



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

**SOIL REMEDIATION OPERATIONS
(Rotary Furnaces)**

- 1) Source ID Number: _____
- 2) Company/Source Name: _____
- 3) Emission Unit Identification: _____
- 4) Normal Operating Schedule: _____ hrs/day _____ days/wk
- 5) Estimated Project Duration: _____ months

6) Soil Remediation Equipment:

Manufacturer: _____

Model: _____

Capacity: _____ Tons of Soil/hr

Fuel Type: _____ Sulfur Content (if applicable): _____% by weight

Design Heat-Input Rate:

Primary Chamber: _____ BTU/hr

Secondary Chamber: _____ BTU/hr

Temperature:

Primary Chamber: _____ °F

Secondary Chamber: _____ °F

7) Soil Contaminants:

Contaminants	Concentration in Soil (% by weight)
Volatile Organic Compounds (VOCs)	

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(cont.)

Contaminants	Concentration in Soil (% by weight)
Sulfur (as S)	
Lead	
Other Toxic Materials	

8) Discharge Information:

Discharge Height: _____ ft.

Stack Diameter: _____ ft.

Discharge Temperature: _____ °F

Discharge Rate: _____ acfm

Velocity: _____ fps

- 9) 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.