



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

HUMIDIFICATION UNIT

- 1) Source ID Number: _____
- 2) Company/Source Name: _____
- 3) Emission Unit Identification: _____
- 4) Manufacturer: _____ Model No.: _____
 Date of Manufacture: _____ Date of Modification: _____
 Rated Capacity: _____ ton/yr Actual usage: _____ ton/yr
 Maximum Design Heat Rate: _____ BTU/hr
- 5) Normal Operating Schedule: _____ hrs/yr
- 6) Primary Fuel Type (if applicable):
 Natural Gas _____ Oil _____ Other (specify) _____
 Heat Value: _____ (Btu per gal, ft³, or lb)
 Fuel Parameters, if applicable: %Sulfur: _____
- 7) Secondary Fuel Type (if applicable):
 Natural Gas _____ Oil _____ Other (specify) _____
 Heat Value: _____ (Btu per gal, ft³, or lb)
 Fuel Parameters, if applicable: %Sulfur: _____
- 8) Nature of Material input into the process:

| MATERIAL | PHYSICAL STATE | FLOW RATE (LB/HR) |
|----------|----------------|-------------------|
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- 9) Briefly describe method of disposal of collected materials: _____

HUMIDIFICATION UNIT
(cont.)

- 10) Emissions discharged to the atmosphere _____ ft above grade through a stack or duct _____ ft in diameter at _____ °F temperature at _____ ft³/min and _____ ft/sec velocity.
- 11) 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.