



RE: BOA MACT 4Z Report Form Change Record

From Pam Paden [KDHE] <Pam.Paden@ks.gov>

Date Tue 7/7/2026 10:41 AM

To Christy Thurman [KDHE] <Christy.Thurman@ks.gov>; Raksa Ma [KDHE] <Raksa.Ma@ks.gov>

Cc Melissa McDonald [KDHE] <Melissa.McDonald@ks.gov>

Just to clarify, the reason to disable the function is to keep the report as it currently functions. And yes we can take a look at it after the reporting period ends (or at least slows down) to evaluate if it is needed.

Thanks!

Pam Paden
Unit Manager, Air Compliance and Enforcement Section
Kansas Department of Health & Environment
1000 SW Jackson, Suite 310
Topeka, KS 66612
Phone 785-296-1994
Fax 785-559-4256



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From: Christy Thurman [KDHE] <Christy.Thurman@ks.gov>

Sent: Tuesday, July 7, 2026 10:30 AM

To: Raksa Ma [KDHE] <Raksa.Ma@ks.gov>; Pam Paden [KDHE] <Pam.Paden@ks.gov>

Cc: Melissa McDonald [KDHE] <Melissa.McDonald@ks.gov>

Subject: RE: BOA MACT 4Z Report Form Change Record

Good morning! – I agree with the actions listed in your meeting notes.
Thanks for the confirmation.

Christy Thurman, CPM
Environmental Specialist
Title V/MACT/NSPS Reporting
Air Compliance and Enforcement Section

Kansas Department of Health and Environment
1000 SW Jackson St., Ste. 310
Topeka, KS 66612
Phone: 785-296-1542
Christy.Thurman@ks.gov



From: Raksa Ma [KDHE] <Raksa.Ma@ks.gov>
Sent: Tuesday, July 7, 2026 10:23 AM
To: Pam Paden [KDHE] <Pam.Paden@ks.gov>; Christy Thurman [KDHE] <Christy.Thurman@ks.gov>
Cc: Melissa McDonald [KDHE] <Melissa.McDonald@ks.gov>
Subject: BOA MACT 4Z Report Form Change Record

Dear Pam and Christy,

I'd like to document our discussion from this morning's meeting.

Based on our discussion, you both prefer to temporarily disable the **"Description of the Process Changes"** field on the form to avoid confusion for applicants, as we approach the end of the July reporting period.

Table 3 Part 1: Fill out for each RICE source

Fullscreen

UNIT NUMBER	TYPE OF CMS	DESCRIPTION OF CMS	WHERE THERE ANY CHANGES IN THE PROCESSES OR CONTROLS SINCE THE LAST REPORTING PERIOD?	DESCRIPTION OF THE PROCESS CHANGES	DATE OF THE LAST MONITORING SYSTEM CERTIFICATION OR AUDIT	PARAMETER OR POLLUTANT MONITORED	TOTAL OPERATING TIME (MIN) DURING THIS REPORTING PERIOD
	Select...		YES	None Specified			
ADD ROW							

We will revisit this form and discuss any potential updates in September. I will send the update once I publish the form in production

Thank you.

Raksa Ma
Environmental Data Program Manager, BOA
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[Book time to meet with me](#)