HAZARDOUS AIR POLLUTANT ANNUAL EMISSIONS INVENTORY REPORT

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF AIR QUALITY
SFN 19839 (11-11)

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	
Amount of Material Processed (material used, etc.)			
Hours of Operation:	Air Pollution Control Equipment:		

HAZARDOUS AIR POLLUTANT EMISSIONS:

CHEMICAL EMITTED TO AIR	CAS NUMBER	EMISSIONS QUANTITY	
		Emission Factor (include units)	TONS

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 if necessary):