



PERMIT APPLICATION - INTERNAL COMBUSTION ENGINES AND TURBINES
 NORTH DAKOTA DEPARTMENT OF HEALTH
 DIVISION OF AIR QUALITY
 SFN 8891 (05-11)

GENERAL

Name of Firm or Organization		Facility Location	
Facility Name	Email	Source Identification Number (From SFN 8516)	
Applicant's Name	Title	Phone	Application Date
Type of Unit	<input type="checkbox"/> Stationary Natural Gas-Fired Turbine <input type="checkbox"/> Stationary Diesel and Dual Fuel Engine <input type="checkbox"/> Stationary Gasoline Engine	<input type="checkbox"/> Stationary Natural Gas-Fired Engine <input type="checkbox"/> Emergency Use Only <input type="checkbox"/> Nonemergency Use	<input type="checkbox"/> Peaking <input type="checkbox"/> Sell Power to Grid

MANUFACTURER'S DATA

Make	Model	Maximum Rating BHP @ rpm	Operating Capacity BHP @ rpm	Date of Manufacture
<input type="checkbox"/> 4 Stoke <input type="checkbox"/> 2 Stroke	<input type="checkbox"/> Rich Burn <input type="checkbox"/> Lean Burn	<input type="checkbox"/> Spark Ignition	<input type="checkbox"/> Compression Ignition	<input type="checkbox"/> Dry Low Engines (DLE Turbine)
Engine Subject to: <input type="checkbox"/> 40 CFR 60, Subpart III <input type="checkbox"/> 40 CFR 60, Subpart JJJJ <input type="checkbox"/> 40 CFR 63, Subpart ZZZZ				
Turbine Subject to: <input type="checkbox"/> 40 CFR 60, Subpart GG <input type="checkbox"/> 40 CFR 60, Subpart KKKK				

FUELS USED

Natural Gas	x 10 ⁶ cu. ft./year	Percent Sulfur	Percent H ₂ S
Oil	gal/year	Percent Sulfur	Grade No.
LP Gas	gal/year	Other (Specify)	

NORMAL OPERATING SCHEDULE

Hours Per Day	Days Per Week	Weeks Per Year	Hours Per Year	Peak Production Season (if any)
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STACK PARAMETERS

Emission Point	Stack Height Above Ground Level (Feet)	Stack Diameter (Feet at Top)	Gas Discharged (SCFM)	Exit Temp (°F)	Gas Velocity (FPS)

EMISSION CONTROL EQUIPMENT

Is there any emission control equipment on this unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where a gas cleaning device exists, a GAS CLEANING EQUIPMENT Form SFN 8532 must be completed and attached.
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AIR CONTAMINANTS EMITTED

Emission Point	Pollutant	Amount (Pounds Per Hour)	Amount (Tons Per Year)	Basis of Estimate*
	NO _x			
	CO			
	PM			
	PM ₁₀			
	SO ₂			
	VOC			
	GHG (as CO ₂ e)			
	Formaldehyde			
	Total HAPS**			

* If performance test results are available for the unit, submit a copy of test with this application.

** Total HAPS includes formaldehyde

IS THIS UNIT IN COMPLIANCE WITH ALL APPLICABLE AIR POLLUTION RULES AND REGULATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO

If "NO" a Compliance Schedule must be completed and attached.

Signature of Applicant	Date
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INSTRUCTIONS

Attach any extra pages you may need to explain answers or questions, or to provide complete listings of Emissions, Contaminants, or other items.

Submit your application and all documents to:

ND Department of Health
 Division of Air Quality
 918 E Divide, 2nd Floor
 Bismarck, ND 58501-1947
 (701)328-5188