



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

FERTILIZER (AMMONIUM NITRATE)

- 1) Source ID Number: _____
- 2) Company/Source Name: _____
- 3) Date of Manufacture: _____ Date of Last Modification: _____
 Rated Production Capacity: _____ ton/hr Proposed production: _____ ton/hr
- 4) Normal Operating Schedule: _____ hrs/yr
- 5) Raw Materials / Feedstocks with appropriate units

TYPE	AMOUNT	PHYSICAL STATE

- 6) Check if process is employed: Neutralizer _____
 Evaporation (concentration) operations _____
 Coolers & dryers _____
 Solids formation operations _____
 Coating operations _____
 Bulk loading operations _____
 Other, describe _____

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(cont.)

7) If solids formation operations are performed, check which type(s):

- High density prill towers _____
- Low density prill towers _____
- Rotary drum granulators _____
- Pan granulators _____
- Other, describe _____

8) If coolers and dryers are used, check which type(s):

- High density prill coolers _____
- Low density prill coolers _____
- Low density prill dryers _____
- Rotary drum granulator coolers _____
- Pan granulator coolers _____
- Other, describe _____

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 velocity.

10) 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.