



PERMIT APPLICATION FOR TITLE V PERMIT TO OPERATE
 NORTH DAKOTA DEPARTMENT OF HEALTH
 DIVISION OF AIR QUALITY
 SFN 52858 (01-16)

SECTION A - FACILITY INFORMATION

Name of Firm or Organization		
Responsible Person		
Title	Telephone Number	E-mail Address
Mailing Address (Street & Number)		
City	State	ZIP Code
Contact Person for Air Pollution Matters		
Title	Telephone Number	E-mail Address
Mailing Address (Street & Number)		
City	State	ZIP Code
Facility Name		
Facility Address (Street & Number)		
City	State	ZIP Code
County	Latitude (decimal degrees)	Longitude (decimal degrees)
Legal Description of Facility Site _____ ¼ _____ ¼, or _____ ½ _____ ½, _____ Section _____ Twp. _____ Range	Land Area at Facility Site _____ Acres (or) _____ Sq. Ft.	MSL Elevation at Facility

SECTION B - GENERAL NATURE OF BUSINESS

Describe Nature of Business	North American Industry Classification System Code (NAICS)	Standard Industrial Classification Code (SIC)

SECTION C - GENERAL PERMIT INFORMATION

Type of Permit to Operate? <input type="checkbox"/> Initial <input type="checkbox"/> Minor Modification <input type="checkbox"/> Significant Modification	
If application is for renewal or revision of an existing Title V permit, please provide the following data:	
Current Permit to Operate Number: _____ Renewal: _____ Revision: _____	Current Permit to Operate Expiration Date: _____

SECTION F1 – IDENTIFICATION OF AIR CONTAMINANTS

Check all which are emitted in measurable quantities into the atmosphere from any operation at facility			
<input type="checkbox"/> Arsenic	<input type="checkbox"/> Chlorine Compounds	<input type="checkbox"/> Sulfur Compounds	<input type="checkbox"/> Radioisotopes
<input type="checkbox"/> Asbestos	<input type="checkbox"/> Chromium Compounds	<input type="checkbox"/> Hydrogen Sulfide	<input type="checkbox"/> Visible Emissions
<input type="checkbox"/> Beryllium	<input type="checkbox"/> Fluoride Compounds	<input type="checkbox"/> Odors	<input type="checkbox"/> Particulates (specify)
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Volatile Organic Compounds	<input type="checkbox"/> Carbon Monoxide	<input type="checkbox"/> Dust
<input type="checkbox"/> Lead	<input type="checkbox"/> Other Organic Compounds	<input type="checkbox"/> Nitrogen Compounds	<input type="checkbox"/> Silica
<input type="checkbox"/> Mercury	<input type="checkbox"/> Greenhouse Gases (CO ₂ e)	<input type="checkbox"/> Pesticides	<input type="checkbox"/> Other (specify)
List Specific Compounds:			

SECTION F2 – IDENTIFICATION OF AIR CONTAMINANTS

Has emission unit testing been done at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Emission Unit No.	Last Date when a Testing Program was Completed	If Program is Continuous, Give Approximate Testing Frequency	Regulation requiring frequency (NSPS, MACT, Permit Requirement-list permit number)

Add additional pages if necessary

SECTION G1 – ADDITIONAL FORMS

Indicate which of the following forms are attached and made part of the application	
<input type="checkbox"/> Emission Unit Information (SFN 61006)	<input type="checkbox"/> Flexible Permits (SFN 61007)
<input type="checkbox"/> Compliance Schedule and Plan (SFN 61008)	<input type="checkbox"/> Potential To Emit Table

SECTION G2 – OTHER ATTACHMENTS INCLUDED AS PART OF THIS APPLICATION

1.		4.	
2.		5.	
3.		6.	

I, the undersigned applicant, am fully aware that statements made in this application and the attached exhibits and statements constitute the application for Permit to Operate Air Contaminant sources from the North Dakota Department of Health and certify that the information in this application is true, correct and complete to the best of my knowledge and belief. Further, I agree to comply with the provisions of Chapter 23-25 of the North Dakota Century Code and all rules and regulations of the Department, or revisions thereof. I also understand the permit is nontransferable and, if granted a permit, I will promptly notify the Department upon sale or legal transfer of this permitted establishment.

Signature of Applicant	Date
------------------------	------

INSTRUCTIONS

These instructions are intended to assist permit applicants in the completion of the enclosed forms with the degree of accuracy and detail necessary to allow the determination of whether to grant or deny a permit to operate an air contaminant source or modification.

All information included in the application, including maximum estimated emission rates, will be used to make the above determination. The information that is supplied in the application may be used to establish permit conditions. The emission rates provided should be based on the most credible data available. Although AP-42 provides general information, it should not be solely relied on to develop emission rates. Other sources of information that accurately represent the actual conditions that the emission unit will be operated under, such as actual test data or manufacturer's data, may be preferable.

For any air contaminant source or modification described in SFN 52858, SFN 61006 must also be completed and attached for each emission unit. For the facility's compliance schedule, SFN 61008 must be completed and submitted. If the facility requests a flexible permit SFN 61007, must be completed and submitted.

Those existing sources of air contaminants which are proven by the applicant to be designed or controlled so as to operate without emitting air contaminants in violation of air pollution rules and regulations will be granted a permit to operate.

Certain sizes and types of existing or new sources are exempted from the requirement to obtain a permit to continue operating or to construct. These sizes are specified in the instruction sheets for the relevant permit application forms or can be obtained by contacting the Department.

Any information included on the forms, other than emission data, that would divulge production or sales figures or methods, processes or production unique to such person or would otherwise tend to affect adversely the competitive position of such person by revealing trade secrets should be noted by inserting the word "confidential" in the margin next to the appropriate item. Any information, other than production figures, that is requested to be kept in confidence must be justified by a written statement setting forth the reasons for the request. All information not marked confidential will be available for public inspection.

These forms are intended to inform permit applicants of the type of information required in order that a permit to operate or construct be granted. It is not possible to design forms which are ideally suited to every conceivable operation. Permit applicants are encouraged to submit additional supplementary material when it is felt that the completion of these forms does not provide an adequate explanation of the operation.

It will be necessary to refer to the North Dakota Air Pollution Control Rules (Article 33-15 NDAC; online at www.legis.nd.gov/information/acdata/html/33-15.html), especially those parts which deal with the permit system and those chapters which specify emission limitations for each air contaminant, in order to satisfactorily complete a permit application. Electronic copies of air pollution control permit application forms are available online at www.ndhealth.gov/AQ/forms.aspx. Paper copies of all forms, as well as the rules, are available on request. To cover the costs of printing and postage, the charge for a copy of the North Dakota Air Pollution Control Rules is \$15.00.

Applicants should contact the Department prior to preparation and submittal of an application to determine what additional information will be required for a particular source or modification and the method to be used in performing the analyses.

SEND COMPLETED APPLICATION AND ALL ATTACHMENTS TO:

North Dakota Department of Health
Division of Air Quality
918 E Divide Ave., 2nd Floor
Bismarck, ND 58501-1947
(701) 328-5188