



Navigating the Permit Modification and Renewal Processes in S.C.

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The Air Permit Modification and Renewal Processes in South Carolina

1. Permit Modifications Process
2. Operating Permit Renewal Process
3. Other Information



Air Permit Modifications

1. Title V Operating Permit
2. Conditional Major and State Operating Permits
3. Construction Permits



Operating Permit Modifications

SC has a separate construction permit and operating permit. Before making changes that will require you to modify your operating permit, you must first determine if a construction permit is needed for the change.



Title V Permits Modifications

- Administrative Amendment
- 502(b)10
- Minor Modification
- Significant Modification



Administrative Amendments to Title V

- Typos, state only requirements, more stringent monitoring, recordkeeping and reporting
- And In SC.....PSD Construction permits can be added if.....
 - permit went through public notice to include all procedural requirements of 70.7 and 70.8

Administrative Permit Amendment
DHEC Form D-2938



Bureau of Air Quality
Title V Operating Permit Application
Administrative Permit Amendment

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FACILITY IDENTIFICATION	
SC Air Permit Number (8-digits only)	Today's Date
Facility Name <i>(This should be the name used to identify the facility)</i>	

ADMINISTRATIVE PERMIT AMENDMENT FOR	
<i>(**If "Yes" for any of the following - A marked up copy of the permit may be submitted with this form to show requested changes.)</i>	
Correction of typographical errors?:	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Permit Condition Number(s): Current permit language with error: Requested amendment:	
More frequent monitoring, record keeping, or reporting requirements?:	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Permit Condition Number(s): Emission Unit ID: Equipment ID/Process ID/Control Device ID: Reason for Change: Requested amendment:	
Updating monitoring ranges in Title V attachment?:	<input type="checkbox"/> Yes** <input type="checkbox"/> No
Attachment Name: Reason for Change:	
**Include form D-0304 Operating Ranges	
Revisions to conditions identified as "State Only" requirements or standards?:	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Permit Condition Number(s): Emission Unit ID: Equipment ID/Process ID/Control Device ID: Reason for Change: Requested amendment:	

*If "Yes" - A marked up copy of the permit may be submitted with this form to show requested changes.



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Administrative Permit Amendment
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ADMINISTRATIVE PERMIT AMENDMENT FOR			
<i>(*If "Yes" - This form must be postmarked within 15 days after actual date of initial startup of each new or altered source.)</i>			
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)?:			
<input type="checkbox"/> Yes*		<input type="checkbox"/> No	
Construction Permit ID	Equipment/Process/Control Device ID	Equipment / Process / Control Device Description (Include the Make and Model if applicable.)	Initial Start-up Date
CERTIFICATION OF CONSTRUCTION			
<i>(Signature of the individual, either the Responsible Official or Professional Engineer (PE), who is certifying construction.) This signature is only required if this request is to incorporate a construction permit into the facility's Title V Operating Permit</i>			
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 _____ Date _____

PROFESSIONAL ENGINEER IN CHARGE OF PROJECT			
<i>This section is only required if the PE is signing the certification above.</i>			
Consulting Firm Name: _____			
Title/Position: _____	Salutation: _____	First Name: _____	Last Name: _____
Mailing Address: _____			
City: _____	State: _____	Zip Code: _____	
E-mail Address: _____	Phone No.: _____	Cell No.: _____	
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.: _____	
RESPONSIBLE OFFICIAL SIGNATURE			
<i>This signature is required for all Administrative Amendment Request</i>			
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 _____



502(b)(10) Modifications Title V

- Sometimes referred to as operational flexibility
- Cannot be used for changes that:
 - Are modifications under Title I
 - Exceed any allowable emission rate in the permit
 - Contravene an applicable requirement
- Permit itself is not updated, requires seven day notice

502(b)(10) Permit Change
DHEC Form D-2950



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Title V Operating Permit Application
502(b)(10) Permit Change
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FACILITY IDENTIFICATION		
Facility Name <i>(This should be the name used to identify the facility)</i>	SC Air Permit Number (8-digits only) -	Application Date

502(b)(10) PERMIT CHANGE DESCRIPTION
Anticipated Date of Change:
Description of the change:
Explain in detail why this change does not constitute a Title I modification:
Explain why this operational flexibility change does not exceed any allowable emission rate. Explain why this change does not violate any applicable requirements or contravene any federally enforceable permit terms or conditions pertaining to monitoring (including test methods), recordkeeping, reporting or compliance certification requirements.:

