



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

SPRAY CONGEALER

- 1) Source ID Number: _____
- 2) Company/Source Name: _____
- 3) Emission Unit Identification: _____
- 4) Type of Plant: Batch _____; Continuous _____; Permanent _____; Portable _____
- 5) Manufacturer: _____ Model No.: _____
Date of Manufacture: _____ Date of Modification: _____
Rated Capacity: _____ ton/hr Operating Rate: _____ ton/hr
Maximum Design Heat Rate: _____ BTU/hr
- 6) Normal Operating Schedule: _____ hrs/yr
- 7) Primary Fuel Type (be sure to include appropriate units for the heating value - Btu per (ft³, gal, or lb)):
Natural Gas _____ Oil _____ Other (specify) _____
Heat Value: _____
Fuel Parameters, if applicable: %Sulfur: _____
- 8) Secondary Fuel Type (be sure to include appropriate units for the heating value - Btu per (ft³, gal, or lb)):
Natural Gas _____ Oil _____ Other (specify) _____
Heat Value: _____
Fuel Parameters, if applicable: %Sulfur: _____
- 9) 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.
- 10) For emission control equipment (i.e. main cyclone, conveying cyclone, wet scrubber, etc.), use the appropriate CONTROL EQUIPMENT form and duplicate as needed. Be sure to indicate the emission unit that the control equipment is affecting.