



# COMPRESSOR/INDUSTRIAL ENGINES ANNUAL EMISSIONS INVENTORY REPORT

NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF AIR QUALITY  
SFN 11829 (11-10)

## GENERAL

Name of Firm or Organization	Permit to Operate Number	Year of Emissions	
Mailing Address	City	State	Zip Code
Facility Name	Facility Location	Emission Unit Number	

## EQUIPMENT INFORMATION

<input type="checkbox"/> Stationary Gas Turbine	<input type="checkbox"/> Reciprocating Engine <input type="checkbox"/> 2-Stroke Lean Burn	<input type="checkbox"/> Dual Fuel Engine	<input type="checkbox"/> Spark Ignition
<input type="checkbox"/> Stationary Large Bore Diesel	<input type="checkbox"/> 4-Stroke Lean Burn <input type="checkbox"/> 4-Stroke Rich Burn	<input type="checkbox"/> Other, Specify _____	<input type="checkbox"/> Compression Ignition
Manufacturer of Unit		Model Number	Actual Hours of Operation
Maximum Rating BHP at RPM		Design Capacity	BHP at RPM

## FUELS USED

Natural Gas (if applicable)	Thousand Cu. Ft.	Btu/Cu. Ft.	Percent H <sub>2</sub> S
Diesel (if applicable)	Gallons	Btu/Gal	
LP Gas (if applicable)	Gallons	Btu/Gal	
Other (Specify)	Specify	Btu/Unit	

## COMPRESSOR STATION FLARE STACK EMISSIONS

Quantity Flared Thousand Cu. Ft./Yr	Average H <sub>2</sub> S Content	SO <sub>2</sub> Emissions Tons/Yr
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(USE THIS TABLE FOR SINGLE FUEL USAGE. USE OTHER SIDE IF MULTIPLE FUELS ARE USED AND SUMMARIZE THE TOTAL TONS ON THIS TABLE.)

## TOTAL STACK EMISSIONS

Air Contaminant	Emission Factor (Include Units)	Emission Factor Source (Include Test Date if Applicable)	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			
Hazardous Air Pollutants	You must also submit SFN 19839 for Hazardous Air Pollutants (include formaldehyde and total hazardous air pollutant emissions.)		

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

**STACK EMISSIONS**

FUEL TYPE:

Air Contaminant	Emission Factor (Include Units)	Emission Factor Source (Include Test Date if Applicable)	Tons
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PM <sub>10</sub> (Particulate < 10 microns)			
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Total Organic Compounds: Nonmethane			
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Carbon Monoxide			
Total Organic Compounds: Nonmethane			
Hazardous Air Pollutants	You must also submit SFN 19839 for Hazardous Air Pollutants (include formaldehyde and total hazardous air pollutant emissions.)		

Provide calculations for quantities listed above. Use additional sheets if necessary.

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