CERTIFICATION OF CONSTRUCTION			
(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

SIGNATURE OF PERSON CERTIFYING CONSTRUCTION
(Signature of the individual, either the Responsible Official or Professional Engineer, who is certifying construction.)
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 Date



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Title V Operating Permit Application
502(b)(10) Permit Change
Page 2 of 2

PROJECTED CHANGE IN EMISSIONS FACILITY WIDE							
(Attach detailed calculations to support these projections.)							
Pollutant Name	CAS Number	Actual Emissions Facility Wide Prior to the Change (TPY)		Projected Actual Emissions Facility Wide After the Change (TPY)		Projected Increase or Decrease in Actual Emissions (+/- TPY)	
		Uncontrolled	Controlled	Uncontrolled	Controlled	Uncontrolled	Controlled

PROFESSIONAL ENGINEER IN CHARGE OF PROJECT			
<i>(Include if certifying construction in accordance with the specifications in the construction permit(s) issued by the Department)</i>			
Consulting Firm Name:			
Title/Position:	Salutation:	First Name:	Last Name:
Mailing Address:			
City:		State:	Zip Code:
E-mail Address:		Phone No.:	Cell No.:
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.:

RESPONSIBLE OFFICIAL SIGNATURE
<p>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.</p>

Signature of Responsible Official

Date



502(b)(10) Example

- Chemical facility adding a new product in existing equipment
- Facility with coating operations change the type of coatings
- Replacement of a control device



Minor Modifications Title V

- Cannot be used for Title I modifications
- Commonly used to add most minor source construction permits

Minor Permit Modification
Form D-2949



Bureau of Air Quality
Title V Operating Permit Application
Minor Permit Modification
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FACILITY IDENTIFICATION	
SC Air Permit Number (8-digits only)	Minor Modification Request Date
-	
Facility Name <i>(This should be the name used to identify the facility)</i>	

REASON FOR MINOR PERMIT MODIFICATION
<i>(Check the appropriate reason(s) for this request.)</i>
1. <input type="checkbox"/> 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). The minor permit modification procedure is used for public noticed synthetic minor construction permits that establish "applicable requirements" to be incorporated into a Title V Permit. The minor permit modification procedure can not be used to incorporate PSD and other Title I modifications.
2. <input type="checkbox"/> Modification to install new emissions units of like kind to units in the current permit. The new emission units will use the same testing, monitoring, record keeping and reporting requirements to demonstrate compliance with applicable standards.
3. <input type="checkbox"/> Modify an emission unit. The modification will not result in new standards and/or limitation. The testing, recordkeeping, monitoring and reporting requirements to demonstrate compliance will remain unchanged.
4. <input type="checkbox"/> Install or modify an emission unit that is not a Title I modification.
5. <input type="checkbox"/> Revise Testing, Monitoring, Recordkeeping or Reporting in a manner that is not required by the Department to be processed as a significant modification.

MINOR PERMIT MODIFICATION DESCRIPTION
1. Date of Change:
2. Description of the change, the emissions resulting from the change, and any new applicable requirements that will apply if the change occurs:
3. Explain in detail why this change does not constitute a Title I modification:
4. In accordance with S.C. Regulation 61-62.70.7(e)(2)(ii)(B), a marked up copy of the permit that clearly indicates the desired changes shall be submitted with this form to show requested changes. Location in Application:

LIST OF UPDATED TITLE V APPLICATION FORMS	
<i>(Updated Title V Operating Permit Applications Forms must be submitted with this form.)</i>	
DHEC Form Number	Description of the Updated Information in Each Form



**Bureau of Air Quality
Title V Operating Permit Application
Minor Permit Modification
Page 2 of 2**

CERTIFICATION OF CONSTRUCTION			
<i>(This form must be postmarked within 15 days after actual date of initial startup of each new or altered source.)</i>			
The owner or operator or professional engineer in charge of the project shall certify that the construction under application has been completed in accordance with the specifications agreed upon in the construction permit issued by the Department. If construction is not built as specified in the permit application and associated construction permit(s), the owner or operator must submit to the Department a complete description of modifications that are at variance with the documentation of the construction permitting determination prior to commencing operation.			
Construction Permit ID	Equipment/Process/Control Device ID	Equipment / Process / Control Device Description (Include the Make and Model if applicable.)	Initial Start-up Date
SIGNATURE OF PERSON CERTIFYING CONSTRUCTION			
<i>(Signature of the individual, either the Responsible Official or Professional Engineer (PE), who is certifying construction.) This signature is only required if this request is to incorporate a construction permit into the facility's Title V Operating Permit</i>			
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	Date		
PROFESSIONAL ENGINEER IN CHARGE OF PROJECT			
<i>This section is only required if the PE is signing the certification above.</i>			
Consulting Firm Name:			
Title/Position:	Salutation:	First Name:	Last Name:
Mailing Address:			
City:	State:	Zip Code:	
E-mail Address:	Phone No.:	Cell No.:	
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.:	
RESPONSIBLE OFFICIAL SIGNATURE			
<i>This signature is required for all Minor Modification Request</i>			
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



