



INCINERATORS OR FLARES
ANNUAL EMISSION INVENTORY REPORT
 NORTH DAKOTA DEPARTMENT OF HEALTH
 DIVISION OF AIR QUALITY
 SFN 11624 (06-14)

GENERAL

Name of Firm or Organization	Permit to Operate Number	Year of Emissions	
Mailing Address	City	State	ZIP Code
Facility Name	Facility Location	Actual Hours of Operation	
Equipment Manufacturer's Name	Maximum Rated Capacity (Specify Units)	Emission Unit Number	

WASTE INFORMATION

Type of Wastes Burned - (see 1.1.A Waste Classification Chart)	Quantity (Specify Units)
Type 0 Trash *	
Type 1 Rubbish	
Type 2 Refuse	
Type 3 Garbage	
Type 4 Pathological - Animal Solids & Organic Wastes	
Type 5 Gaseous, Liquid or Semi-Liquid Waste*	
Type 6 Semi-Solid & Solid Wastes *	
Other (Describe)*	
Other (Describe) *	

* Complete Table Below

Type	Origin	Description	Chemical Composition
Type 0 with more than 10% plastic/rubber			
Type 5			
Type 6			
Other (Describe)			

STACK EMISSIONS

Air Contaminant	Quantity	
	Pounds Per Hour (average)	Tons
Particulate - Total PM (Filterable)		
Particulate - PM ₁₀ (Filterable)		
Particulate - PM _{2.5} (Filterable)		
Particulate - CPM (Condensable)		
Sulfur Dioxide		
Nitrogen Oxides		
Carbon Monoxide		
Total Organic Compounds: Nonmethane		

Basis for quantities listed under Stack Emissions; provide calculations:

I declare under the penalties of perjury that this report has been examined by me and to the best of my knowledge is a true, correct and complete report.

Print Name of Person Submitting Report	Title	Telephone Number
Signature	Email Address	Date

Return completed form to:
North Dakota Department of Health
Division of Air Quality
918 E Divide, 2nd Floor
Bismarck, ND 58501-1947
Telephone: (701)328-5188