



**PERMIT APPLICATION FOR
FLARES**
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF AIR QUALITY
SFN 59652 (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

SECTION B - FACILITY INFORMATION

Facility Name		
ND Air Pollution Control Permit No. (If Applicable)		
Contact Person for Air Pollution Matters		
Title	Telephone Number	E-mail Address
Facility Address (Street & No.)		
City	State	ZIP Code
County	Latitude (Nearest Second)	Longitude (Nearest Second)
Legal Description of Facility Site _____ ¼ _____ ¼, _____ Section _____ Twp. _____ Range	MSL Elevation at Facility	Source ID

SECTION C – FLARE INFORMATION

Use: <input type="checkbox"/> Emergency <input type="checkbox"/> Process <input type="checkbox"/> Both	Subject to NSPS (40 CFR 60.18) <input type="radio"/> Yes <input type="radio"/> No	
Emission Point ID	Height Above Ground Level (ft.)	Diameter at Top (ft.)
Flame Monitor: <input type="checkbox"/> Thermocouple <input type="checkbox"/> Infrared <input type="checkbox"/> Ultraviolet <input type="checkbox"/> Acoustic <input type="checkbox"/> Other: _____		
Ignition: <input type="checkbox"/> Automatic <input type="checkbox"/> Continuous Burning Pilot <input type="checkbox"/> Other: _____		
Average Btu/1000 scf	Percent H ₂ S	Maximum Hourly Flow Rate to Flare

SECTION D – AIR CONTAMINANTS EMITTED

Pollutant	Quantity		Basis of Estimate
	Pounds/Hr	Tons/Yr	
SO ₂			
VOC			
GHG (as CO ₂ e)			
Total HAPS			

Will flaring of gas comply with applicable Ambient Air Quality Standards? Yes No

<p>IS THIS UNIT IN COMPLIANCE WITH ALL APPLICABLE AIR POLLUTION RULES AND REGULATIONS?</p> <p><input type="radio"/> YES <input type="radio"/> NO</p>	<p>If "NO" a Compliance Schedule must be completed and attached.</p>
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Signature of Applicant	Date
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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