Minor Modification Example

- Facility obtained minor source construction permit to install an additional paint line
 - Line is similar to two paint lines already in the permit, and no new monitoring, reporting or recordkeeping will be required.



Significant Modifications Title V

- Title I modifications
- Significant changes to existing monitoring terms or conditions
- Or would be a relaxation of reporting and recordkeeping permit terms and conditions
- Establishes case by case limits



Significant Modifications Title V

- Public Notice and EPA Review
- No significant modification form...must submit the applicable forms from the new/renewal Title V application



Forms for Significant Modification

- D-2937 Facility Information
- D-2940 Emission Unit, Equipment, and Processes
- D-2942 Facility Wide Raw Materials and Products
- D-2943 Facility Wide Emissions
- D-2944 Insignificant Activity Equipment
- D-2946 Regulatory Information
- D-2948 Permit Shield



Significant Modification example

- Facility submitted a request to establish a PAL
 - Title V significant modification would be required to incorporate the PAL



Permit Shield and Modifications

- There are two ways you can obtain a permit shield for a modification.
 - Significant modification
 - Obtain a construction permit that is public noticed using the Title V public notice procedures and use the administrative amendment



Conditional Major (CM) and State Operating Permit (SOP) Modification

- Simple request to modify the permit
 - No need to worry about determining if the change is an administrative, minor or significant modification



Incorporation of Construction Permits into a CM or SOP

The facility is required to submit in writing a modification request along with an

Operating Permit Request
DHEC Form D-2574



**Bureau of Air Quality
Operating Permit Request
Page 1 of 2**

FACILITY IDENTIFICATION <i>(Must be postmarked no later than 15 days after the actual date of initial startup of each new or altered source.)</i>	
SC Air Permit Number (8-digits only)	Operating Permit Request Date
Facility Name <i>(This should be the name used to identify the facility)</i>	
OPERATING PERMIT TYPE	
<input type="checkbox"/> State Operating Permit	<input type="checkbox"/> General State Operating Permit ---
<input type="checkbox"/> Conditional Major Operating Permit	<input type="checkbox"/> General Conditional Major Operating Permit ---
<input type="checkbox"/> Title V - <i>Use this form only if the facility does not currently operate under a Title V Permit. If the facility is a new major source, an initial Title V Operating Permit application must also be submitted to the Department within 12 months of initial start-up.</i>	

MODIFICATION OF EMISSION UNITS LISTED ON EXISTING OPERATING PERMIT <i>(Including equipment, processes, control devices, and conditions)</i>		
Emission Unit ID / Equipment ID / Process ID / Control Device ID / Condition Number	Brief Description of Modification <i>(Include a marked up copy of the existing permit that clearly indicates the desired changes)</i>	Modification Date

NOTIFICATION OF INITIAL START-UP OF EQUIPMENT, PROCESSES, CONTROL DEVICES <i>(Must be postmarked within 15 days after actual date of initial startup of each new or altered source.)</i>			
The owner or operator or professional engineer in charge of the project shall certify that the construction under application has been completed in accordance with the specifications agreed upon in the construction permit issued by the Department. If construction is not built as specified in the permit application and associated construction permit(s), the owner or operator must submit to the Department a complete description of modifications that are at variance with the documentation of the construction permitting determination prior to commencing operation.			
NSPS SOURCES ONLY - (40 CFR 60.7(a)(3)) A notification of the actual date of initial startup of an affected facility postmarked within 15 days after such date.			
<input type="checkbox"/> Yes Has a copy of this submittal been sent to EPA's Region 4 office per 40 CFR 60.4(a)?			
<input type="checkbox"/> No			
Construction Permit ID	Equipment ID / Process ID / Control Device ID	Equipment / Process / Control Device Description <i>(Include the Make and Model if applicable.)</i>	Initial Start-up Date



Bureau of Air Quality
Operating Permit Request
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SIGNATURE OF PERSON CERTIFYING CONSTRUCTION

(Signature of individual certifying construction. This section does not require a signature if there is no construction that requires certification.)

