



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

**ALFALFA DEHYDRATORS**

- 1) Source ID Number: \_\_\_\_\_
  
- 2) Company/Source Name: \_\_\_\_\_
  
- 3) Drum Capacity: \_\_\_\_\_ tons per hour
  
- 4) Production (amount processed):  
    Estimated this : \_\_\_\_\_ tons  
    Last year: \_\_\_\_\_ tons  
    Two years ago : \_\_\_\_\_ tons
  
- 5) Normal Operating Schedule: \_\_\_\_\_ hrs/week or weeks/yr or hrs/yr (circle one)
  
- 6) For boiler applications; use INDIRECT HEATING UNIT (Boiler) form 6-1.0 and duplicate form as needed.
  
- 7) For oven/dryer applications; use OVEN/DRYER form 6-4.0 and duplicate form as needed.
  
- 8) 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.
  
- 9) 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 \_\_\_\_\_

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**(Cont.)**

**10) 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. \_\_\_\_\_

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

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**12) 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.**