

Southwest Clean Air Agency

BAGHOUSE / FILTRATION SYSTEMS

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AIR DISCHARGE PERMIT APPLICATION DATA SHEET

Application No: _____

Please provide the following information concerning the proposed equipment. SWCAA may require additional information after review of the submitted application. Attach any information that might aid in SWCAA's review of the Air Discharge Permit Application. In addition to this application form, all sources are required to demonstrate that proposed equipment meets the requirements of Best Available Control Technology (BACT).

APPLICANT INFORMATION:

Applicant Name: _____

Contact Name / Title: _____

EQUIPMENT DATA:

Type

- Baghouse Electrostatic Precipitator
 Cartridge Collector Other _____

Manufacturer: _____

Model: _____

Serial Number: _____

Date manufactured: _____

Physical dimension: Height: _____ Length: _____ Width: _____

Rated airflow: _____ acfm Typical Airflow: _____ acfm

Fan curves or tables attached YES NO

Stack diameter: _____ feet or inches Stack velocity: _____ ft/sec

Stack height (above ground level): _____ ft Stack height (above roof peak): _____ ft

Vertical discharge only – no rain caps that inhibit vertical discharge – no horizontal discharge

Fan Motor

Manufacturer: _____

Model: _____

Serial Number: _____

Rated horsepower: _____

Voltage: _____

Full Load Amps: _____

RPM: _____

PERFORMANCE GUARANTEE:

Description of Performance Guarantee: _____

Conditions of guarantee, if any. _____

Underlying assumptions made, if any. _____

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FILTER MEDIA DATA:

Filter Media: Fabric Filter Cartridge Filter
 HEPA None (Electrostatic Precipitator)
 Other _____

Number of Bags/Cartridges: _____

Bag/Cartridge Dimensions: _____

Total Filtration Area: _____

Filter element cleaning: Reverse Airjet Mechanical Sweep Other _____

Fabric/Media Description

Type: _____

Weight (oz/yd²): _____

Surface Treatment (if any): _____

ASTM permeability (or equivalent): _____

Filtration efficiency: _____

OPERATIONAL DATA:

Process Equipment Served by Unit: _____

Hours of Operation: Maximum: _____ hr/day, _____ days/wk, _____ weeks/yr
 Average: _____ hr/day, _____ days/wk, _____ weeks/yr

	<u>Dust</u>	<u>Fume</u>
Inlet Concentration (gr/dscf):		
Maximum	_____	_____
Typical Operation	_____	_____

Is This Unit a Pre-cleaning Device? YES NO

Location in Systems: Drawings attached YES NO
 Flow diagram attached YES NO
 Plot map attached YES NO

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Maximum Specified Differential Pressure Across Filtration Media: _____

Typical Differential Pressure Across Filtration Media: _____

Does Unit Operate Under Positive or Negative Pressure? _____

How is Collected Material Transferred from Unit?: _____

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POLLUTANT DESCRIPTION:

Contaminant to be Collected: _____

Does Contaminant Contain Toxic Air Pollutants (WAC 173-460) YES NO
Does Contaminant Contain Hazardous Air Pollutants (CAAA, Section 112) YES NO

Toxic/Hazardous Air Pollutants:	<u>Pollutant</u>	<u>Weight %</u>
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Sizing Analysis:	<u>Dust</u>	<u>Fume</u>
Less than 1 micron	_____	_____
1 – 5 microns	_____	_____
5 – 10 microns	_____	_____
10 – 20 microns	_____	_____
20 – 50 microns	_____	_____
50 – 100 microns	_____	_____
Larger than 100 microns	_____	_____

Chemical Properties:
PH _____
Hydroscopic? _____

MAINTENANCE INFORMATION:

Anticipated frequency of filter cleaning: _____

Description of preventative maintenance program: _____

Procedures to be followed in the event of equipment failure: _____