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 _____

Date _____

PROFESSIONAL ENGINEER IN CHARGE OF PROJECT

This section is only required if the PE is signing the certification above.

Consulting Firm Name:

Title/Position:

Salutation:

First Name:

Last Name:

Mailing Address:

City:

State:

Zip Code:

E-mail Address:

Phone No.:

Cell No.:

SC License/Registration 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 _____



South Carolina Department of Health and Environmental Control
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Conditional Major and State Operating Permit Name Change

The facility is required to submit modification request
in writing.

Facility Information Update
DHEC Form D-2959



**Bureau of Air Quality
Facility Information Update
Page 1 of 2**

FACILITY IDENTIFICATION	
SC Air Permit Number (8-digits only) <i>(Request cannot be processed without this number)</i>	Request Date
-	

FACILITY NAME AND /OR TAX ID CHANGED <i>(If the name change is due to a transfer of ownership, then form D-2954 should be submitted instead)</i>	
Current Facility Name <i>(This should be the name on the Current Permit)</i>	New Facility Name <i>(This should be the name used to identify the facility at the physical address.)</i>
Current Facility Federal Tax Identification Number <i>(Established by the U.S. Internal Revenue Service to identify a business entity)</i>	New Facility Federal Tax Identification Number <i>(Established by the U.S. Internal Revenue Service to identify a business entity)</i>

FACILITY PHYSICAL ADDRESS CHANGED <i>(If address is changing due to a relocation, then form D-0662 should be submitted instead)</i>	
<input type="checkbox"/> Postal Address Change <input type="checkbox"/> Correction <input type="checkbox"/> Other: Explain	
Current Physical Address:	New Physical Address:
Current City:	New City:
State: SC	State: SC
Current Zip Code:	New Zip Code:
Current County:	New County:
Facility Coordinates <i>(Facility coordinates should be based at the front door or main entrance of the facility.)</i>	
Latitude:	Longitude:
	<input type="checkbox"/> NAD27 <i>(North America Datum of 1927)</i> Or <input type="checkbox"/> NAD83 <i>(North America Datum of 1983)</i>

FACILITY'S PRODUCTS / SERVICES CHANGED <i>SIC Code (Standard Industrial Classification Codes) and NAICS Code (North American Industry Classification System)</i>	
Current Primary Products / Services:	New Primary Products / Services:
Current Other Products / Services:	New Other Products / Services:
Current Primary SIC Code:	New Primary SIC Code:
Current Other SIC Code(s):	New Other SIC Code(s):
Current Primary NAICS Code:	New Primary NAICS Code:
Current Other NAICS Code(s):	New Other NAICS Code(s):



Bureau of Air Quality
Facility Information Update
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NEW AIR PERMIT CONTACT			
<i>(Person who can answer technical questions about the facility and permitted activities.)</i>			
Title/Position:	Salutation:	First Name:	Last Name:
Mailing Address:			
City:		State:	Zip Code:
E-mail Address:		Phone No.:	Cell No.:

OWNER OR OPERATOR			
<i>(*This application must be signed by a Responsible Official if this facility is currently operating under a Title V permit.)</i>			
Title/Position:	Salutation:	First Name:	Last Name:
Mailing Address:			
City:		State:	Zip Code:
E-mail Address:		Phone No.:	Cell No.:

OWNER OR OPERATOR SIGNATURE
As a duly authorized representative of this facility, with the responsibility to ensure that this facility is in compliance with the requirements any air permits issued by the Department, I certify that the information in this facility information update form are true, accurate, and complete.

*Signature of Owner or Operator

Date

Note For Title V Facilities: Submittal of this form satisfies the requirements of the Administrative Permit Amendment process. The South Carolina Department of Health and Environmental Control may modify the permit as described on this form through the administrative permit amendments process described in S. C. Regulation 61-62.70.7(d).



Changes that do not require a Form

Changes that require only a simple request and do not require a form would be administrative changes, changes in conditions, monitoring, reporting, the addition of equipment not requiring a construction permit and removal of equipment.



Construction Permit Modifications

Requests to modify construction permits can range from a simple request to a major request depending on the situation. The required information should be determined on a case by case basis. BAQ should be contacted and the modification discussed prior to submittal. In order for the request to be processed quickly it must be accurate.

