



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

**CEMENT FACILITY
(Clinker Separation)**

- 1) Source ID Number: _____
- 2) Company/Source Name: _____
- 3) Emission Unit Identification: _____
- 4) Normal Operating Schedule: _____ hrs/yr
- 5) Type of Process: Wet _____; Dry _____; Other _____

- 6) Complete the following for the processing equipment installed for this plant:

Manufacturer: _____
Date of Manufacture: _____
Model No.: _____
Maximum Rated Capacity: _____ tons/hr
Date of Latest Modification: _____

For Kiln equipment, use KILN form 6-3.0.

- 7) Complete the following for the conveying equipment installed for this plant:

Manufacturer: _____
Date of Manufacture: _____
Model No.: _____
Maximum Rated Capacity: _____ tons/hr
Date of Latest Modification: _____

- 8) Complete the following for the storage equipment installed for this plant:

Manufacturer: _____
Date of Manufacture: _____
Model No.: _____
Maximum Rated Capacity: _____ tons
Date of Latest Modification: _____

CEMENT FACILITY
(cont.)

- 9) 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.
- 10) Did construction, modification, or reconstruction commence after August 17, 1971 and its equipment is used in a Portland Cement Plant? Yes _____; No _____
If yes, this plant may be subject to NSPS, 40 CFR Part 60, Subpart F.