



**INCINERATORS OR FLARES**  
**ANNUAL EMISSION INVENTORY REPORT**  
 NORTH DAKOTA DEPARTMENT OF HEALTH  
 DIVISION OF AIR QUALITY  
 SFN 11624 (11-10)

**GENERAL**

Name of Firm or Organization		Year of Emissions	
Mailing Address		City	State Zip Code
Permit to Operate Number/Source		Actual Hours of Operation	
Equipment Manufacturer's Name		Maximum Rated Capacity (Specify Units)	

**WASTE INFORMATION**

Type of Wastes Burned - (see 1.1.A Waste Classification Chart)	Quantity (Specify Units)
Type 0 Trash *	
Type 1 Rubbish	
Type 2 Refuse	
Type 3 Garbage	
Type 4 Pathological - Animal Solids & Organic Wastes	
Type 5 Gaseous, Liquid or Semi-Liquid Waste	
Type 6 Semi-Solid & Solid Wastes *	
Other Specify *	
Other Specify *	

\* Describe Below

Type	Origin	Description	Chemical Composition
*Type 0 with more than 10% plastic/rubber			
*Type 5			
*Type 6			
*Other Specify			

**STACK EMISSIONS**

Air Contaminant	Quantity	
	Pounds Per Hour (average)	Tons
Particulate – Total		
PM <sub>10</sub> (Particulate < 10 microns)		
PM <sub>2.5</sub> (Particulate < 2.5 microns)		
Sulfur Dioxide		
Nitrogen Oxides		
Carbon Monoxide		
Total Organic Compounds: Nonmethane		

Basis for quantities listed under Stack Emissions; provide calculations:

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	Email
Signature	Telephone Number	Date

Return completed form to:  
North Dakota Department of Health  
Division of Air Quality  
918 E Divide, 2nd Floor  
Bismarck, ND 58501-1947  
Telephone: (701)328-5188