

Fabric Filter Application Form - 47

Santa Barbara County Air Pollution Control District 206 N. San Antonio Road, Suite A Santa Barbara, CA 93110-1315

Complete a separate APCD Form – 47 (*Fabric Filter Application Form*) for each fabric filter (baghouse, cartridge/bin vent, etc.) as well as one APCD Form – 01 (*General Permit Application*) for each permitting action. Mail the completed forms and appropriate filing fee to the Air Pollution Control District (APCD) at the above address.

Facility/Source									
Street Address / N	learest C	Cross Streets	3						
City					Zip Code				
abric Filter									
Description (Eq. 1	uipment With)	Associated	l Ma	nufacture	r	Model		Seri	al Number
] Yes ☐ ags/Cartridge	No es					sheet/brochures			r? If yes, ple
Number of	Ba	g/Cartridge	Dimensions	Cloth	Cloth Material (including weave and finish, if known)		7	Γotal	Air-to-Clot
D (C 1	Lengtl	h/Height	Diameter	Cloth			Cloth Area		Ratio
					ft ²				
abric Filter Op	eratio	ns							
Operating Sche	dule		hours/day		days/yr	Cleaning Free	quency		
			er	I	Reverse Air				
Cleaning Method			lse Jet If Pulse Je		lse Jet:	On-line		Off-line	
		Other	•						
Pressure Differe Gauge	ential	☐ Yes	☐ No	S	ystem Pressu	ire Drop Range	_	to	inches of H ₂
Construction Configuration		☐ Open Pressure ☐ Closed Pressure ☐ Closed Suction							
		Other:							
Configuratio									

For APCD use only: FID # App #

5.	Acco	hatein	Blower
J.	ASSU	LIALEU	DIOWEL

Blower Description	Manufacturer	Model	Serial Number	HP Rating	Design Flow Rates	Draft
				hp	scfm	Forced Induced

6. **Emission Stream Design Characteristics**

Inlet Flow Rate	acfm			
Moisture Content	grams of water/ft ³ of dry air			
Dew Point Temperature of Process Stream		°F		
Process Flow Temperature	°F			
Inlet Particulate Loading	grains/scf (actua			
Exhaust Particulate Emission Concentration	grains/scf	for Particle Size	microns	
Control Efficiency (if available from manufacturers guarantee)	%	for Particle Size	microns	

	manufacturers guarantee)							
7.	Identify a	Identify any Pretreatment Devices (e.g. cyclones, pre-coolers, pre-heaters)						
	Yes	☐ No	•	acturer's specification sheet/ ication form. If not, reason:	•	retreatment devices? If	f yes,	
8.	Applican	t/Preparer \$	Statement					

The person who prepares the application also must sign this form. The preparer may be an employee of the owner/operator or an authorized agent (contractor/consultant) working on behalf of the owner/operator (an Authorized agent Form -01A is required).

I certify pursuant to H&SC Section 42303.5 that all information contained herein and information submitted with this application is true and correct.				
Completed By	Company			
Signature	Date			

9.	Application Checklist (Have you submitted all the required information? Please check off the boxes.)
	Form -01 (<i>Permit Application Form</i>) attach one Form -01.
	Form -01A (Authorized Agent Form) attach if this application was prepared by and /or if correspondence s requested to be sent
	to an Authorized Agent (e.g., contractor or consultant). This form must accompany each Form -01 application.
	Manufacturer specification sheets/brochures for all devices listed in this form (<i>if available</i>).
	Permit application filing fee.
PLI	EASE NOTE THAT FAILURE TO COMPLETELY PROVIDE ALL REQUIRED INFORMATION OR FEES WILL RESULT IN YOUR APPLICATION BEING RETURNED OR DEEMED INCOMPLETE.