



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

BACON PROCESSING

- 1) Source ID Number: _____
- 2) Company/Source Name: _____
- 3) Emission Unit Identification: _____
- 4) Normal Operating Schedule: _____ hrs/yr
- 5) Equipment: _____
Manufacturer: _____
Date of Manufacture: _____
Model No.: _____
Maximum Rated Capacity: _____ lb/hr
Maximum Design Heating Input: _____ BTU/hr

For smoker equipment; use MEAT SMOKING form 10-2.0.

Primary Fuel Type: (if applicable)

Natural Gas ____ Oil ____ Coal ____ Other (specify) _____

Secondary Fuel Type: (if applicable)

Natural Gas ____ Oil ____ Coal ____ Other (specify) _____

Fuel Specific Data:

Natural Gas:

Heating Value: _____ BTU/cu.ft.

Fuel Oil:

Fuel Parameters: % Sulfur _____; Grade _____

Heat Value: _____ BTU/gal

Density: _____ lb/gal

Coal:

Fuel Parameters: % Sulfur _____; % Ash _____

Heating Value: _____ BTU/lb

BACON PROCESSING
(cont.)

Other: _____

If Applicable: Fuel Parameters: % Sulfur _____; % Ash _____

Heating Value: _____

- 6) 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.