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

TIRE RETREADING

1) Source ID Number: _____

2) Company/Source Name: _____

3) Emission Unit Identification: _____

4) Normal Operating Schedule: _____ hrs/yr

5) Type of Adhesive being used: _____

6) Amount of Adhesive: _____gal/yr or lbs/yr (circle)

7) VOC Content of Adhesive: _____% by weight

8) Maximum number of tires buffed per hour _____
Maximum number of tires retreaded: passenger car _____; truck _____
Maximum number of completed tires processed per day: _____

9) Average amount of rubber removed: _____lb/tire

10) Equipment: _____
Manufacturer: _____
Date of Manufacture: _____
Model No.: _____
Maximum Rated Capacity: _____tire/hr
Maximum Design Heating Input: _____BTU/hr

Primary Fuel Type: (if applicable)
Natural Gas ____ Oil____ Coal ____ Other (specify) _____
Secondary Fuel Type: (if applicable)
Natural Gas ____ Oil____ Coal ____ Other (specify) _____

TIRE RETREADING
(cont.)

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

Other: _____
If Applicable: Fuel Parameters: % Sulfur _____; % Ash _____
Heating Value: _____

11) Check applicable operations in retreading:

Rubber cement application to tire carcass _____; tread material _____
Molding/curing time per tire _____
Retreaded tire coated with solvent or water based coating: _____
Retreaded tire cleaned with solvent water based cleaner: _____

12) Emission discharge to atmosphere _____ ft. above grade through stack or duct _____ diameter at _____^{o}F temperature, with _____cfm flow rate and _____fps velocity.

13) 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.

14) If applying for an operating permit, provide the date of the latest modification: _____