



PERMIT APPLICATION - CONCRETE BATCH PLANT AND CEMENT HANDLING EQUIPMENT
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF AIR QUALITY
 SFN 8527 (12-05) AP 106

Name of Firm or Organization		Application Date
Person Submitting Application	Title	Telephone Number
Owner/Official to Contact on Air Pollution Matters	Title	Telephone Number
Mailing Address	City & State	Zip Code
Type of Plant <input type="checkbox"/> Permanent <input type="checkbox"/> Portable <input type="checkbox"/> Wet Batch <input type="checkbox"/> Dry Batch <input type="checkbox"/> Cement Equipment Only <input type="checkbox"/> Central Mix	Source I.D. No.	
Location of Permanent Plant $\frac{1}{4}$ Sec. Twp. Rge.	County	Area of Site (Acres)
Normal Operating Schedule of Plant Hours per Day Days per Week Weeks per Year	Date Plant was Manufactured	Startup Date

CEMENT RECEIVING AND STORAGE

Receiving Hopper: <input type="checkbox"/> Truck _____ Ton/Hr <input type="checkbox"/> Rail _____ Ton/Hr Elevator Type: <input type="checkbox"/> Screw _____ Ton/Hr <input type="checkbox"/> Bucket _____ Ton/Hr	Receiving Hopper Conveyor: <input type="checkbox"/> Screw _____ Ton/Hr <input type="checkbox"/> Belt _____ Ton/Hr <input type="checkbox"/> Pneumatic _____ Ton/Hr
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CEMENT STORAGE SILOS

	No. 1	No. 2	No. 3
Capacity (Tons)			
Filling Rate (Ton/Hr)			
Avg. Throughput (Ton/Year)			

CEMENT WEIGHING AND DISTRIBUTION

<input type="checkbox"/> Weigh Hopper Conveyor _____ Ton/Hr	<input type="checkbox"/> Bagging Machine Capacity _____ Ton/Hr
<input type="checkbox"/> Weigh Hopper _____ Ton/Hr	<input type="checkbox"/> Bulk Loadout Conveyor Capacity _____ Ton/Hr

CONCRETE BATCHING

Cement: Hopper Capacity _____ Ton	
Sand: Hopper Capacity _____ Ton Weigh Hopper _____ Ton/Hr	Rock: Hopper Capacity _____ Ton Weigh Hopper _____ Ton/Hr
Method of Filling Hopper <input type="checkbox"/> Tractor Loader <input type="checkbox"/> Conveyor	
Gathering Hopper: Capacity _____ Tons Throughput _____ Ton/Hr	Mixer: Capacity _____ Cu. Yard Throughput _____ Cu. Yard/Hr

AIR POLLUTION CONTROL EQUIPMENT

Type	Manufacturer's Name	Model
Design Efficiency %	Operating Efficiency %	
Describe Dust Disposal Method:		

OUTPUT OF PLANT

Maximum Plant Output cubic yards/hr	Batch Plant Average Annual Output cubic yards/yr	Cement Plant Average Annual Output ton/yr
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Remarks/ Comments:

Signature of Applicant X	Date
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I N S T R U C T I O N S

Submit with the application a sketch showing plant location and surroundings within a one mile radius of the plant. Indicate dwellings, public roads, haul roads, aggregate stockpiles, North arrow, and direction of prevailing wind.

Submit plans, specifications, manufacturer's catalogues and test data for new equipment with this application.

SEND APPLICATION AND ACCOMPANYING DOCUMENTS TO :

NORTH DAKOTA DEPARTMENT OF HEALTH
 Division of Air Quality
 918 E Divide, 2nd Floor
 Bismarck, ND 58501-1947

Telephone: (701)328-5188