



**PERMIT APPLICATION FOR
AIR POLLUTION CONTROL EQUIPMENT**
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF AIR QUALITY
SFN 8532 (09-12)

NOTE: READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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		
Contact Person for Air Pollution Matters		
Title	Telephone Number	E-mail Address
Facility Location		Source ID No.

SECTION C – EQUIPMENT

Type:	<input type="checkbox"/> Cyclone	<input type="checkbox"/> Multiclone	<input type="checkbox"/> Baghouse	<input type="checkbox"/> Electrostatic Precipitator
	<input type="checkbox"/> Wet Scrubber	<input type="checkbox"/> Spray Dryer	<input type="checkbox"/> Other – Specify:	
Name of Manufacturer	Model Number		Date to Be Installed	
Application:	<input type="checkbox"/> Boiler	<input type="checkbox"/> Kiln	<input type="checkbox"/> Engine	<input type="checkbox"/> Other – Specify:
Pollutants Removed				
Design Efficiency (%)				
Operating Efficiency (%)				
Describe method used to determine operating efficiency:				

SECTION D – GAS CONDITIONS

Gas Conditions		Inlet	Outlet
Gas Volume (SCFM; 68°F; 14.7 psia)			
Gas Temperature (°F)			
Gas Pressure (in. H ₂ O)			
Gas Velocity (ft/sec)			
Pollutant Concentration (Specify Pollutant and Unit of Concentration)	Pollutant	Unit of Concentration	
Pressure Drop Through Gas Cleaning Device (in. H ₂ O)			

Signature of Applicant	Date
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INSTRUCTIONS FOR PERMIT APPLICATION FOR AIR POLLUTION CONTROL EQUIPMENT

1. Complete this form for each piece of equipment or process, which has air pollution control equipment installed, described in the following Permit Applications: Hazardous Air Pollutant (HAP) Sources (SFN 8329), Fuel Burning Equipment for Indirect Heating (SFN 8518); Manufacturing or Processing Equipment (SFN 8520); Incinerators/Crematories (SFN 8522); Internal Combustion Engines and Turbines (SFN 8891); and Glycol Dehydration Units (SFN 58923). Print or type all information. If an item does not apply, place NA in the appropriate space.
2. Type of Equipment - If the type is not one of those listed; provide enough information so the operating principal of the equipment can be determined.
3. List each pollutant which the device is intended to control, the efficiency of removal intended by the designer, and the actual efficiency under operating conditions.
4. Please attach the following:
 - A brief description and sketch of the air pollution control device if it is of unusual design, or used in conjunction with other control devices. Show any bypass of the device and specify the conditions under which the bypass is used.
 - A description of what is done with collected air contaminants from the time they are collected until they reach the final disposal point. Include a description of the transportation methods used.
 - If a stack test has been conducted, attach a copy of the results, date of the test, a description of the techniques used, and the name and address of the organization which performed the test.
5. If the control device is a combustor (e.g.: thermal oxidizer, vapor combustion unit, etc.), include an estimate of potential greenhouse gas emissions (CO₂e).

SUBMIT YOUR APPLICATION WITH ALL SUPPORTING DOCUMENTS, ALONG WITH THE FORMS SPECIFIED IN THE FIRST PARAGRAPH ABOVE, TO:

North Dakota Department of Health
Division of Air Quality
918 E Divide Ave., 2nd Floor
Bismarck, ND 58501-1947
(701) 328-5188