



# ANNUAL PRODUCTION REPORT - SYNTHETIC MINOR SOURCE

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF AIR QUALITY

SFN 51444 (06-14)

## GENERAL

Name of Firm or Organization		Permit to Operate Number	Calendar Year	
Mailing Address		City	State	ZIP Code
Facility Name	Facility Location		Emission Unit Number	

Complete Section 1, 2 or 3 below as appropriate based on the limit specified in the Permit to Operate.

### SECTION 1 - Fuel Usage

Annual Usage of <b>Primary</b> Fuel: _____ <b>Quantity</b> <input type="checkbox"/> Tons <input type="checkbox"/> Cubic Feet <input type="checkbox"/> Gallons	<b>Fuel Type</b> <input type="checkbox"/> Coal <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other _____ <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Propane	Allowable fuel usage as stated in the Permit to Operate:
Annual Usage of <b>Standby</b> Fuel: _____ <b>Quantity</b> <input type="checkbox"/> Tons <input type="checkbox"/> Cubic Feet <input type="checkbox"/> Gallons	<b>Fuel Type</b> <input type="checkbox"/> Coal <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other _____ <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Propane	Allowable fuel usage as stated in the Permit to Operate:

### SECTION 2 - Hours of Operation

Unit	Hours	Allowable hours of operation as stated in the Permit to Operate: <input type="checkbox"/> Per Unit <input type="checkbox"/> Plant Total
PLANT HOURS TOTAL		

### SECTION 3 - Throughput

_____ <input type="checkbox"/> Tons <input type="checkbox"/> Gallons	<input type="checkbox"/> Cubic Feet <input type="checkbox"/> Other _____	Allowable throughput capacity as state in the Permit to Operate:
--	---	--

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, 2<sup>nd</sup> Floor  
 Bismarck, ND 58501-1947  
 (701)328-5188

For Department Use Only Verified Synthetic Minor PTO Limits: <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____
---