



NORTH DAKOTA POLLUTION DISCHARGE ELIMINATION SYSTEM RECORDS REQUEST
 NORTH DAKOTA DEPARTMENT OF HEALTH
 ENVIRONMENTAL HEALTH SECTION
 SFN 60887 (10-2016)

Requester identification is not required to fulfill an information request; however, some information on how to provide the response is needed and helpful. Please provide contact information needed to deliver the records, such as mailing information, e-mail address, fax number, etc. If the records will be picked up in person, please indicate how to inform the requester when the information is complete, or contact our office to confirm that the request has been completed. It is also helpful to provide contact information in case there are questions about the request.

Name of Requester	Telephone Number	Fax Number
Mailing Address		
City	State	ZIP Code
E-Mail Address		

Please select the type of information you would like to obtain below:

Permit Status

- Active Permits
- Inactive Permits

Facility Component Types

- Majors
- Minors
- Non-POTW
- POTW
- Pretreatment
- Dewatering/Hydrostatic Testing

General Permit Covered Facilities

- NDR10-0000 Stormwater Construction
- NDR05-0000 Stormwater Industrial
- NDR32-0000 Stormwater ME&P
- NDG07-0000 Temporary Dewatering
- NDG12-0000 Discharge to Class I or IA waters of the State
- NDG22-0000 Discharge to Class II waters of the State
- NDG32-0000 Discharge to Class III waters of the State
- NDG42-0000 Domestic Wastewater Treatment Facilities
- NDG52-0000 Water Treatment Plants

Facility Information

- Facility Name
- SIC Code
- Facility Type Description
- Facility Address
- Facility Lat/Long
- Permit Number
- Discharge Point Lat/Long
- Receiving Stream
- Receiving Basin
- 8 Digit HUC
- DMR Data

Specific Instructions:

Please note: Requests which provide insufficient information to perform an adequate search will be returned to the sender. **Please refer to the attached Open Records Invoice example for fees associated with records requests which take more than one (1) hour to process.**

Information requests can be submitted by completing this form and submitting to the Environmental Health Section, NDPDES Program, by mail, e-mail, or fax.

North Dakota Department of Health
 Environmental Health Section, Chiefs Office
 918 E. Divide Ave., 4th Floor
 Bismarck, ND 58501-1947
 E-Mail: ehsopenrecords@nd.gov
 Fax: 701.328.5200



OPEN RECORDS INVOICE
NORTH DAKOTA DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH SECTION
SFN 59206 (10-2013)

To:	From:
Re:	
Date:	

Quantity/Time	Services	Cost
	Copies at 25¢ per Copied Side	\$
	Hour(s) for Locating Records - \$25 per Hour (1 st Hour Free)	\$
	Hour(s) for Redacting Confidential Information - \$25 per Hour (1 st Hour Free)	\$
	Other (postage and oversized copies)	\$
	Documents	
	ND Air Pollution Control Rules @ \$15.00	\$
	ND Radiological Health Rules (Full) @ \$20.00	\$
	ND Radiological Health Rules (X-ray) @ \$15.00	\$
	ND Hazardous Waste Management Rules (Revised 12/2003) @ \$40.00	\$
	ND Solid Waste Management Rules (Revised 1/2009) @ \$15.00	\$
	ND Underground Storage Tank (UST) Rules (Revised 1/2009) @ \$15.00	\$
	ND Petroleum and Fuel Products Rules (Revised 1/2009) @ \$5.00	\$
	Computer UST Notification Listing @ \$50.00 (Current Revision)	\$
	L.U.S.T. Notifier List @ \$10.00 per Copy (Current Revision)	\$
	RCRIS List @ \$10.00 (Current Revision)	\$
	Other	\$
Total Amount Due		\$

Check or Money Order & Invoice to:

North Dakota Department of Health
918 East Divide Avenue, Floor
Bismarck, ND 58501-1947

FOR STATE USE ONLY

Date Received: _____
Amount Received: _____
Cash, MO or CK# _____

Rules available on Internet at: www.ndhealth.gov/ehs/publications.asp