



# ANNUAL PRODUCTION REPORT - SYNTHETIC MINOR SOURCE

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF AIR QUALITY

SFN 51444 (2-03) (AP-310)

## GENERAL

Name of Firm or Organization		Calendar Year	
Mailing Address	City	State	Zip Code
Permit to Operate Number	Source Unit Description	Source Unit Number	

Complete Section 1, 2 or 3 below as appropriate based on the limit specified in your Permit to Operate.

## SECTION 1 - Fuel Usage

Annual Usage of <b>Primary</b> Fuel:			
<b>Quantity</b>	<b>Fuel Type</b>		Enter the allowable fuel usage as stated in the Permit to Operate:
<input type="checkbox"/> Tons	<input type="checkbox"/> Coal	<input type="checkbox"/> Fuel Oil	
<input type="checkbox"/> Cubic Feet	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane	
<input type="checkbox"/> Gallons	<input type="checkbox"/> Other _____	_____	
Annual Usage of <b>Standby</b> Fuel:			
<b>Quantity</b>	<b>Fuel Type</b>		Enter the allowable fuel usage as stated in the Permit to Operate:
<input type="checkbox"/> Tons	<input type="checkbox"/> Coal	<input type="checkbox"/> Fuel Oil	
<input type="checkbox"/> Cubic Feet	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane	
<input type="checkbox"/> Gallons	<input type="checkbox"/> Other _____	_____	

## SECTION 2 - Hours of Operation

_____ Hours per Year - for unit _____	Enter the allowable hours of operation as stated in the Permit to Operate:
_____ Hours per Year - for unit _____	
	<input type="checkbox"/> Per unit
	<input type="checkbox"/> Plant Total
_____ Hours per Year - <b>PLANT TOTAL</b>	

## SECTION 3 - Throughput

<input type="checkbox"/> Tons per Year	<input type="checkbox"/> Cubic Feet per Year	Enter the allowable throughput capacity as stated in the Permit to Operate:
<input type="checkbox"/> Gallons per Year	<input type="checkbox"/> Other _____	
_____	_____	_____

I declare under the penalties of perjury that this report has been examined by me and to the best of my knowledge is a true, correct and complete report.

Print Name of Person Submitting Report	Title	
Signature	Telephone Number	Date

Return completed form to: North Dakota Department of Health  
 Division of Air Quality  
 Box 5520  
 Bismarck, ND 58506-5520  
 (701)328-5188

For Agency Use Only
Verified Synthetic Minor PTO Limits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Initials: _____

Provide additional information as necessary: