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

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

This application is for a facility requesting to construct and/or operate under the Registration Permit for Crematory Operations. The applicant should complete all information requested on this form and submit one complete application with original signatures (scanned, copied, electronic, etc. signatures will not be accepted) to the following address:

**Air Permitting Division Director**

**Bureau of Air Quality**

**2600 Bull Street**

**Columbia, South Carolina 29201**

The applicant should also keep a copy of the completed application in their records to reference when answering technical questions and providing additional information.

**CREMATORY EQUIPMENT INFORMATION**

If an incinerator uses any type of fuel other than natural gas, propane and/or diesel, please contact the Department prior to submitting your application. If an incinerator is rated at 10 million BTU/hr or more, the facility does not qualify for coverage under the Registration Permit for Crematory Operations.

This form is subject to Retention Schedule 16303.

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| **FACILITY INFORMATION** | |
| SC Air Permit Number (if known)       - | Application Date |
| Facility Name  *(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)*  Or  NAD83 *(North American Datum of 1983)* | |

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| **FACILITY'S PRODUCTS / SERVICES** | |
| Primary [SIC Code](https://www.osha.gov/pls/imis/sicsearch.html) *(Standard Industrial Classification Codes)*: | Primary [NAICS Code](http://www.census.gov/eos/www/naics/reference_files_tools/2012/2012_NAICS_Structure.xls) *(North American Industry Classification System)*: |

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

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| --- | --- | --- | --- | --- | --- | --- |
| **OWNER OR OPERATOR** | | | | | | |
| Title/Position: | Salutation: | First Name: | | | Last Name: | |
| Mailing Address *(if different)*: | | | | | | |
| City: | | | State: | Zip Code: | | |
| E-mail Address: | | | Phone No.: (   )    - | Cell No.: (   )    - | | |
| I certify that this facility meets the criteria established for the Registration Permit for Crematory Operations and agrees to the conditions and terms of the Registration Permit for Crematory 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 |

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| **CREMATORY EQUIPMENT INFORMATION**  Answer the following questions about the crematory’s equipment. If your facility is equipped with more than one cremation units, attach additional sheets and provide the requested information for each individual unit. | | |
| Action:  Install a new unit  Replace a currently permitted unit  Make/Model of Incinerator Being Replaced:        -  Request coverage for a currently permitted unit  Relocate a currently permitted unit | *When installing a new unit or replacing a currently permitted unit, submit the following to the Director of Air Permitting Division within 30 days of startup:*   1. *A copy of the facility’s Operator Training Manual* 2. *A list of trained personnel; and* 3. *A copy of a stack test performed on a comparable unit* | |
| Make and Model of the Cremation Unit: | - | |
| Type of Material to be Cremated: | Human Remains  Animal Remains | |
| Installation Date:  *Input an approximate date if the unit has not yet been installed.* |  | Actual Installation Date  Approximate Installation Date |
| Hours of Operation: | hours/day     days/week     weeks/year | |
| Primary Fuel: |  | |
| Secondary Fuel (if applicable): |  | |
| Rated Waste Capacity (lb/hr): |  | |
| Rated Heat Input of Primary Chamber (million BTU/hr): |  | |
| Rated Heat Input of Secondary Chamber (million BTU/hr): |  | |
| Temperature Range of Cremation Unit:  *Under what temperature range is this unit designed to operate?* | °F -      °F | |
| Is this unit equipped with a capped stack?  *Mark no, if the cap is designed to open automatically when the unit is operating.* | Yes  No | |
| Is this unit equipped with a Pollution Monitoring System?  *Also called Pollution Control Light, Pollution Control Chamber, Opacity Monitor, Opacity Monitoring System, or Visible Emissions Alarm.* | Yes  No | |
| Is your facility equipped with a Processing Station (cremated remains processor used to pulverize dried bone fragments)? | Yes  No | |
| Does your facility utilize its unit(s) to dispose of confiscated drugs or controlled substances?  If yes, identify the owner of the unit below: | Yes  No | |