



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

AIR CURTAIN COMBUSTOR

- 1) Source ID Number: _____
- 2) Company/Source Name: _____
- 3) Emission Unit Identification: _____
- 4) Location of Combustor: _____
- 5) Size of Burning Pit (chamber)
Length: _____ ft.; Width: _____ ft.; Depth: _____ ft.

Air Curtain Combustor

- 6) Manufacturer: _____ Model No.: _____
- 7) Plenum: Length: _____ ft.; Diameter: _____ ft.
- 8) Nozzles: Number: _____; Length: _____ in.; Width: _____ in.
Static Pressure (water column) _____ in.
Air Flow Volume: _____ scfm; Nozzle Velocity: _____ fpm
- 9) Burning Capacity: _____ tons per hr.
- 10) Maximum number of hours/day of operation requested: _____
Maximum number of days combustor is to be in operation at this site: _____
- 11) Will this combustor burn only tree trimmings, yard wastes, and/or clean untreated lumber*?
Yes _____; No _____

If no, list materials to be burned:

Inclusion of a sketch of the installation would be beneficial to our evaluation.

*untreated lumber is lumber that has not been painted, pigment-stained, or "pressure treated".