

1. **Name of Company:** _____
As shown on Line 1 of Form E001

2. **Name of Equipment:** _____
As shown on Line 9 of Form E001

3. **Equipment Data:**
 Manufacturer of Baghouse: _____
 Model Number: _____ Cost of Baghouse: _____
 Date of Manufacture: _____ Date of Installation: _____
 Pre-cleaning Equipment No Yes _____
If yes, what type (File appropriate form for control equipment)
 Volume of gas discharged from baghouse at dry standard conditions: _____ dscfm
 Total cloth area of baghouse: _____ ft²
 Air to cloth ratio: _____ $\frac{\text{Ft}}{\text{Min}}$ *(Divide volume of gas discharged by total cloth area)*

4. **Pressure Drop Across Baghouse:**
 Stated by manufacturer: _____ Inches of H₂O
 Measured (actual): _____ Inches of H₂O
 Calculated: _____ X _____ = _____ Inches of H₂O
(K Factor) Air to cloth ratio in ft/min
 The recommended pressure drop range in inches of H₂O is 1.5 (minimum) to 8.0 (maximum).
If the measured or calculated pressure drop falls outside the recommended range, contact the Chattanooga-Hamilton County Air Pollution Control Bureau.

5. **Filter Data:**
 Type of fabric filters used in baghouse: _____
 Operating temperature: _____ °F _____ °F _____ °F
Manufacturer's Recommended Normal Maximum
If the maximum operating temperature exceeds the recommended operating temperature, contact the Chattanooga-Hamilton County Air Pollution Control Bureau.

6. **Baghouse Components:**
Check all that apply.
 Flow rate instrumentation Inlet gas temperature instrumentation Evaporative Cooler
 Dew point indicator Differential pressure instrumentation Other (Describe) _____
 Heat Exchanger Transmissometer _____

7. **Baghouse Operation:**
 Continuous Intermittent

8. **Baghouse Description:**

Baghouse Inlet (dirty gas): Bottom Feed Top Feed

Exterior Filtration Tangential

Other (Describe): _____

Does the baghouse have a wear-resistant plate? yes no

Baghouse shape: Rectangular Cubical Cylindrical

Other (Describe): _____

Baghouse volume: _____ Ft³

Baghouse dimensions: _____ Ft _____ Ft _____ Ft

Length *Width* *height*

Baghouse shell material: _____

8. **Bag Cleaning:** (*check one*)

<u>Fabric Flexing</u>	<u>Reverse Air Cleaning</u>
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Mechanical Shaking & Rapping Reverse Jet

Sonic Cleaning Reverse Flow

Collapse Cleaning Manual Cleaning

Pulse (pressure) – Jet Cleaning

9. **Filter Configuration:**

Panels Multiple Tube Bag

Circular Cross-Section Tube Other (Describe): _____

Filter Fabric: Felted Woven Number of Compartments: _____

Filter Area: _____ Ft² Number of Filters per Compartment: _____

10. **Particle Size Distribution in Microns (μ):**

Particle Type(s): _____ Moisture in gas stream: _____ %

Size	0-5 μ	5-10 μ	10-20 μ	20-44 μ	Greater than 44 μ
% by weight					

11. **Dust Disposal:**

Automatic (screw conveyor, etc.) Manual (Describe): _____

How often are hoppers emptied? Every _____ hours

Name of commercial disposal company (if applicable): _____

Is disposed material wetted for transport? Yes No

Disposal Site: _____

12. **Control Efficiency:**

Manufacturer's Stated Efficiency: _____ %

Required Efficiency: _____ %

Operational Efficiency (performance testing): _____ %

Size	0-5 μ	5-10 μ	10-20 μ	20-44 μ	Greater than 44 μ
% by weight					

13. **Fan Data:**

Fan Location: Clean air side (pull through) Dirty air side (push through)

Fan Design (check one – A, B, or C):

Fan Type:	Blade Type:
A. <input type="checkbox"/> Centrifugal (radial flow)	<input type="checkbox"/> Forward Curve <input type="checkbox"/> Backward Curve <input type="checkbox"/> Straight
B. <input type="checkbox"/> Axial-flow (propeller)	<input type="checkbox"/> Propeller <input type="checkbox"/> Tube Axial <input type="checkbox"/> Vane Axial

Fan Properties:

Diameter: _____ Inches Braking Horsepower: _____ BHP
 Speed: _____ RPM Inlet Area: _____ Ft²
 Volume: _____ Cfm @ STP Outlet Area: _____ Ft²
 Static Pressure: _____ Inches WC Motor Horsepower: _____ HP

Standard Heavy Duty Submitted copy of Manufacturer's Multirating Tables Yes No

Special Construction Materials:

Bronze Alloys Aluminum Stainless Steel Bisonite

Zinc Chromate Primer Rubber, Phenolics, Vinyls, or Epoxy Covering

C. Compressor Positive Displacement Dynamic Reciprocating

*This is to certify that I am familiar with the operations concerning this equipment and that the information provided on this application is true and complete to the best of my knowledge. **This form must be completely filled out before it will be processed.***

Mail to:
 CHATTANOOGA-HAMILTON
 COUNTY AIR POLLUTION
 CONTROL BUREAU
 2034 Hamilton Place Blvd., Suite 300
 Chattanooga, TN 37421

Company Official: _____
Signature

Title: _____

Date: _____

Do not write below this line.

_____ Engineer Approval Permit Number: _____

Special Notations: _____
