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

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

Submit one signed (in blue ink) hard copy to the following address:

**Engineering Services Division Director**

**Bureau of Air Quality**

**2600 Bull Street**

**Columbia, South Carolina, 29201**

If the facility is making modifications at the facility, information on all existing sources will need to be included in the application and will need to be resubmitted. All information requested on this form should be completely filled out. The applicant should also keep a copy of the completed registration permit application – Fuel Combustion Operations package in their records on site for use by the facility's air permit contact when answering technical questions and to have available to Department Personnel upon request.

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.

[SIC Code](https://www.osha.gov/pls/imis/sicsearch.html) *(Standard Industrial Classification Codes)*

[NAICS Code](http://www.census.gov/eos/www/naics/reference_files_tools/2012/2012_NAICS_Structure.xls) *(North American Industry Classification System)*

| **FACILITY IDENTIFICATION** | |
| --- | --- |
| SC Air Permit Number (8-digits only)  *(Leave blank if one has never been assigned)*      - | Application Date |
| Facility Name *(This should be the name used to identify the facility at the physical address listed below)* | Facility Federal Tax Identification Number  *(Established by the U.S. Internal Revenue Service to identify a business entity)* |

| **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)*  NAD83 *(North American Datum of 1983)* | | |

|  |  |
| --- | --- |
| **FACILITY'S PRODUCTS / SERVICES** | |
| Primary Products/Services  *(List the primary product and/or service)* | Other Products/Services  *(List any other products and/or services)* |
| Primary SIC Code/Other SIC Code(s) | Primary NAICS Code/Other NAICS Code(s) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AIR PERMIT FACILITY CONTACT**  *(Person at the facility who can answer technical questions about the facility and permit application.)* | | | | |
| Title/Position: | First Name: | | Last Name: | |
| Mailing Address: | | | | |
| City: | | State: | | Zip Code: |
| E-mail Address: | | Phone No.: | | Cell No.: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **OWNER OR OPERATOR** | | | | |
| Title/Position: | First Name: | | Last Name: | |
| Mailing Address: | | | | |
| City: | | State: | | Zip Code: |
| E-mail Address: | | Phone No.: | | Cell No.: |
| **OWNER OR OPERATOR SIGNATURE** | | | | |
| I certify we meet the criteria established for this Registration Permit for Fuel Combustion Operations and agree to the conditions and terms of this Registration Permit for Fuel Combustion 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. | | | | |
|  | | | |  |
| Signature of Owner or Operator | | | | Date |

| **EQUIPMENT INFORMATION: BOILERS** | | | |
| --- | --- | --- | --- |
| **Requested Information** | **Boiler #1** | **Boiler #2** | **Boiler #3** |
| **Action Needed** | Add  Remove  Modify  Other | Add  Remove  Modify  Other | Add  Remove  Modify  Other |
| **If permitted, list ID number found on the permit.** |  |  |  |
| **Make** |  |  |  |
| **Model** |  |  |  |
| **Manufacturer Date** |  |  |  |
| **Installation Date** |  |  |  |
| **Rated Capacity per Boiler Plate** | Rated Capacity: | Rated Capacity: | Rated Capacity: |
| million BTU/hr  hp  Other | million BTU/hr  hp  Other | million BTU/hr  hp  Other |
| **Fuels Burned (check all that apply)** | Natural Gas  Propane  Diesel  Fuel Oil #  Biodiesel  Other: | Natural Gas  Propane  Diesel  Fuel Oil #  Biodiesel  Other: | Natural Gas  Propane  Diesel  Fuel Oil #  Biodiesel  Other: |
| **Maximum Sulfur Content of Fuel (%)**  **Attach copy of fuel certification.** |  |  |  |
| **Has the facility received approval from the Bureau of Air Quality to burn any fuel other than the fuels listed above?**  **If yes, when was the approval granted?** | Yes  Date of Approval:  No | Yes  Date of Approval:  No | Yes  Date of Approval:  No |
| **Does the boiler have a low NOx burner?**  **If yes, attach a copy of manufacturer data showing NOx emissions information.** | Yes  No | Yes  No | Yes  No |
| **Were burners replaced after June 25, 2004?**  **If yes, attach a copy of DHEC Form 2935.** | Yes  No | Yes  No | Yes  No |

