



**PERMIT APPLICATION FOR  
GLYCOL DEHYDRATION UNITS**  
NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF AIR QUALITY  
SFN 58923 (09-12)

**SECTION A – GENERAL INFORMATION**

Name of Firm or Organization		
Applicant's Name		
Title	Telephone Number	E-mail Address
Mailing Address (Street & No.)		
City	State	ZIP Code

**SECTION B - FACILITY INFORMATION**

Facility Name		
ND Air Pollution Control Permit No. (If Applicable)		
Contact Person for Air Pollution Matters		
Title	Telephone Number	E-mail Address
Facility Address (Street & No.)		
City	State	ZIP Code
County	Latitude (Nearest Second)	Longitude (Nearest Second)
Legal Description of Facility Site _____ ¼ _____ ¼, _____ Section _____ Twp. _____ Range	MSL Elevation at Facility	Ref. Datum



**SECTION E – STACK DATA**

Inside Diameter (ft)	Height Above Grade (ft)	Gas Volume (scfm)
Gas Temperature at Exit (°F)	Gas Velocity at Exit (ft/sec)	
Are Emission Control Devices in Place? If YES – Complete SFN 8532		<input type="radio"/> Yes <input type="radio"/> No
Nearest Residence or Building	Distance (ft)	Direction
Nearest Property Line	Distance (ft)	Direction

Signature of Applicant	Date
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**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