Construction Application Revision Request
DHEC Form D-2571



South Carolina Department of Health and Environmental Control

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Bureau of Air Quality Construction Permit Application Application Revision Request Page 1 of 2

CONSTRUCTION PERMIT IDENTIFICATION			
SC Air Permit Number <i>(8-digits only)</i> <i>(Leave blank if unknown or has never been assigned)</i>	Construction Permit ID	Date Construction Permit Issued	Revision Request Date
Facility Name <i>(This should be the name used to identify the facility)</i>			

CONSTRUCTION PERMIT APPLICATION FORMS BEING REVISED <i>(Amended construction permit forms must be filed out completely and attached to this modification request.)</i>		
Form #	Date of Original Submittal	Brief Description of Revision
D-2566		
D-2567		
D-2569		
D-2570		
D-2573		

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 _____

AIR PERMIT CONSULTANT <i>(If not the same person as the Professional Engineer.)</i>			
Consulting Firm Name:			
Title/Position:	Salutation:	First Name:	Last Name:
Mailing Address:			
City:		State:	Zip Code:
E-mail Address:		Phone No.:	Cell No.:

PROFESSIONAL ENGINEER INFORMATION			
Consulting Firm Name:			
Title/Position:	Salutation:	First Name:	Last Name:
Mailing Address:			
City:		State:	Zip Code:
E-mail Address:		Phone No.:	Cell No.:



South Carolina Department of Health and Environmental Control
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Bureau of Air Quality
Construction Permit Application
Application Revision Request
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SC License/Registration No.:
PROFESSIONAL ENGINEER SIGNATURE
I have placed my signature and seal on the engineering documents submitted, signifying that I have reviewed this construction permit application as it pertains to <i>South Carolina Regulation 61-62, Air Pollution Control Regulations and Standards.</i>

Signature of Professional Engineer

Date



Five Year Average of Modifications

<u>Modification Type</u>	<u>Per Year</u>
AA	93.4
Minor Modification	117.2
Significant Modification	2.0
502 (b)10	68.4
Construction Permit	18.6
PSD Permits	2.6
Operating Permit	264.6



Operating Permit Renewal Process

1. Title V Operating Permit
2. Conditional Major and State Operating Permits



Title V Renewal Process

1. Complete Renewal Application due 6 Months Prior to Permit Expiration
2. Permit Application Reviewed for Completeness and accepted
3. Permit Writer Drafts Statement of Basis and Permit
4. Permit is Public Noticed
5. Permit is issued



Title V Renewal Application Forms

- D-2937 Facility Information
- D-2940 Emission Unit, Equipment, and Processes
- D-2942 Facility Wide Raw Materials and Products
- D-2943 Facility Wide Emissions
- D-2944 Insignificant Activity Equipment
- D-2946 Regulatory Information
- D-2948 Permit Shield



Conditional Major and State Operating Permits Renewal Process

1. Renewal Application due 90 days prior to permit expiration
2. Permit Writer reviews the application
3. Drafts statement of basis and permit
4. Permit is Public Noticed
5. Permit is issued



South Carolina Department of Health and Environmental Control
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Conditional Major and State Operating Permit Renewal Application Form

DHEC Form D-2955

State Operating and Conditional Major Permit
renewal Application



South Carolina Department of Health and Environmental Control

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Bureau of Air Quality
State Operating and Conditional Major
Permit Renewal Application
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In accordance with S.C. Regulation 61-62.1, Section II.H, any source that wishes to have its operating permit renewed must submit a written request no later than 90 days prior to the operating permit expiration to:
 Engineering Services Division Director, Bureau of Air Quality
 2600 Bull Street, Columbia, South Carolina, 29201

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

FACILITY PHYSICAL ADDRESS		
Physical Address:	State: SC	County:
City:	Zip Code: -	
Facility Coordinates <i>(Facility coordinates should be based at the front door or main entrance of the facility.)</i>		
Latitude: ° ' "	Longitude: - ° ' "	<input type="checkbox"/> NAD27 <i>(North American Datum of 1927)</i> Or <input type="checkbox"/> NAD83 <i>(North American Datum of 1983)</i>

FACILITY'S PRODUCTS / SERVICES	
Primary Products / Services <i>(List the primary product and/or service)</i>	
Other Products / Services <i>(List any other products and/or services)</i>	
Primary SIC Code <i>(Standard Industrial Classification Codes)</i>	Primary NAICS Code <i>(North American Industry Classification System)</i>

