



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

READY MIXED CONCRETE PLANT

- 1) Source ID Number: _____
- 2) Company/Source Name: _____
- 3) Emission Unit Identification: _____
- 4) Normal Operating Schedule: _____ hrs/yr
- 5) Type of Plant: Batch _____; Continuous _____; Permanent _____; Portable _____; Other _____
- 6) Type of Mixer: Truck _____; Central _____
- 7) Equipment: _____
Manufacturer: _____
Date of Manufacture: _____
Model No.: _____
Maximum Rated Capacity: _____ yd³/hr
- 8) Anticipated Annual Production: _____ yd³/yr
- 9) Power Source: _____ grid _____ engine; if using an engine and the source and/or the engine is not portable, please fill out Form 8-1.0.
- 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.
- 11) If applying for an operating permit, provide the date of the latest modification: _____