



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

**BARGE TERMINAL**

- 1) Source ID Number: \_\_\_\_\_
- 2) Company/Source Name: \_\_\_\_\_
- 3) Normal Operating Schedule: \_\_\_\_\_ days/yr
- 4) Complete the following table:

PRODUCTS UNLOADED	SIZE OF BARRELS (GAL/BBL)	MAXIMUM THROUGHPUT (BARRELS/DAY)

- 5) Describe methods of unloading barge \_\_\_\_\_  
\_\_\_\_\_

- 6) Complete the following table:

PRODUCTS LOADED	SIZE OF BARRELS (GAL/BARREL)	MAXIMUM THROUGHPUT (BARRELS/DAY)

**BARGE TERMINAL**  
**(cont.)**

- 7) Method of filling:    top-splash fill \_\_\_\_\_    top-submerged \_\_\_\_\_    bottom loading \_\_\_\_\_  
   other (please describe) \_\_\_\_\_
- 8) Vapor recovery system:    compression-refrigeration-adsorption \_\_\_\_\_ refrigeration \_\_\_\_\_  
   vapor collection and oxidation    \_\_\_\_\_    none \_\_\_\_\_  
   other, describe \_\_\_\_\_
- 9) For emission control equipment (i.e. oxidizer/incinerator, etc.), use the appropriate CONTROL EQUIPMENT form and duplicate as needed. Be sure to indicate the emission unit that the control equipment is affecting.