If you have any questions while filling out the registration permit application form, please contact the Bureau of Air Quality, Air Permitting Division by calling (803) 898-4123. Submit the Temporary Crushing and Screening Operations Registration Permit Application form to:

Air Permitting Division Director

Bureau of Air Quality

2600 Bull Street

Columbia, South Carolina, 29201

This form is subject to Retention Schedule 16303.

| **PLEASE ANSWER THE FOLLOWING QUESTION TO SEE IF YOU ARE ELIGIBLE FOR COVERAGE UNDER THE REGISTRATION PERMIT FOR TEMPORARY CRUSHING AND SCREENING OPERATONS.** |
| --- |
| **Applicability:** A source may qualify for coverage under the Registration Permit for Temporary Crushing and Screening Operations (TCSO) if it is comprised of crusher(s) that reduce the size of nonmetallic mineral material by means of physical impaction upon the material (including but not limited to jaw, cone, hammermill, or impactor). This process may consist of any combination of the following: crushers, screeners, conveyors, diesel engines or electric motors to power process equipment and fuel storage tanks. |
| **Eligibility Determination:**1. Is the crusher considered portable[[1]](#footnote-2) and has manufacturer’s rating of greater than 150 ton/hr?

Yes [ ]  Continue with Question 2No [ ]  Contact Air Permitting at 803-898-4123 for assistance.1. Are you one of the following business types? - concrete plant - asphalt plant - landfill - quarry

Yes [ ]  Continue with Question 4No [ ]  Continue with Question 31. Do you anticipate operating at any one site for more than 365 consecutive days?

Yes [ ]  Contact Air Permitting at 803-898-4123 for assistance.No [ ]  Complete this application and mail to the address below.1. Will the TCSO equipment be used exclusively at permitted locations owned by your company?

Yes [ ]  Contact Air Permitting at 803-898-4123 for assistance.No [ ]  Complete this application and mail to the address below. |

| **PURPOSE OF SUBMITTAL** |
| --- |
| Select, by checking the corresponding box, the purpose of submitting this Temporary Crushing and Screening Operations Application. [ ]  **Initial Coverage Request:** The company has not previously requested coverage under the registration permit and is requesting coverage under the registration permit for all equipment included in this application.[ ]  **Addition/Removal of Equipment:** The company has equipment covered under the registration permit and is submitting a revised form to document the addition of new equipment to be covered or the removal of currently covered equipment. This form needs to be completed for all equipment that is now to be covered, not just the added or deleted equipment. This form shall supersede all previously submitted forms.[ ]  **Like Replacement of Process Equipment[[2]](#footnote-3):** The company has equipment covered under the registration permit and is submitting a revised form to document a like replacement in accordance with 40 CFR 60 Subpart OOO. This form needs to be completed for all equipment that is now to be covered, not just the modified equipment. This form shall supersede all previously submitted forms. This form may serve as the initial notification for 40 CFR 60 Subpart OOO if postmarked within 15 days after the actual date of initial start-up of process equipment. |

| **COMPANY INFORMATION** |
| --- |
| SC Air Permit Number (8-digits only)*(Leave blank if one has never been assigned)*     -      | Application Date      |
| Company Name:      | Company Federal Tax Identification Number*(Established by the U.S. Internal Revenue Service to identify a business entity)*      |
| Primary SIC or NAICS Code      |

| **CENTRAL LOCATION PHYSICAL ADDRESS** *(A central location may be a home office, regional office, etc.)* |
| --- |
| Physical Address:       | County:       |
| City:       | State: SC | Zip Code:       |
| Latitude:       | Longitude:       | [ ]  NAD83 *(North American Datum of 1983)* |

| **CURRENT PHYSICAL LOCATION OF PLANT** |
| --- |
| Physical Address:       | County:       |
| City:       | State: SC | Zip Code:       |
| Latitude:       | Longitude:       | [ ]  NAD83 *(North American Datum of 1983)* |

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

|  |
| --- |
| **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, 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 |

|  |  |  |  |
| --- | --- | --- | --- |
| Action | [ ]  Add[ ]  Remove[ ]  Like for Like[ ]  Existing (no change) | [ ]  Add[ ]  Remove[ ]  Like for Like[ ]  Existing (no change) | [ ]  Add[ ]  Remove[ ]  Like for Like[ ]  Existing (no change) |
| Equipment Type | [ ]  **Crusher**[ ]  **Screen**[ ]  **Conveyor** | [ ]  **Crusher**[ ]  **Screen**[ ]  **Conveyor** | [ ]  **Crusher**[ ]  **Screen**[ ]  **Conveyor** |
| Make/Model |  |  |  |
| Maximum Processing Rate |  |  |  |
| Surface area of top screen (if applicable) |  |  |  |
| Width of conveyor (if applicable) |  |  |  |
| Was unit manufactured after August 31, 1983? | [ ]  **Yes** [ ]  **No** | [ ]  **Yes** [ ]  **No** | [ ]  **Yes** [ ]  **No** |
| Date when equipment was first placed into operation? |  |  |  |
| Has initial performance test been completed? If yes, list the test date and include a copy of the results summary from the test report.  | [ ]  **Yes** [ ]  **No****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** | [ ]  **Yes** [ ]  **No****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** | [ ]  **Yes** [ ]  **No****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Does the process line have wet suppression? | [ ]  **Yes** [ ]  **No** | [ ]  **Yes** [ ]  **No** | [ ]  **Yes** [ ]  **No** |
| Have additional performance tests been completed? If yes, include date. | [ ]  **Yes** [ ]  **No****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** | [ ]  **Yes** [ ]  **No****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** | [ ]  **Yes** [ ]  **No****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| For conveyors only, does the unit discharge only to stockpiles? | [ ]  **Yes** [ ]  **No** | [ ]  **Yes** [ ]  **No** | [ ]  **Yes** [ ]  **No** |

1. For 40 CFR 60 Subpart OOO applicability *portable* means any processing equipment that is mounted on any chassis or skids and may be moved by the application of a lifting or pulling force. In addition, there shall be no cable, chain, turnbuckle, bolt or other means (except electrical connections) by which any piece of equipment is attached or clamped to any anchor, slab, or structure, including bedrock that must be removed prior to the application of a lifting or pulling force for the purpose of transporting the unit.

Any equipment indicated as portable on the Temporary Crushing and Screening Operations Form shall not be attached or clamped by cable, chain, turnbuckle, bolt or other means (except electrical connections) to any anchor, slab, or structure, including bedrock. [↑](#footnote-ref-2)
2. 40 CFR 63 Subpart OOO When an existing facility is replaced by a piece of equipment of equal or smaller size, as defined in 40 CFR 60.671, having the same function as the existing facility, and there is no increase in the amount of emissions. [↑](#footnote-ref-3)