



AIR CONTAMINANT SOURCES PERMIT APPLICATION

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF AIR QUALITY

SFN 8516 (8-02) (AP 100)

FACILITY IDENTIFICATION

Name of Firm or Institution				
Owner or Official to Contact on Air Pollution Matters		Title		Telephone Number
Application Being Made By (Name):		Title		Telephone Number
Mailing Address (Street & No.)		City		State Zip Code
Plant Location (Street & No.)		City	County	State Zip Code
Legal Description of Plant Site ¼ ¼, Section Twp. Range		Latitude (Nearest Second)		Longitude (Nearest Second)
Land Area at Plant Site Acres (or) Sq. Ft.		MSL Elevation at Plant		

GENERAL NATURAL OF BUSINESS:

DESCRIBE NATURE OF BUSINESS	STANDARD INDUSTRIAL CLASSIFICATION NUMBER

SOURCE IDENTIFICATION AND CATEGORY OF EACH SOURCE INCLUDED ON THIS PERMIT APPLICATION:

Assign your Identification Number (1, 2, 3, etc.) to each Source or Permit Unit. List ID Number and identify device below, then check appropriate category in the box to the right of listed device.		PERMIT TO CONSTRUCT				MINOR SOURCE PERMIT TO OPERATE						
		NEW SOURCE	EXISTING SOURCE MODIFICATION, ALTERATION, REPAIRING, REBUILDING	EXISTING SOURCE EXPANSION	EXISTING SOURCE CHANGE LOCATION	NEW SOURCE	EXISTING SOURCE INITIAL APPLICATION	EXISTING SOURCE AFTER MODIFICATION, ALTERATION, REPAIRING, REBUILDING	EXISTING SOURCE AFTER EXPANSION	EXISTING SOURCE AFTER CHANGE OF LOCATION	EXISTING SOURCE AFTER CHANGE OF OWNERSHIP OR LESSEE	OTHER
YOUR ID NUMBER	SOURCE OR UNIT (Equipment, Machines, Devices, Boilers, Processes, Incinerators, Etc.)											

Other (Specify) _____

IF APPLICATION IS FOR A PERMIT TO CONSTRUCT, PROVIDE THE FOLLOWING DATA:

Name of Installer or Contractor		Telephone Number
Mailing Address	Start Date/Construct	Completion Date

ESTIMATED COST OF EQUIPMENT OR MODIFICATION (FOR PERMIT TO CONSTRUCT ONLY):

Basic Equipment \$	Air Pollution Control Equipment Existing as of Date of Application \$
New Air Pollution Control Equipment to be Installed \$	Modification to Existing Air Pollution Control Equipment \$

IDENTIFICATION OF AIR CONTAMINANTS (Check all which are emitted in measurable quantities into the atmosphere from any operation at this facility.)

<input type="checkbox"/> ARSENIC	<input type="checkbox"/> CHLORINE COMPOUNDS	<input type="checkbox"/> HYDROGEN SULFIDE	<input type="checkbox"/> PESTICIDES
<input type="checkbox"/> ASBESTOS	<input type="checkbox"/> DUST	<input type="checkbox"/> LEAD	<input type="checkbox"/> RADIOISOTOPES
<input type="checkbox"/> BERYLLIUM	<input type="checkbox"/> FLUORINE COMPOUNDS	<input type="checkbox"/> MERCURY	<input type="checkbox"/> SILICIA
<input type="checkbox"/> CADMIUM	<input type="checkbox"/> VOLATILE ORGANIC COMPOUNDS	<input type="checkbox"/> NITROGEN COMPOUNDS	<input type="checkbox"/> SULFUR COMPOUNDS
<input type="checkbox"/> VISIBLE EMISSIONS	<input type="checkbox"/> OTHER ORGANIC COMPOUNDS	<input type="checkbox"/> ODORS	<input type="checkbox"/> CHROMIUM COMPOUNDS
<input type="checkbox"/> CARBON MONOXIDE	<input type="checkbox"/> OTHER (specify)	<input type="checkbox"/> PARTICULATES (specify)	

List Specific Compounds

Has Source Testing Been Done at the Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Date when a Testing Program was Completed	If Program is Continuous, Give Approximate Testing Frequency:
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INDICATE WITH "X" WHICH OF THE FOLLOWING FORMS ARE ATTACHED AND MADE PART OF THE APPLICATION

