unit in compliance with such CAIR permit.

 (3) Except as provided in subpart II, III, and IIII (as applicable) of 40 CFR part 96, the owners and operators of a CAIR NOX source, CAIR SO2 source, and CAIR NOX Ozone Season source (as applicable) that is not otherwise required to have a Title V operating permit and each CAIR NOX unit, CAIR SO2 unit, and CAIR NOX Ozone Season unit (as applicable) that is not otherwise required to have a Title V operating permit are not required to submit a CAIR permit application, and to have a CAIR permit, under subpart CC, CCC, and CCCC (as applicable) of 40 CFR part 96 for such CAIR NOX source, CAIR SO2 source, and CAIR NOX Ozone Season source (as applicable) and such CAIR NOX unit, CAIR SO2 unit, and CAIR NOX Ozone Season unit (as applicable).

**GENERAL INSTRUCTIONS:**

Please submit an electronic version and two signed hardcopies of the CAIR permit application forms. Forms should include the appropriate authorized CAIR account representative's signature as required. If the facility has an existing CAIR permit, please submit an electronic version of the permit with any changes highlighted. A S.C. Registered Professional Engineer's signature is not required unless construction is involved with this application.

Application forms with original signatures and two copies of the signed application forms should be submitted to: Engineering Services Division Director, Bureau of Air Quality, 2600 Bull Street, Columbia, South Carolina, 29201. An electronic copy can be submitted on a CD with the hardcopy or emailed to airpermitting@dhec.sc.gov. The applicant should keep a copy of the signed applications. If you have any questions, please contact any permit staff member of the Engineering Services Division at the following: Phone Number (803) 898-4123; or, Fax Number (803) 898-4079.

Unless designated as optional, all blanks on application form(s) must be completed for the application to be considered complete, along with necessary requested information on the item by item instructions below. Incomplete applications will not be processed. Attach additional sheets as necessary.

**ITEM BY ITEM INSTRUCTIONS:**

**FACILITY INFORMATION**

**Facility Name:**  The name under which this particular facility or plant does business.

**Existing State Air Permit Number:**  The facility's existing South Carolina Air Permit Number. If the facility is new or does not currently have a South Carolina Air Permit Number, leave this item blank. (An Air Permit Number is assigned by the Department.)

**Federal Employer Identification No.:** The 9 digit Federal Employer Identification Number (FEIN) or IRS Tax Identification Number as established by the U.S. Internal Revenue Service. This number is also known as Employer Identification Number (EIN), Federal Tax Identification Number (FTIN), or Taxpayer Identification Number (TIN).

**State Air Permit Expiration Date:** The expiration date of the existing South Carolina Air Quality Operating Permit.

**ORIS Code / Facility Code:** Enter the ORIS Code for power plants or the Facility Code if the plant is not owned by a utility. (Note: ORIS originally referred to the Office of Regulatory Information Systems in the Department of Energy (DOE) Energy Information Administration (EIA) which was responsible for assigning unique identification codes to utility power plants. An ORIS Code is a number assigned by the EIA to power plants owned by utilities. If the plant is not owned by the utility, it was assigned a Facility Code by the EIA. While the ORIS Code or the Facility Code is unique for each plant, all generating units within a plant will typically have the same ORIS Code or Facility Code.)

**EPA (AIRS) Facility Identification No.:** The existing EPA facility identification number (AFS Code) which is assigned to the facility. If no EPA facility identification number has ever been issued to this facility, leave this item blank. Note: this is a number issued by the EPA in order to identify the facility for all purposes (similar to an individual's Social Security Number), completely separate from special federal permit numbers that may be issued.

**PURPOSE OF APPLICATION**

Select, by checking the appropriate box, the purpose for which the application is being submitted:

**New Permit:** No CAIR permit has ever been issued to this facility.

**Permit Renewal:**  Existing CAIR permit is due for renewal.

**Permit Modification:** Application for changes to an existing CAIR permit.

**Change in Authorized Account Representatives:** Application for changes in Authorized Account Representatives for an existing CAIR permit.

**CAIR FACILITY AUTHORIZED ACCOUNT REPRESENTATIVES**

**Account Representative:** The name of the authorized CAIR account representative designated by the owner/operator who has the authority to certify this application form and has the responsibility to ensure that the facility is in compliance with the requirements of the CAIR permit issued by the Department.

**Mailing Address:** The address where the authorized CAIR account representative receives mail.

 *City:* The city where the authorized CAIR account representative receives mail.

 *State:* The state where the authorized CAIR account representative receives mail.

 *Zip Code:* The zip code where the authorized CAIR account representative receives mail.

 *E-mail Address:* The e-mail address for the authorized CAIR account representative.

 *Phone No.:* The telephone number including area code where the authorized CAIR account representative can be reached. (List an extension number if available.)

 *Fax No.:* The telephone number including area code for the fax machine where correspondence may be communicated to the authorized CAIR account representative.

**Alternate:** The name of the alternate authorized CAIR account representative designated by the owner / operator who has the authority to certify this application form and has the responsibility to ensure that the facility is in compliance with the requirements of the CAIR permit issued by the Department.

**Mailing Address:** The address where the alternate authorized CAIR account representative receives mail.

 *City:* The city where the alternate authorized CAIR account representative receives mail.

 *State:* The state where the alternate authorized CAIR account representative receives mail.

 *Zip Code:* The zip code where the alternate authorized CAIR account representative receives mail.

 *E-mail Address:* The e-mail address for the alternate authorized CAIR account representative.

 *Phone No.:* The telephone number including area code where the alternate authorized CAIR account representative can be reached. (List an extension number if available.)

 *Fax No.:* The telephone number including area code for the fax machine where correspondence may be communicated to the alternate authorized CAIR account representative.

**AFFECTED EMISSION UNIT CAIR PROGRAM APPLICABILITY**

**Emission Unit ID:** List all affected emission units. This is the ID assigned to each individual emissions unit (boiler, turbine, etc.). It can be one to six characters long, and may contain both letters and numbers. (Reminder: With respect to emission unit ID's, CAIR permit emission unit ID's must coincide with those used for the on-line CAIR accounts managed by the USEPA Clean Air Markets Division (CAMD). As part of our completeness determination for CAIR permit applications, we may be checking the CAMD web site accounts to confirm emission unit ID's entered on the application align with those represented within a facility's on-line CAMD account. A possible cause for rejecting a CAIR permit application would be mismatched emission unit ID's.)

**Description of Emission Unit:**  Provide a brief description of each affected emission unit.

**SC CAIR Programs:** Indicate to which CAIR programs each affected emission unit is subject to.

**AUTHORIZED ACCOUNT REPRESENTATIVE SIGNATURE**

**Certification:**The signature of the authorized CAIR account representative.

**Title / Position:**  The official title and/or position of the authorized CAIR account representative.

**Date:**  The date on which the authorized CAIR account representative signed the application form.

**ALTERNATE ACCOUNT REPRESENTATIVE SIGNATURE**

**Certification:**The signature of the alternate CAIR account representative.

**Title / Position:**  The official title and/or position of the alternate CAIR account representative.

**Date:**  The date on which the authorized CAIR alternate representative signed the application form.