

INSTRUCTIONS

Complete one form for each grain elevator, feed plant or fertilizer plant your company intends to operate (or continue operating). If an item on the form does not apply to your application, enter NA- do not leave an area on the form blank.

Submit plans and flow diagrams along with this form to help explain your facility and its dust control equipment. Plans which show house dimensions, equipment location, air duct dimensions, air velocities, and dust control system layouts will facilitate an expeditious evaluation of your dust control equipment.

If the person submitting and signing these forms is not the owner or authorized company official, a letter of authorization signed by the owner, or authorized company official must accompany the application. Such a letter or authorization will not relieve the owner or company of the responsibility for complying with the provisions of Chapter 23-25 of the North Dakota Century Code and all the rules and regulations of the Department, or revisions thereof.

Submit your application and all documents to:

ND Department of Health
Division of Air Quality
918 E Divide Avenue, 2nd Floor
Bismarck, ND 58501-1947

(701)328-5188

DUST CLEANING EQUIPMENT

SYSTEM ID NO.	TYPE (CYCLONE, BAG, FILTER, ETC.)	INSTALLATION DATE	CLEANING EFFICIENCY		STACK HEIGHT (FEET)
			DESIGN	OPERATING	
Dust System #1					
Dust System #2					
Dust System #3					
Dust System #4					
Cleaner System #1					
Cleaner System #2					
Describe where dust is stored and how it is disposed of:					

