



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

HYDROGEN SULFIDE PROCESSING

- 1) Source ID Number: _____

- 2) Company/Source Name: _____

- 3) ANALYZER SPECIFICATIONS:
Analytical method: ultraviolet _____ infrared _____ fluorescence _____
 other, describe _____
 Manufacturer: _____ Model No.: _____
 Date of Manufacture: _____ Date of Modification: _____

- 4) Rated Capacity: _____ ton/hr

- 5) Normal Operating Schedule: _____ hrs/yr

- 6) Complete the following forms (if applicable):
 1. Natural Gas Sweetening, form 13-3.0
 2. Sour Water Stripper, form 13-5.0
 3. Sulfur Recovery Plant, form 13-6.0
 4. Flares/Tail Gas Incineration, form 14-7.0

- 7) 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.