<input type="checkbox"/>	Fuel Burning Equipment Used for Indirect Heating	<input type="checkbox"/>	Rock, Sand and Gravel Processing
<input type="checkbox"/>	Manufacturing or Processing Equipment	<input type="checkbox"/>	Gas Cleaning Equipment
<input type="checkbox"/>	Incinerators	<input type="checkbox"/>	Volatile Organic Compounds Storage Tank
<input type="checkbox"/>	Grain, Feed, and Fertilizer Operations	<input type="checkbox"/>	Internal Combustion Engine Sources
<input type="checkbox"/>	Asphalt Concrete Plants	<input type="checkbox"/>	Oil/Gas Production Facility Report
<input type="checkbox"/>	Concrete Batch Plants and Cement Handling Equipment	<input type="checkbox"/>	Hazardous Air Pollution (HAP) Sources
<input type="checkbox"/>	Natural Gas Processing Plants	<input type="checkbox"/>	Contaminated Soil Treatment Facility

OTHER ATTACHMENTS ARE AS FOLLOWS AND ARE A PART OF THIS APPLICATION:

1.	4.
2.	5.
3.	6.

I, the undersigned applicant, am fully aware that statements made in this application and the attached exhibits and statements constitute the application for Permit(s) to Construct and/or Operate Air Contaminant sources from the North Dakota Department of Health and certify that the information in this application is true, correct and complete to the best of my knowledge and belief. Further, I agree to comply with the provisions of Chapter 23-25 of the North Dakota Century Code and all rules and regulations of the Department, or revisions thereof. I also understand the permit is nontransferable and, if granted a permit, I will promptly notify the Department upon sale or legal transfer of this permitted establishment.

Signature of Applicant V	Date
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INSTRUCTIONS

SITE PLANS TO BE ATTACHED TO APPLICATION:

Prepare and attach a plot plan drawn to scale or properly dimensioned, showing at least the following:

- a. The property involved and the outlines and heights of all buildings on it. Identify property lines plainly. Also, indicate if there is a fence around the property that prevents public access.
- b. Location and identification of all existing or proposed equipment, manufacturing processes, etc., and points of emission or discharge of air contaminants to the atmosphere.
- c. Location of the facility or property with respect to the surrounding area, including residences, businesses and other permanent structures, streets and roadways. Identify all such structures and roadways. Indicate direction (**NORTH**) on the drawing and the prevailing wind direction.

EQUIPMENT PLANS AND SPECIFICATIONS FOR PERMIT TO CONSTRUCT:

Supply plans and specifications, including as a minimum an assembly drawing, dimensioned and to scale, in plan, elevation and as many sections as are needed to show clearly the design and operation of the equipment and the means by which air contaminants are controlled. The following must be shown:

- a. Size and shape of the equipment. Show exterior and interior dimensions and features.
- b. Locations, sizes, and shape details of all features which may affect the production, collection, conveying, or control of air contaminants of any kind, location, size, and shape details concerning all material handling equipment.
- c. All data and calculations used in selecting or designing the equipment.
- d. Horsepower rating of all motors driving the equipment.

NOTE: STRUCTURAL DESIGN CALCULATIONS AND DETAILS ARE NOT REQUIRED. WHEN STANDARD COMMERCIAL EQUIPMENT IS TO BE INSTALLED, THE MANUFACTURER'S CATALOG DESCRIBING THE EQUIPMENT MAY BE SUBMITTED IN LIEU OF ITEMS a, b, c, and d OF ABOVE, WHICH THE CATALOG COVERS. ALL INFORMATION REQUIRED ABOVE THAT THE CATALOG DOES NOT CONTAIN MUST BE SUBMITTED BY THE APPLICANT.

ADDITIONAL INFORMATION MAY BE REQUIRED:

If the application is signed by an authorized representative of the owner, a LETTER OF AUTHORIZATION must be attached to the application.

SEND COMPLETED APPLICATION AND ALL ATTACHMENTS TO:

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF AIR QUALITY
1200 Missouri Avenue, Room 304
Box 5520
Bismarck, ND 58506-5520
Telephone: (701)328-5188