



**PERMIT APPLICATION FOR
CONTAMINATED SOIL TREATMENT FACILITY**
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF AIR QUALITY
SFN 52724 (10-12)

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 – PLANT DATA

Type of Plant: <input type="checkbox"/> Permanent <input type="checkbox"/> Portable		
Location (if permanent)		
County	Latitude (Nearest Second)	Longitude (Nearest Second)
Legal Description of Facility Site _____ ¼ _____ ¼ _____ Section _____ Twp. _____ Range		
Expected Operating Schedule		
Hours Per Day	Days Per Week	Week Per Year
Peak Production Season		
Nearest Residences or Buildings (Occupied)	Distance (feet)	Direction

SECTION C – EQUIPMENT

Dryer or Kiln		
Name of Manufacturer		Model Number
Date Manufactured	Date Purchased	Rated Capacity (Ton/ Hour)
Brief Description of Operation of Unit or Process:		

SECTION D – BURNERS

Burners		
Primary Chamber Burner Manufacturer		
Model	Btu/Hr Rating	Fuel Type
Secondary Chamber Burner Manufacturer		
Model	Btu/Hr Rating	Fuel Type
Is temperature control provided for Secondary Chamber burner? <input type="radio"/> Yes <input type="radio"/> No		
Maximum Temperature (°F)		Minimum Temperature (°F)

SECTION E – EXHAUST FAN/STACK

Manufacturer		
Model	Fan Speed (RPM)	Rating (HP)
Stack Shape: <input type="checkbox"/> Rectangular <input type="checkbox"/> Circular		
Equipped with Test Ports? <input type="radio"/> Yes <input type="radio"/> No		
Stack Exit Dimensions (inches)	Stack Height Above Grade (ft)	Gas Volume
Gas Temperature at Exit (°F)	Gas Moisture Content at Exit	Gas Velocity at Exit

SECTION F – POLLUTION CONTROL EQUIPMENT

Equipment Type: <input type="checkbox"/> Wet Scrubber <input type="checkbox"/> Bag Filter <input type="checkbox"/> Other (Specify):				
Manufacturer				
Model			Pressure Drop Through Device (_____ H ₂ O)	
Pollutants Removed				
Design Efficiency				
Operating Efficiency				
Describe Method Used to Determine Operating Efficiency:				

SECTION G – STACK EMISSIONS

Pollutant	Maximum Emission Rate (lb/hr)	Pollution Concentration (Specify Units)	Basis of Estimate (If emission factors are used, identify factors and sources)
Particulate			
Hydrocarbons			
Other – Specify			

SECTION H – FUGITIVE DUST CONTROL

Describe equipment or method to control fugitive dust emission from process equipment, haul roads, etc. (Fugitive dust includes dust from all sources except the dryer exhaust stack):

Describe Collected Air Contaminant Storage and Disposal Method:

ATTACH

Brief description and sketch of the gas cleaning 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

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.

Plans, specifications, manufacturer's catalogs or test data for the dryer, burner, collector, and exhaust fans, shall be submitted to the Department upon request.

SECTION I – ADDITIONAL REMARKS OR COMMENTS

Signature of Applicant

Date

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