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



South Carolina Department of Health and Environmental Control

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Bureau of Air Quality
 State Operating and Conditional Major
 Permit Renewal Application
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CHANGES			
Complete by answering the questions below regarding your facility. Pursuant to S. C. Regulation 61-62.1, Section II.H.4.e through j any changes to the following information have to be addressed. If your answer to the question is "NO," then follow the instructions in the "NO" column. If your answer to the question is "YES," then follow the instructions in the "YES" column. When asked to provide information, submit the requested information along with this form for renewal.			
Item Addressed	Answer the following questions about your facility	If you answer "NO"	If you answer "YES"
(f)	Has the facility's planned operating schedule changed?	Initial here that this has not changed:	Provide the previous schedule and the current schedule.
	Has the description of the facility's current and/or proposed processes changed? This includes the physical and chemical properties and feed rate of materials used and produced from which the facility determined actual and potential emissions.	Initial here that this has not changed:	Provide the previous description and the current and/or proposed descriptions.
(g)	Have there been any changes to the process flow diagram or production process layout?	Initial here that this has not changed:	Provide an updated process flow diagram or production process layout that: Identifies major equipment, machines, and process steps or product lines within the production process, all product streams, all exhaust streams (emission points) including fugitive within the production process, all waste streams, and all control devices including inherent process control devices used within the production process.
(h)	Has any of the following changed? Mass emission data and emission calculations, including the potential uncontrolled and controlled mass emission rate of each criteria pollutant and other air contaminants such as volatile organic compounds (VOC), toxic air pollutants (TAP), and hazardous air pollutants (HAP), emitted from each source. Please provide PM _{2.5} emissions, if applicable and not previously provided.	Initial here that this has not changed: Reference the last up-to-date submittal:	Provide updated emission calculations and supporting information as indicated in the question.
	Has any of the following changed? Documentation that supports the basis of the emission rates such as stack test data, AP-42 emission factors, material balance, and/or engineering estimates.	Initial here that this has not changed: Reference the last up-to-date submittal:	Provide updated emission calculations and supporting information as indicated in the question.
	Has any of the following changed? Assumptions used in the emission calculations.	Initial here that this has not changed: Reference the last up-to-date submittal:	Provide updated emission calculations and supporting information as indicated in the question.
	Has any of the following changed? Fugitive emissions (i.e. emissions from filling operations, pumps, valves, flanges, etc.) in the emission calculations.	Initial here that this has not changed: Reference the last up-to-date submittal:	Provide updated emission calculations and supporting information as indicated in the question.



South Carolina Department of Health and Environmental Control

Healthy People. Healthy Communities.



Bureau of Air Quality
State Operating and Conditional Major
Permit Renewal Application
Page 4 of 4

Select the type of operating permit being renewed and provide a signature below the corresponding certification statement. Eligibility criteria for general permits may be found at: <http://www.scdhec.gov/Environment/AirQuality/OperatingPermits/General/>.

OWNER OR OPERATOR		
Title/Position:	Salutation	Last Name:
Mailing Address:		
City:	State:	Zip Code: -
E-mail Address:	Phone No.: () -	Cell No.: () -

OWNER OR OPERATOR SIGNATURE (if renewing a state operating permit or conditional major operating permit)	
<input type="checkbox"/> State Operating Permit	<input type="checkbox"/> Conditional Major Operating Permit
<p>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.</p>	

Signature of Owner or Operator _____ Date _____

OWNER OR OPERATOR SIGNATURE (if requesting coverage under a general permit)	
<input type="checkbox"/> General Operating Permit	TYPE
<p>I certify, to the best of my knowledge and belief that this source qualifies for and agrees to the conditions and terms of the general operating permit listed above. I understand that all emission units at this facility must comply with all current applicable requirements and must, on a timely basis, comply with the requirements of any new applicable standards and/or regulations that become effective during the permit term. The source shall be subject to enforcement action for operation without a valid permit if the source is later determined not to qualify for the conditions and terms of the general permit listed above.</p> <p>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.</p>	

Signature of Owner or Operator _____ Date _____



In Closing

- Communication and planning are key

Talk to your Permit Writer

- Two way communication
- Read your draft permit



Air Permitting Structure

Four Permit Sections

1. Piedmont Permitting Section
2. Coastal Plains and Power Section
3. Sandhills, Pulp and Paper Section
4. General Permitting Section



Contact Us



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Stay Connected

