DATE

North Dakota Department of Health

Division of Air Quality

918 East Divide Avenue, 2nd Floor

Bismarck, ND 58501-1947

**North Dakota Cover and Signature Page for the Registration Spreadsheet**

**for Legally and Practically Enforceable Limits of less than 6 tons/year (TPY) VOC per Storage Vessel**

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| --- |
| **OWNER OPERATOR:**  |
| **Payment for the following tanks (initial installation only-$150 per tank-list the Unique tank identifier number) :** |
| **APPLICANT’S NAME :**  |
| **TITLE:**  |
| **TELEPHONE NUMBER:**  |  | **EMAIL ADDRESS:**  |
| **MAILING ADDRESS:**  |
| **STREET ADDRESS:**  |
| **Certification of Truth, Accuracy and Completeness****As an authorized company representative, I certify that to the best of my knowledge and belief, the information contained in the attached Registration Spreadsheet for Legally and Practically Enforceable Limits of less than 6 TPY VOC per Storage Vessel is true, accurate and complete. I also certify that to the best of my knowledge and belief, the facility or facilities will satisfy the conditions and limitations of the Guidance Policy for Establishing Legally and Practically Enforceable Emission Limits for Storage Vessels of Oil, Condensate and Produced Water and will operate in compliance with all regulations of the North Dakota Department of Health and with Federal U.S. Environmental Protection Agency regulations governing air pollution.****Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **CONTACT PERSON FOR AIR POLLUTION MATTERS:**  |
| **TITLE:**  |
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| --- | --- | --- |
| **TELEPHONE NUMBER:**  |  | **EMAIL ADDRESS:**  |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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Attachments:

1. Registration Spreadsheet for Legally and Practically Enforceable Limits of less than 6 TPY VOC per Storage Vessel
2. Filing Fee Check #