| **EQUIPMENT INFORMATION: GENERATORS** | | | |
| --- | --- | --- | --- |
| **Requested Information** | **Generator #1** | **Generator #2** | **Generator #3** |
| **Action Needed** | Add  Remove  Modify  Other: | Add  Remove  Modify  Other: | Add  Remove  Modify  Other: |
| **If permitted, list ID number found on the permit.** |  |  |  |
| **Make** |  |  |  |
| **Model** |  |  |  |
| **Manufacturer Date** |  |  |  |
| **Installation Date** |  |  |  |
| **Rated Capacity** | Rated Capacity: | Rated Capacity: | Rated Capacity: |
| hp  kW | hp  kW | hp  kW |
| **Fuels Burned (check all that apply)** | Natural Gas  Propane  Diesel  Other: | Natural Gas  Propane  Diesel  Other: | Natural Gas  Propane  Diesel  Other: |
| **Maximum Sulfur Content of Fuel (%)**  **Attach copy of fuel certification.** |  |  |  |
| **Has the facility received approval from the Bureau of Air Quality to burn any fuel other than the fuels listed above?**  **If yes, when was the approval granted?** | Yes  Approval Date:  No | Yes  Approval Date:  No | Yes  Approval Date:  No |
| **How is the generator used?** | Emergency use only  Non-emergency use  (i.e. - peak shaving, sharing to the grid) | Emergency use only  Non-emergency use  (i.e. - peak shaving, sharing to the grid) | Emergency use only  Non-emergency use  (i.e. - peak shaving, sharing to the grid) |
| **Is the maximum hours of operation less than 500 hours per year?**  **If no, modeling may be required.** | Yes  No | Yes  No | Yes  No |
| **Is generator equipped with a method to record the actual hours of use?**  **If yes, indicate what method is used.** | Yes  Method used:  No | Yes  Method used:  No | Yes  Method used:  No |
| **Is generator certified by the manufacturer to meet EPA’s non-road diesel engine standards/tiers?**  **If yes, include documentation with application.**  **If yes, attach a copy of manufacturer documentation** | Yes  What Tier?  No | Yes  What Tier?  No | Yes  What Tier?  No |

| **EQUIPMENT INFORMATION: STORAGE TANKS** | | | |
| --- | --- | --- | --- |
| **Requested Information** | **Tank #1** | **Tank #2** | **Tank #3** |
| **Action Needed** | Add  Remove  Modify  Other | Add  Remove  Modify  Other | Add  Remove  Modify  Other |
| **If permitted, list ID number found on the permit.** |  |  |  |
| **Maximum Tank Volume, gallons** |  |  |  |
| **Fuel Stored** | Natural Gas  Propane  Diesel  Sulfur Content  Fuel Oil #  Sulfur Content  Biodiesel  Other | Natural Gas  Propane  Diesel  Sulfur Content  Fuel Oil #  Sulfur Content  Biodiesel  Other | Natural Gas  Propane  Diesel  Sulfur Content  Fuel Oil #  Sulfur Content  Biodiesel  Other |

| **EQUIPMENT INFORMATION: ETHYLENE OXIDE STERILIZER (located at hospitals only)** | | | |
| --- | --- | --- | --- |
| **Requested Information** | **Sterilizer #1** | **Sterilizer #2** | **Sterilizer #3** |
| **Chamber Volume (cubic feet)** |  |  |  |
| **Installation Date** |  |  |  |
| **Does the unit vent to an add-on Air Pollution Control Device?**  **If yes, identify the type of control device utilized.** | Yes  Control Device:  No | Yes  Control Device:  No | Yes  Control Device:  No |

| **EXEMPT SOURCES (as outlined in S.C. Regulation 61-62.1, Section II(B))** | |
| --- | --- |
| **EQUIPMENT/ACTIVITY** | **Description to include manufacturer specs, fuel type, and any other information to document exempt status.** |
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