**State of North Carolina**

**Department of Environmental Quality**

**Division of Air Quality**

**Air Permitting Section**

**INSTRUCTIONS**

**APPLICATION FOR REGISTRATION OF FACILITY IN LIEU OF AIR PERMIT**



**APPLICATION FOR REGISTRATION – FACILITY GENERAL INFORMATION**

The following are detailed instructions to assist you in completing your application for Registration of a facility that operates air pollutant emissions source(s) and/or control device(s).

The application forms are available on the DAQ Web Site or by contacting the appropriate Division of Air Quality Regional Office listed on the page following these instructions. Application forms are available on the Division’s webpage at <https://deq.nc.gov/about/divisions/air-quality/air-quality-permits/application-forms-instructions> Applications must be submitted in hardcopy format only.

If you have any questions, please contact the appropriate Division of Air Quality Regional Office listed on the page following the general instructions or call the Small Business Ombudsman at 1‑877-623-6748. Identify your inquiry as pertaining to a Facility Registration Application.

Rule 15A NCAC 02Q .0102(e) provides that *“…Any facility that is not exempted from permitting under Paragraph (d) and whose actual total aggregate emissions of particulate matter (PM10), sulfur dioxide, nitrogen oxides, volatile organic compounds, carbon monoxide, hazardous air pollutants, and toxic air pollutants are greater than or equal to five tons per year and less than 25 tons per year may register their facility under Rule 15A NCAC 02D .0202 instead of obtaining a permit under 02Q .0300. This Paragraph shall not apply to any facility as follows:*

1. *Synthetic minor facilities that are subject to Rule 02Q.0315 of this Subchapter;*
2. *Facilities with a source subject to maximum achievable control technology under 40 CFR Part 63;*
3. *Facilities with sources of volatile organic compounds or nitrogen oxides that are located in a non-attainment area; or*
4. *Facilities with a source subject to NSPS, unless the source is exempted under Paragraph (g) or (h) of this Rule…”*

\*\*\*Note that when emissions are calculated, any hazardous air pollutants (HAP) and toxic air pollutants (TAP) that are also volatile organic compounds (VOC) should not be double counted.

You should complete and submit an Application for Registration for the following:

1. Registration of New Registered/Greenfield facility;
2. Registration of an existing permitted facility whose actual emissions meet the requirements for registration. This registration will also include the rescission of the existing air permit. The facility ID Number will remain the same as for the previous air permit.
3. Modification/Addition of existing/new emission sources at a Registered facility, ownership change or facility name change, or changes to facility contact information.

The Application for Registration requires general information about the facility, a listing of the proposed emission source(s) and/or control device(s) for which the application is made, and the signature of the Authorized Contact for the facility.

**NOTE THAT IF THE FACILITY’S AGGREGATE ACTUAL EMISSIONS OF PARTICULATE MATTER (PM10), SULFUR DIOXIDE, NITROGEN OXIDES, VOLATILE ORGANIC COMPOUNDS (VOC), CARBON MONOXIDE, HAZARDOUS AIR POLLUTANTS (HAP), AND TOXIC AIR POLLUTANTS (TAP) EXCEED 25 TONS PER YEAR, THE FACILITY IS REQUIRED TO APPLY FOR AND OBTAIN AN AIR QUALITY PERMIT PRIOR TO CONSTRUCTION AND OPERATION OF A NEW FACILITY OR MODIFICATION OF AN EXISTING FACILITY.**

**In addition to the general information about the facility and contacts, please provide the following information about the plant site (attach additional sheets as necessary):**

1. For an existing facility that currently has an Air Quality Permit, please submit the following:
* Is there anything at your facility that is different than what is on your current Air Quality Permit? If not, simply check the check box to note that the plant is the same as on the existing Air Quality Permit.
* If any changes have occurred in your operation that have changed emissions from those submitted in the facility’s most recent facility Emissions Inventory (or if an emissions inventory has never been submitted for the facility), please submit updated data for the actual annual emissions of particulate matter (PM10), sulfur dioxide, nitrogen oxides, volatile organic compounds (VOC), carbon monoxide, hazardous air pollutants (HAP), and toxic air pollutants (TAP).
* Note that you should continue any monitoring, inspection, and maintenance of equipment as required by your current Air Quality Permit, as well as maintain records of these activities.
* If your facility is subject to any federal New Source Performance Standards (NSPS) or National Emission Standards for Hazardous Air Pollutants (NESHAP) regulations, you should continue the applicable monitoring, inspection and maintenance, testing, recordkeeping, and reporting as required by those regulations.
1. For a new/greenfield facility that has never had an Air Quality Permit, please submit the following:
* A listing of the air pollutant emission source(s) and air pollution control device(s), and a brief description of the process(es) at the facility.
* An estimate of the air pollutant emissions from the facility, or process throughput data and material usages that may be used to estimate these emissions.
* Any information concerning the capture and control efficiencies of the control device(s) employed at the facility to reduce air pollution.
1. For a Registered facility that has a change of ownership, a facility name change, a change in the facility/technical/authorized contact information, please complete and submit the Registration Form with the updated information.
* Note that if the facility is moved from the original site to a new location, this is considered as a new facility, and a new Registration Form is required. A new Registration Number and Facility ID Number will be assigned to this new location.
1. For a Registered facility that modifies existing emission source(s) or adds new emission source(s) or control device(s), please submit an updated estimate of the air pollutant emissions from the modified facility, or process throughput data that may be used to estimate these emissions.

**GENERAL INFORMATION**

**LEGAL CORPORATE/OWNER NAME** – The full business (legal entity) name of the facility (parent company name, if applicable)

**SITE NAME** – The name under which the facility is doing business

**SITE ADDRESS (911 ADDRESS)** – The physical address of the facility, as assigned under the 911 emergency system, including City, County, State, and Zip Code. This is the location where DAQ would go to inspect the equipment.

