

**General Control Equipment (GCE)
Air Pollution Control Equipment**

**FORM E107
07/2001**

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. Name of GCE: _____

4. GCE Data:

A. Name of manufacturer: _____ Date of Manufacture: _____
 Model Number: _____ Date of Installation: _____
 Cost of GCE: _____

B. Does GCE contain pre-cleaning equipment: Yes (what type): _____
 No

C. Volume of gas discharged at dry standard conditions: _____ dscfm

D. Indicate which of the following are components of this GCE
 Flow rate instrumentation Dew point indicator
 Differential pressure instrumentation Inlet gas temperature instrumentation
 Other (specify): _____

E. GCE Operation: Continuous Intermittent Periodic

F. GCE Inlet (dirty gas): Bottom feed Top feed Other (specify): _____

G. Shape of GCE (describe): _____

H. Size of GCE: Volume: _____ Ft³ Height: _____ Ft
 Length: _____ Ft Width: _____ Ft

I. Describe cleaning method: _____

J. Describe how emissions are collected: _____

K. Give total size of collection surface (if applicable): _____ Ft³

L. Dimensions of collection surface (if applicable):
 Height: _____ Ft Width: _____ Ft
 Length: _____ Ft Diameter: _____ Ft

5. Emission Data:

A. Particle Type(s): _____

B. Particle Size Distribution in Microns (μ)

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

C. Inlet Gas Properties
 Inlet Gas Temperature: _____ °F Inlet Gas Velocity: _____ Ft/sec
 Moisture Content: _____ % Average particulate size: _____ μ
 Dust Concentration: _____ Lbs/ft³

D. Dust Disposal Method:
 a. Automatic Manual
 Describe: _____
 b. How often is the GCE cleaned? Every _____ hours
 c. Site of disposal: _____

E. Particulate Control Efficiency:

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

6. Fan Data:	
Location of Fan: <input type="checkbox"/> Clean air side (pull through) <input type="checkbox"/> Dirty air side (push through)	
FAN TYPE	BLADE TYPE
A. <input type="checkbox"/> Centrifugal (radial flow)	<input type="checkbox"/> Forward Curve <input type="checkbox"/> Backward Curve
B. <input type="checkbox"/> Axial flow	<input type="checkbox"/> Straight <input type="checkbox"/> Propeller
	<input type="checkbox"/> Tube-axial <input type="checkbox"/> Vane-axial
Diameter: _____ Inches	Braking Horsepower: _____ BHP
Speed: _____ RPM	Inlet Area: _____ Ft ² <input type="checkbox"/> Standard
Volume: _____ Cfm @ STP	Outlet Area: _____ Ft ² <input type="checkbox"/> Heavy
Static Pressure: _____ Inches WC	Motor Horsepower: _____ HP Duty
Submitted copy of manufacturer's multirating tables: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Materials of Construction: <input type="checkbox"/> Bronze Alloys <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Bisonite	
	<input type="checkbox"/> Aluminum <input type="checkbox"/> Rubber, Phenolics, Vinyls, or Epoxy Coverings <input type="checkbox"/> Zinc Chromate Primer
C. <input type="checkbox"/> Compressor	<input type="checkbox"/> Positive Displacement <input type="checkbox"/> Dynamic <input type="checkbox"/> Reciprocating

7. Drawings of all equipment should be submitted with each application.

*This is 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. **The form must be completely filled out before it will be acceptable.***

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

Company Official: _____
Signature

Date: _____

Title: _____

DO NOT WRITE BELOW THIS LINE

_____ Engineer Approval This form corresponds to permit number: _____

Special Notations: _____

