



# ANNUAL PRODUCTION REPORT - SYNTHETIC MINOR SOURCE

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF AIR QUALITY

SFN 51444 (11-10)

## GENERAL

Name of Firm or Organization	Permit to Operate Number	Calendar Year	
Mailing Address	City	State	Zip Code
Facility Name	Facility Location	Emission Unit Number	

Complete Section 1, 2 or 3 below as appropriate based on the limit specified in your Permit to Operate.

## SECTION 1 - Fuel Usage

Annual Usage of <b>Primary</b> Fuel:			
Quantity	Fuel Type		Enter the allowable fuel usage as stated in the Permit to Operate: _____
<input type="checkbox"/> Tons	<input type="checkbox"/> Coal	<input type="checkbox"/> Fuel Oil	
<input type="checkbox"/> Cubic Feet	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane	
<input type="checkbox"/> Gallons	<input type="checkbox"/> Other _____		
Annual Usage of <b>Standby</b> Fuel:			
Quantity	Fuel Type		Enter the allowable fuel usage as stated in the Permit to Operate: _____
<input type="checkbox"/> Tons	<input type="checkbox"/> Coal	<input type="checkbox"/> Fuel Oil	
<input type="checkbox"/> Cubic Feet	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane	
<input type="checkbox"/> Gallons	<input type="checkbox"/> Other _____		

## SECTION 2 - Hours of Operation

_____ Actual Hours - for unit _____	Enter the allowable hours of operation as stated in the Permit to Operate: _____
_____ Actual Hours - for unit _____	
_____ Hours - <b>PLANT TOTAL</b>	
	<input type="checkbox"/> Per Unit
	<input type="checkbox"/> Plant Total

## SECTION 3 - Throughput

<input type="checkbox"/> Tons	<input type="checkbox"/> Cubic Feet	Enter the allowable throughput capacity as stated in the Permit to Operate: _____
<input type="checkbox"/> Gallons	<input type="checkbox"/> Other _____	

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, 2<sup>nd</sup> Floor  
 Bismarck, ND 58501-1947  
 (701)328-5188

For Agency Use Only	
Verified Synthetic Minor PTO Limits:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Initials:	_____

Provide additional information as necessary: