



**OIL SEED PROCESSING EQUIPMENT  
ANNUAL EMISSION INVENTORY REPORT**  
NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF AIR QUALITY  
SFN 8539 (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	

**PROCESSING DATA**

OPERATION	ANNUAL QUANTITY (Specify Units)	ACTUAL HOURS OF OPERATION
Seeds Received		
Seeds Dried		
Seeds Processed		
Meal Produced		
Meal Shipped		
Solvent Loss		N/A

**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)			
Total Organic Compounds: Nonmethane			
Other (Specify):			

\* Submit SFN 19839 for Hazardous Air Pollutants if applicable.

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

Basis for quantities listed above; provide calculations (use additional sheets as necessary):