



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

FERTILIZER (PHOSPHATE)

- 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) Quantity of P₂O₅ in each of the following processes (mark N/A if process is not performed at your facility):

Rock unloading _____ lb/hr
 Rock feeding _____ lb/hr
 Mixer & den _____ lb/hr
 Curing building _____ lb/hr

- 7) 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.

FERTILIZER (PHOSPHATE)
(cont.)

- 8) If the facility is or employs a phosphoric acid plant (including a phosphate fertilizer industry), list the type of plant (if the facility includes more than one plant duplicate this form for each plant):

Wet-process phosphoric acid plant _____
Superphosphoric acid plant _____
Diammonium phosphate plant _____
Triple superphosphate plant _____
Other, please describe _____

- 9) For emission control equipment (i.e. baghouses, scrubbers, etc.), use the appropriate CONTROL EQUIPMENT form and duplicate as needed. Be sure to indicate the emission unit that the control equipment is affecting.