



**Kansas Department of Health and Environment
Bureau of Air and Radiation**

GRAIN ELEVATORS

(Grain elevators, storage bins, drying cleaning, and unloading only)

- 1) Source ID Number: _____
- 2) Company/Source Name: _____

- 3) Type of Facility:
_____ Country Elevator (more than 50% of grain received from farmers in the immediate vicinity)
_____ Terminal Elevator (grain received is primarily from other elevators)

- 4) Total Permanent Grain Storage Capacity at this facility: _____ bu
If the activity reported with this form involves an increase (or decrease) in storage capacity, add this increase to the existing total:
- | | |
|---------------------------|----------|
| Existing storage capacity | _____ bu |
| +New storage capacity | _____ bu |
| =Total storage capacity | _____ bu |

- 5) Check if the elevator is located on the same premises as one on the following: _____ an animal food manufacturer; _____ a pet food manufacturer; _____ cereal manufacturer; _____ brewery; _____ livestock feedlot; _____ wheat flour mill; _____ dry corn mill; _____ wet corn mill; _____ rice mill; _____ soybean-oil extraction plant; _____ sunflower-seed processing

- 6) Unloading: Hopper Truck _____ % ; Straight (Other than Hopper) Truck _____ % ; Rail car _____ % ;
Barge/Ship _____ %
Loading: Truck _____ % ; Rail car _____ % ; Barge/Ship _____ %

- 7) Total amount of grain processed through this elevator during each of the past 5 years :
- 1st year: _____ tons
2nd year: _____ tons
3rd year: _____ tons
4th year: _____ tons
5th year: _____ tons

- 8) Operating Schedule : _____ hrs/yr

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(cont.)

- 9) Estimated Total Annual Throughput of all Grains: _____ tons/yr
- 10) Operations (check only those that apply) :
Unloading _____; Loading _____; Removal from Bins/Tunnel Belt _____; Drying _____;
Cleaning _____; Headhouse/Legs _____; Tripper/Gallery Belt _____
- 11) For feed mill applications; use GRAIN FEED MILL form 3-3.0 and duplicate form as needed.
- 12) For grain processing applications; use GRAIN PROCESSING PLANTS form 3-4.0 and duplicate form as needed.
- 13) For boiler applications; use INDIRECT HEATING UNIT (Boiler) form 6-1.0 and duplicate form as needed.
- 14) For oven/dryer applications; use OVEN/DRYER form 6-4.0 and duplicate form as needed.
- 15) For emission control equipment, use the appropriate CONTROL EQUIPMENT form and duplicate as needed.
Be sure to indicate the emission unit that the control equipment is affecting.
- 16) Did construction, modification, or reconstruction commence after August 3, 1978? Yes _____; No _____
If yes, this plant may be subject to NSPS, 40 CFR Part 60, Subpart DD.

17) Fumigants:

List the maximum amount of any of the following chemicals used at the elevator during the past five years.
If containers list a weight with the % of active ingredient, list the pounds of material used and the % active ingredient:

- a. ethylene dichloride _____
- b. carbon bisulfide _____
- c. methyl bromide (bromomethane) _____
- d. ethylene oxide _____

18) Insecticide Sprays:

List any other chemicals, including insecticide sprays, for which reporting to the KDHE is required and the amounts used (pounds of material with the % active ingredient) during the past five years:

- a. _____
- b. _____
- c. _____
- d. _____

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(cont.)

19) Describe any other method of pest control such as asphyxiation, use of pheromones, or microorganisms.

20) In the following space, provide a simple diagram (flow diagram, plot plan) or contractor's drawings on which is indicated the equipment for which this notification of construction or modification is submitted. Also include a brief description of the activity for which this installation is intended.