



**PERMIT APPLICATION FOR
 GRAIN, FEED, AND FERTILIZER OPERATIONS**
 NORTH DAKOTA DEPARTMENT OF HEALTH
 DIVISION OF AIR QUALITY
 SFN 8524 (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		
Public Service Commission Facility License Number.		
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 C – PROCESSES TO BE PERFORMED AT FACILITY

Check all of the following that apply and complete attached tables		
Grain Handling and Processing <input type="checkbox"/> Receiving and Shipping <input type="checkbox"/> Grain Cleaning <input type="checkbox"/> Grain Polishing <input type="checkbox"/> Grain Milling <input type="checkbox"/> Grain Scalping	Feed Processing <input type="checkbox"/> Feed Grinding <input type="checkbox"/> Feed Rolling <input type="checkbox"/> Feed Mixing or Blending <input type="checkbox"/> Hammermill Operations	Fertilizer Handling and Mixing <input type="checkbox"/> Blending and Mixing <input type="checkbox"/> Bagging <input type="checkbox"/> Bulk Selling <input type="checkbox"/> Bagged Fertilizer Buying/Selling <input type="checkbox"/> Liquid Fertilizer Blending/Mixing <input type="checkbox"/> Liquid Fertilizer Selling

SECTION D – OPERATIONS

Operating Schedule	Hours Per Day	Days Per Week	Weeks Per Year	Percent of Operation			
				Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Grain Handling							
Feed Processing							
Fertilizer Handling							
Types of Grain Handled (check all that apply)						Annual Throughput of Grain (Bushels)	
<input type="checkbox"/> Wheat	<input type="checkbox"/> Oats	<input type="checkbox"/> Sunflowers					
<input type="checkbox"/> Barley	<input type="checkbox"/> Rye	<input type="checkbox"/> Canola					
<input type="checkbox"/> Corn	<input type="checkbox"/> Flax	<input type="checkbox"/> Peas					
<input type="checkbox"/> Edible Beans	<input type="checkbox"/> Soy Beans	<input type="checkbox"/> Other					

SECTION E – STORAGE CAPACITY

Permanent Storage Capacity (Bushels)		Temporary Storage Capacity (Bushels)	
Existing	New	Existing	New

I, the undersigned owner/applicant, or authorized representative of the applicant am fully aware that the statements made in this form and the attached exhibits and statements constitute the application for a Permit to Construct and/or a Permit to Operate from the North Dakota Department of Health, and I certify that the information is true, correct, and complete to the best of my knowledge and belief.

NOTE: If signed by authorized representative, attach a Letter of Authorization (see Instructions)

Signature of Applicant	Date

**INSTRUCTIONS FOR COMPLETION OF
SFN 8524
PERMIT APPLICATION FOR
GRAIN, FEED, AND FERTILIZER OPERATIONS**

Complete one form for each grain elevator, feed plant or fertilizer plant your company intends to operate (or continue operating). If an item on the form does not apply to your application, enter NA - do not leave an area on the form blank.

Submit plans and flow diagrams along with this form to help explain your facility and its dust control equipment. Plans which show house dimensions, equipment location, air duct dimensions, air velocities, and dust control system layouts will facilitate an expeditious evaluation of your dust control equipment.

If the person submitting and signing these forms is not the owner or authorized company official, a letter of authorization signed by the owner, or authorized company official must accompany the application. Such a letter or authorization will not relieve the owner or company of the responsibility for complying with the provisions of Chapter 23-25 of the North Dakota Century Code and all the rules and regulations of the Department, or revisions thereof.

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

GRAIN HANDLING AND PROCESSING EQUIPMENT

EQUIPMENT	INSTALLATION DATE	RATED CAPACITY (bu / hr)	ESTIMATED ANNUAL THROUGHPUT (bu)	DUST SYSTEM				MISCELLANEOUS AND REMARKS
				PROVIDED		IDENTIFICATION NUMBER	AIR VOLUME ACFM	
				YES	NO			
Truck Receiving Pit								
Back Pits								
Elevator Leg 1								
Elevator Leg 2								
Elevator Leg 3								
Elevator Leg 4								
Elevator Leg 5								
Elevator Leg 6								
Distributor								
Automatic Scale								
Grain Cleaner 1								*
Grain Cleaner 2								*
Grain Dryer 1								
Grain Dryer 2								
Grain Dryer 3								
Bottom Conveyor								
Other - Specify								

* Indicate the type of grain being cleaned.

FEED PROCESSING EQUIPMENT

EQUIPMENT	INSTALLATION DATE	RATED CAPACITY (bu / hr)	ESTIMATED ANNUAL THROUGHPUT (bu)	DUST SYSTEM			MISCELLANEOUS AND REMARKS	
				PROVIDED		IDENTIFICATION NUMBER		AIR VOLUME ACFM
				YES	NO			
Truck Receiving Pit								
Back Pits								
Elevator Leg 1								
Elevator Leg 2								
Elevator Leg 3								
Distributor								
Automatic Scale								
Grain Cleaner 1							*	
Grain Cleaner 2							*	
Feed Grinder								
Feed Roller								
Feed Blender/Mixer								
Feed Pelletizer								
Hammermill 1								
Hammermill 2								
Other - Specify								

* Indicate the type of grain being cleaned.

DUST CLEANING EQUIPMENT

SYSTEM ID NO.	TYPE (CYCLONE, BAG, FILTER, ETC.)	INSTALLATION DATE	CLEANING EFFICIENCY		STACK HEIGHT (FEET)
			DESIGN	OPERATING	
Dust System #1					
Dust System #2					
Dust System #3					
Dust System #4					
Cleaner System #1					
Cleaner System #2					
Describe where dust is stored and methods of disposal:					

