



**ANNUAL PRODUCTION REPORT - ASPHALT PLANTS**  
 NORTH DAKOTA DEPARTMENT OF HEALTH  
 DIVISION OF AIR QUALITY  
 SFN 11828 (11-10)

**GENERAL**

Name of Firm or Organization		Year of Emissions	
Mailing Address	City	State	Zip Code
Permit to Operate Number	Plant ID Number	Actual Hours of Operation	

**ASPHALT PLANT**

Type: <input type="checkbox"/> Conventional <input type="checkbox"/> Batch <input type="checkbox"/> Dryer Drum	Virgin Production (tons)	Recycle Production (tons)
<b>BURNER FUEL USED</b>		
Waste Oil (gal)	Propane (gal)	
Number 6 Oil (gal)	Natural Gas (Cu. Ft.)	
Number 5 Oil (gal)	Other (specify units of measurement)	
Is the plant subject to NSPS (yes if constructed or modified after June 11, 1973) <input type="checkbox"/> Yes <input type="checkbox"/> No		

**POLLUTION CONTROL EQUIPMENT**

Manufacturer	Type: <input type="checkbox"/> Baghouse <input type="checkbox"/> Venturi Scrubber <input type="checkbox"/> Conventional Scrubber <input type="checkbox"/> Other (Specify) _____
Model	

**ELECTRICAL GENERATOR**

Manufacturer	Model Number
Engine Rating (bhp)	Fuel Used (gal)

Provide site location information on back of the form.

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

