



**PERMIT APPLICATION FOR AIR CONTAMINANT SOURCES**  
 NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY  
 DIVISION OF AIR QUALITY  
 SFN 8516 (9-2021)

**SECTION A - FACILITY INFORMATION**

Name of Firm or Organization				
Applicant's Name				
Title		Telephone Number	E-mail Address	
Contact Person for Air Pollution Matters				
Title		Telephone Number	E-mail Address	
Mailing Address (Street & No.)				
City		State	ZIP Code	
Facility Name				
Facility Address (Street & No.)				
City		State	ZIP Code	
County		Coordinates NAD 83 in Decimal Degrees (to fourth decimal degree)		
		Latitude	Longitude	
Legal Description of Facility Site				
Quarter	Quarter	Section	Township	Range
Land Area at Facility Site _____ Acres (or) _____ Sq. Ft.		MSL Elevation at Facility		

**SECTION B – GENERAL NATURE OF BUSINESS**

Describe Nature of Business	North American Industry Classification System Number	Standard Industrial Classification Number (SIC)

**SECTION C – GENERAL PERMIT INFORMATION**

Type of Permit? <input type="checkbox"/> Permit to Construct (PTC) <input type="checkbox"/> Permit to Operate (PTO)	
If application is for a Permit to Construct, please provide the following data:	
Planned Start Construction Date	Planned End Construction Date

**SECTION D – SOURCE IDENTIFICATION AND CATEGORY OF EACH SOURCE INCLUDED ON THIS PERMIT APPLICATION**

Your Source ID Number	Source or Unit (Equipment, Machines, Devices, Boilers, Processes, Incinerators, Etc.)	Permit to Construct				Minor Source Permit to Operate							
		New Source	Existing Source Modification	Existing Source Expansion	Existing Source Change of Location	New Source	Existing Source Initial Application	Existing Source After Modification	Existing Source After Expansion	Existing Source After Change of Location	Existing Source After Change of Ownership	Other	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add additional pages if necessary

**SECTION D2 – APPLICABLE REGULATIONS**

Source ID No.	Applicable Regulations (NSPS/MACT/NESHAP/etc.)
Facility-wide	

**SECTION E – TOTAL POTENTIAL EMISSIONS**

Pollutant	Amount (Tons Per Year)
NO <sub>x</sub>	
CO	
PM	

Pollutant	Amount (Tons Per Year)
PM <sub>10</sub> (filterable and condensable)	
PM <sub>2.5</sub> (filterable and condensable)	
SO <sub>2</sub>	
VOC	
GHG (as CO <sub>2</sub> e)	
Largest Single HAP	
Total HAPS	

\*If performance test results are available for the unit, submit a copy of test with this application. If manufacturer guarantee is used provide spec sheet.

**SECTION F1 – ADDITIONAL FORMS**

Indicate which of the following forms are attached and made part of the application	
<input type="checkbox"/> Air Pollution Control Equipment (SFN 8532)	<input type="checkbox"/> Fuel Burning Equipment Used for Indirect Heating (SFN 8518)
<input type="checkbox"/> Construct/Operate Incinerators (SFN 8522)	<input type="checkbox"/> Hazardous Air Pollutant (HAP) Sources (SFN 8329)
<input type="checkbox"/> Natural Gas Processing Plants (SFN 11408)	<input type="checkbox"/> Manufacturing or Processing Equipment (SFN 8520)
<input type="checkbox"/> Glycol Dehydration Units (SFN 58923)	<input type="checkbox"/> Volatile Organic Compounds Storage Tank (SFN 8535)
<input type="checkbox"/> Flares (SFN 59652)	<input type="checkbox"/> Internal Combustion Engines and Turbines (SFN 8891)
<input type="checkbox"/> Grain, Feed, and Fertilizer Operations (SFN 8524)	<input type="checkbox"/> Oil/Gas Production Facility Registration (SFN 14334)

**SECTION F2 – OTHER ATTACHMENTS INCLUDED AS 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 Environmental Quality 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 23.1-06 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	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 the property. 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 internal combustion engines 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 Environmental Quality  
Division of Air Quality  
4201 Normandy Street, 2<sup>nd</sup> Floor  
Bismarck, ND 58503-1324  
(701) 328-5188