



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

COTTON GINS

- 1) Source ID Number: _____

- 2) Company/Source Name: _____

- 3) Number of bales of cotton to be processed per hour: _____

- 4) Normal Operating Schedule: _____ hrs/week or weeks/yr or hrs/yr (circle one)

- 5) 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.