



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

OTHER (GENERAL CHEMICAL MANUFACTURING)

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

TYPE	AMOUNT	PHYSICAL STATE

- 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.
- 8) 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.