



**MANUFACTURING OR PROCESSING EQUIPMENT
ANNUAL EMISSION INVENTORY REPORT**
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF AIR QUALITY
SFN 8537 (11-10)

GENERAL

Name of Firm or Organization	Permit to Operate Number	Year of Emissions	
Mailing Address	City	State	Zip Code
Facility Name	Facility Location	Actual Hours of Operation	
Source Unit Description			Emission Unit Number

RAW MATERIAL INFORMATION

Raw Materials Introduced into Process	Quantity (Specify Units)

FUELS USED

	Primary Fuel	Auxiliary Fuel
Type (ex. lignite, natural gas, LPG No. 2 fuel oil, No. 6 fuel oil, etc.)		
Quantity of Fuel per Year (Specify Units: ex. ton, gal, cu.ft., etc.)		
Percent Sulfur Maximum Minimum Average		
Btu per Unit (Specify lb, ton, gal, etc.) Maximum Minimum Average		

STACK EMISSIONS

Air Contaminant *	Emission Factor (Include Units)	Emission Factor Source (Include Test Date if Applicable)	Tons
Particulate - Total			
PM ₁₀ (Particulate < 10 microns)			
PM _{2.5} (Particulate < 2.5 microns)			
Sulfur Dioxide			
Nitrogen Oxides			
Carbon Monoxide			
Total Organic Compounds: Nonmethane			

* Submit SFN 19839 for Hazardous Air Pollutants if applicable.

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 as necessary):