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 Participator
- [ ] 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. ______________________________________________________
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

Dust

Fume

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
| 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?: |  |

___

___

___

___
### 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

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<th>Toxic/Hazardous Air Pollutants</th>
<th>Pollutant</th>
<th>Weight %</th>
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Sizing Analysis:

- Less than 1 micron
- 1 – 5 microns
- 5 – 10 microns
- 10 – 20 microns
- 20 – 50 microns
- 50 – 100 microns
- Larger than 100 microns

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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: _______________________________________________

- __________________________________________________________
- __________________________________________________________
- __________________________________________________________
- __________________________________________________________
- __________________________________________________________