



**PERMIT APPLICATION FOR  
INTERNAL COMBUSTION ENGINES AND TURBINES**  
NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF AIR QUALITY  
SFN 8891 (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
Contact Person for Air Pollution Matters		
Title	Telephone Number	E-mail Address

**SECTION B – FACILITY AND UNIT INFORMATION**

Facility Location		
County		Source ID Number (From SFN 8516)
Type of Unit (check all that apply)	<input type="checkbox"/> Stationary Natural Gas-Fired Engine	<input type="checkbox"/> Emergency Use Only
	<input type="checkbox"/> Stationary Diesel and Dual Fuel Engine	<input type="checkbox"/> Non-Emergency Use
	<input type="checkbox"/> Stationary Gasoline Engine	<input type="checkbox"/> Peaking
	<input type="checkbox"/> Stationary Natural Gas-Fired Turbine	<input type="checkbox"/> Demand Response
	<input type="checkbox"/> Other – Specify:	

**SECTION C – MANUFACTURER DATA**

Make	Model	Date of Manufacture	
Reciprocating Internal Combustion Engine			
<input type="checkbox"/> Spark Ignition		<input type="checkbox"/> Compression Ignition	
<input type="checkbox"/> 4 Stroke	<input type="checkbox"/> 2 Stroke	<input type="checkbox"/> Rich Burn	<input type="checkbox"/> Lean Burn
Maximum Rating (BHP @ rpm)		Operating Capacity (BHP @ rpm)	
Engine Subject to:			
<input type="checkbox"/> 40 CFR 60, Subpart IIII		<input type="checkbox"/> 40 CFR 60, Subpart JJJJ	
<input type="checkbox"/> 40 CFR 63, Subpart ZZZZ			
Turbine		Dry Low Emissions?      Yes      No	
Heat Input (MMBtu/hr)	Maximum Rating (HP)	75% Rating (HP)	Efficiency
Turbine Subject to: <input type="checkbox"/> 40 CFR 60, Subpart GG <input type="checkbox"/> 40 CFR 60, Subpart KKKK			

**SECTION D – FUELS USED**

Natural Gas (10 <sup>6</sup> cu ft/year)	Percent Sulfur	Percent H <sub>2</sub> S
Oil (gal/year)	Percent Sulfur	Grade No.
LP Gas (gal/year)	Other – Specify:	

**SECTION E – NORMAL OPERATING SCHEDULE**

Hours Per Day	Days Per Week	Weeks Per Year	Hours Per Year	Peak Production Season (if any)
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**SECTION F – STACK PARAMETERS**

Emission Point		Stack Height Above Ground Level (feet)		
Stack Diameter (feet at top)	Gas Discharged (SCFM)	Exit Temp (°F)	Gas Velocity (FPS)	

**SECTION G – EMISSION CONTROL EQUIPMENT**

Is any emission control equipment installed on this unit? No                      Yes – Complete and attach form SFN 8532
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**SECTION H – MAXIMUM AIR CONTAMINANTS EMITTED**

Emission Point	Pollutant	Maximum Pounds Per Hour	Amount (Tons Per Year)	Basis of Estimate*
	NO <sub>x</sub>			
	CO			
	PM			
	PM <sub>10</sub> (filterable and condensable)			
	PM <sub>2.5</sub> (filterable and condensable)			
	SO <sub>2</sub>			
	VOC			
	GHG (as CO <sub>2</sub> e)			
	Formaldehyde			
	Total HAPS**			

\* If performance test results are available for the unit, submit a copy of test with this application

\*\* Total HAPS includes formaldehyde

IS THIS UNIT IN COMPLIANCE WITH ALL  
APPLICABLE AIR POLLUTION RULES AND  
REGULATIONS?

YES

NO

If "NO" a Compliance Schedule must be completed  
and attached.

Signature of Applicant

Date

Attach and label separate sheet(s) if you need more space to explain any system or answers or to  
provide complete listings of Emissions, Contaminants, or other items.

**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