



**PERMIT APPLICATION FOR
FUEL BURNING EQUIPMENT FOR INDIRECT HEATING**
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF AIR QUALITY
SFN 8518 (09-12)

NOTE: READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECTION A - GENERAL INFORMATION

Name of Firm or Organization		
Contact Person for Air Pollution Matters		
Title	Telephone Number	E-mail Address
Applicant's Name		
Title	Telephone Number	E-mail Address
Mailing Address (Street & No.)		
City	State	ZIP Code
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	Land Area at Facility Site Acres (or) _____ Sq. Ft.	MSL Elevation at Facility

SECTION B – EQUIPMENT

Source ID No. (From form SFN 8516)	Name of Manufacturer
Rated Capacity/Maximum Input	Model Number
Purpose	Space Heat _____ % Process Heat _____ %
	Power Generation _____ % Other (Specify % if Multi Purpose) _____ %

SECTION C – TYPE OF COMBUSTION UNIT AND FUEL FEEDING METHOD

Coal (If other solid fuel, specify here)	
<input type="checkbox"/> Pulverized <input type="checkbox"/> General <input type="checkbox"/> Dry Bottom <input type="checkbox"/> Wet Bottom with Fly Ash Reinjection <input type="checkbox"/> Wet Bottom without Fly Ash Reinjection <input type="checkbox"/> Other – Specify:	<input type="checkbox"/> Spreader Stoker with Fly Ash Reinjection <input type="checkbox"/> Spreader Stoker without Fly Ash Reinjection <input type="checkbox"/> Fluidized Bed <input type="checkbox"/> Cyclone <input type="checkbox"/> Hand-Fired
Fuel Oil	Gas
<input type="checkbox"/> Horizontally Fired <input type="checkbox"/> Tangentially Fired <input type="checkbox"/> Other – Specify:	<input type="checkbox"/> Horizontally Fired <input type="checkbox"/> Tangentially Fired <input type="checkbox"/> Other – Specify:

SECTION D – NORMAL SCHEDULE OF OPERATION

Hours Per Day	Days Per Week	Weeks Per Year	Hours Per Year Total	Peak Season (Specify Months)

SECTION E – FUEL USE EXPECTED IN A CALENDAR YEAR

Year 20					
Primary Fuels			Standby Fuels		
Type			Type		
Quantity Per Year		Units of Measure	Quantity Per Year		Units of Measure
Percent Ash (Solid Fuels Only)					
Minimum	Maximum	Average	Minimum	Maximum	Average
Percent Sulfur					
Minimum	Maximum	Average	Minimum	Maximum	Average
Btu Per Unit of Measure (e.g. lb, gal, etc. - Specify)					
Minimum	Maximum	Average	Minimum	Maximum	Average
Describe Fuel Transport and Storage Methods:					

SECTION F – COMBUSTION AIR

<input type="checkbox"/> Natural Draft	<input type="checkbox"/> Induced	<input type="checkbox"/> Forced	<input type="checkbox"/> Other – Specify:
--	----------------------------------	---------------------------------	---

SECTION G – STACK DATA

Inside Diameter (ft)	Height Above Grade (ft)
Gas Temperature at Exit (Avg. °F)	Gas Velocity at Exit (Avg. ft/sec)
Are Emission Control Devices in Place? If YES – Complete SFN 8532 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Stack Exit Gas Flow Rate	
Average (ACFM)	Average (DSCFM)
Maximum (ACFM)	Maximum (DSCFM)
Are sampling ports available? <input type="checkbox"/> No <input type="checkbox"/> Yes – Describe:	

SECTION H – NEARBY BUILDINGS

Attach drawings which show the plan and elevation views of any nearby buildings including the building that houses the fuel-fired equipment.
--

SECTION I – AIR CONTAMINANTS EMITTED

Pollutant	Maximum Pounds Per Hour	Tons Per Year
Particulate		
PM ₁₀ (Filterable and condensable)		
PM _{2.5} (Filterable and condensable)		
Sulfur Dioxide		
Nitrogen Oxides		
Carbon Monoxide		
Greenhouse Gases (CO ₂ e)		
Other – Specify		
Basis and Calculations for Quantities:		

Signature of Applicant	Date

INSTRUCTIONS

All applicable portions of this form should be completed by printing or typing. When any item is not applicable the letters "NA" should be placed beside the item.

For the purpose of this application, fuel burning equipment is defined as:

"Fuel-burning equipment" shall mean any furnace, boiler apparatus, stack, or appurtenances thereto used in the process of burning fuel or other combustible material for the primary purpose of producing heat or power by indirect heat transfer.

Fuel-burning equipment, other than smokehouse generators, which meet all of the following criteria are not required to obtain a Permit to Construct or Permit to Operate:

1. The aggregate heat input per unit does not exceed ten million British thermal units per hour.
2. The total aggregate heat input from all equipment does not exceed ten million British thermal units per hour.
3. The emissions from all equipment do not exceed twenty-five tons (22.67 metric tons) per year of any air contaminant.

A separate permit application should be submitted for each separate piece of fuel-burning equipment that requires a permit.

EQUIPMENT – *Rated Capacity/ Maximum Input* shall be the equipment manufacturer's or designer's guaranteed maximum input, whichever is greater.

A description of the delivery to, storage on, and method of transporting fuels within the plant should be specified for all solid and liquid fuels used by this indirect heat exchanger. (Example: coal delivered by open truck, stored in open piles, and carried to boiler by conveyor belt system.)

NEARBY BUILDINGS - Attach drawings which show the plan and elevation views of any nearby buildings including the building that houses the fuel-fired equipment.

AIR CONTAMINANTS EMITTED - The maximum emission quantity per hour at the rated capacity using the primary fuel and the quantity per year emitted from actual use of the primary and secondary fuels combined should be entered here. The estimating basis for these quantities should be described. If emission factors are used, the source of these factors and the factors themselves should be identified.

NOTE: All information included in the application, including maximum estimated emission rates, will be used to make the above determinations. 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.

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