



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

HOT MIX ASPHALT FACILITY

- 1) Source ID Number: _____
- 2) Company/Source Name: _____
- 3) Emission Unit Identification: _____
- 4) Proposed Operating Schedule: _____ hrs/yr
- 5) Type of Plant: Batch _____; Continuous _____; Permanent _____; Portable _____; Drum _____;
Other _____(describe)
- 6) Type of Aggregate: Recycled _____; Virgin _____; Other _____
- 7) Complete the following:
Recycled: _____%
Virgin: _____%
- 8) Indicate how much aggregate is processed: _____ tons/yr or tons/hr (circle one)
- 9) Equipment: _____
Manufacturer: _____
Date of Manufacture: _____
Maximum Rated Capacity: _____ tons/hr
Maximum Design Heating Input: _____ BTU/hr

Primary Fuel Type: (if applicable)
Natural Gas _____ Oil _____ Coal _____ Other (specify) _____
Secondary Fuel Type: (if applicable)
Natural Gas _____ Oil _____ Coal _____ Other (specify) _____

Fuel Specific Data:

Natural Gas:

Heating Value: _____ BTU/cu.ft.

Fuel Oil:

Fuel Parameters: % Sulfur _____; Grade _____

Heat Value: _____ BTU/gal

Density: _____ lb/gal

Coal:

Fuel Parameters: % Sulfur _____; % Ash _____

Heating Value: _____ BTU/lb

Other: _____

If Applicable: Fuel Parameters: % Sulfur _____; % Ash _____

Heating Value: _____

10) Has a performance test been done at this facility? Yes _____; No _____

If yes, provide a copy of the test report with this form.

11) 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.

12) Did construction, modification, or reconstruction commence after June 11, 1973? Yes _____; No _____

If yes, this plant may be subject to NSPS, 40 CFR Part 60, Subpart I.

13) If applying for an operating permit, provide the date of the latest modification: _____