**CONTACT INFORMATION**

**RESPONSIBLE OFFICIAL/AUTHORIZED CONTACT** – This is a person who is an officer of the company or a company official [see 15A NCAC 2Q .0304(j)].

**FACILITY/INSPECTION CONTACT PERSON** – This is the person with whom DAQ would normally meet at the facility for compliance assistance or questions.

**APPLICATION IS BEING MADE FOR** – mark the appropriate check box to indicate the purpose of this application

**NEW REGISTERED FACILITY/GREENFIELD** – Application is being made for registration for a new plant site (Greenfield facility) for which no Air Quality Permit or Registration has been previously issued.

**REGISTRATION (AND AIR PERMIT RESCISSION) FOR EXISTING PERMITTED FACILITY** – Application is being made for registration of an existing facility that has already been issued an Air Quality Permit, but qualifies for registration due to aggregate actual emissions. If the facility qualifies for registration, the existing Air Quality Permit will be rescinded after the registration is issued.

**MODIFICATION/ADDITION OF EQUIPMENT, OWNERSHIP CHANGE, FACILITY NAME CHANGE, OR CHANGE OF FACILITY CONTACT INFORMATION AT A REGISTERED FACILITY** – Application is being made for a change in the air pollutant emission sources at the facility, a change of the facility owner, a change of the facility name, or a change of the facility contacts.

**FACILITY (PLANT SITE) INFORMATION**

**\*\*\*Note that if the plant will be the same as what is described in the existing Air Quality Permit, simply mark the check box and bypass this section of the form.**

**DESCRIBE NATURE OF (PLANT SITE) OPERATIONS** – This is a short statement describing what is taking place at the facility (e.g. hot mix asphalt plant, rock quarry, cigarette manufacturing, lumber mill, etc.)

**FACILITY COORDINATES** – This can be determined using Google Maps. Provide both the longitude and latitude for the facility.

**EXISTING OR PREVIOUS FACILITY ID NO.** – This is the ID Number assigned by DAQ for this facility location (for a facility that is currently registered or currently has an Air Quality Permit.) If this is a New Registered Facility/Greenfield application, leave this section blank.

**CURRENT/PREVIOUS AIR PERMIT NO.** – If this facility is currently registered or has had an Air Quality Permit at one time at this location, list the assigned Air Quality Permit number. If the facility has never been issued an Air Quality Permit, leave this section blank.

**PRIMARY SIC/NAICS CODE** – This is the Standard Industrial Code and North American Industry Classification System code for the facility. If there are multiple processes at the facility which have different SIC/NAICS codes, list the code or codes which best represent the primary activity at this facility.

**IS THE FACILITY SUBJECT TO NSPS OR NESHAP REQUIREMENTS?** – Mark the appropriate check box. If the facility is subject to either NSPS or NESHAP regulations, list the specific NSPS or NESHAP Subpart(s)

**IS THE FACILITY SUBJECT TO SYNTHETIC MINOR REQUIREMENTS?** – Mark the appropriate check box.

**IS THE FACILITY LOCATED IN A NON-ATTAINMENT AREA?** – Mark the appropriate check box.

**DOES THIS APPLICATION CONTAIN CONFIDENTIAL DATA**? – Mark the appropriate check box. Note that all information in this application and the attachments thereto are considered public information unless the applicant can demonstrate that specific information qualifies for confidential treatment under the provisions of North Carolina General Statute 143-215.3(a)(2). The current procedure for handling confidential information requests is listed at the following website address. Please refer to this document if you will be submitting confidential information:

<https://ncdenr.s3.amazonaws.com/s3fs-public/Air%20Quality/permits/memos/public_records_flyer_final.pdf>

***Any request for confidential treatment must be made at the time the information is FIRST submitted to the Division and under separate cover and shall state in writing why the information should be held confidential.*** Requests for confidentiality made at a later date will not be considered. Additionally, for each copy of the application required to be submitted, the following must be submitted:

1. One complete application form, stamped confidential on each page and containing the confidential and non-confidential information; and
2. One application form, including the same pages, containing only the non-confidential information.

***Note: Please check with the DAQ Regional Office permitting staff prior to submitting the application if confidential status is requested for information in this application.***

**SIGNATURE OF RESPONSIBLE OFFICIAL/AUTHORIZED CONTACT** – Mark the check box certifying that the facility will be properly operated. All applications must be signed by an officer or company official. [see 15A NCAC 2Q .0304(j)]

**ATTACH ADDITIONAL SHEETS AS NECESSARY**

**DAQ REGIONAL OFFICES**

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| **Asheville Regional Office**2090 U.S. Highway 70Swannanoa, NC 28778828-296-4500 FAX 828-299-7043 | **Fayetteville Regional Office**Systel Building,225 Green St., Suite 714 Fayetteville, NC 28301-5094910-433-3300 FAX 910-486-0707 |
| **Mooresville Regional Office**610 East Center Ave.Mooresville, NC 28115 704-663-1699 FAX 704-663-6040 | **Raleigh Regional Office**3800 Barrett Drive Raleigh, NC 27609(Courier 52-01-00)919/791-4200FAX 919/571-4718 |
| **Washington Regional Office**943 Washington Square Mall Washington, NC 27889 252-946-6481 FAX 252-975-3716 | **Wilmington Regional Office**127 Cardinal Drive ExtensionWilmington, NC 28405 910-796-7215FAX 910-350-2004 |
| **Winston-Salem Regional Office**450 West Hanes Mill Road, Suite 300 Winston-Salem, NC 27105336-776-9800 FAX 336-776-9797 |  |