



# 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.

## 1. Plant Location

Facility/Source			
Street Address / Nearest Cross Streets			
City		Zip Code	

## 2. Fabric Filter

Description (Equipment Associated With)	Manufacturer	Model	Serial Number

Yes     No    Do you have the manufacturer's specification sheet/brochures for this fabric filter? If yes, please attach to this application form. If not, reason: \_\_\_\_\_

## 3. Bags/Cartridges

Number of Bags/Cartridges	Bag/Cartridge Dimensions		Cloth Material (including weave and finish, if known)	Total Cloth Area	Air-to-Cloth Ratio
	Length/Height	Diameter			
				ft <sup>2</sup>	

## 4. Fabric Filter Operations

Operating Schedule	hours/day	days/yr	Cleaning Frequency	
Cleaning Method	<input type="checkbox"/> Shaker <input type="checkbox"/> Reverse Air <input type="checkbox"/> Pulse Jet                      If Pulse Jet: <input type="checkbox"/> On-line <input type="checkbox"/> Off-line <input type="checkbox"/> Other: _____			
Pressure Differential Gauge	<input type="checkbox"/> Yes <input type="checkbox"/> No		System Pressure Drop Range	_____ to _____ inches of H <sub>2</sub> O
Construction Configuration	<input type="checkbox"/> Open Pressure <input type="checkbox"/> Closed Pressure <input type="checkbox"/> Closed Suction <input type="checkbox"/> Other: _____			
Pressure Configuration	<input type="checkbox"/> Positive Pressure <input type="checkbox"/> Negative Pressure			

**For APCD use only:**

**FID #**

**App #**

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**5. Associated Blower**

Blower Description	Manufacturer	Model	Serial Number	HP Rating	Design Flow Rates	Draft
				hp	scfm	<input type="checkbox"/> Forced <input type="checkbox"/> Induced

**6. Emission Stream Design Characteristics**

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

**7. Identify any Pretreatment Devices** (e.g. cyclones, pre-coolers, pre-heaters)

\_\_\_\_\_

\_\_\_\_\_

Yes       No      Do you have the manufacturer's specification sheet/brochures for these pretreatment devices? If yes, please attach to this application form. If not, reason: \_\_\_\_\_

**8. Applicant/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 (*Permit Application Form*) 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 (*if available*).
- Permit application filing fee.

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PLEASE NOTE THAT FAILURE TO COMPLETELY PROVIDE ALL REQUIRED INFORMATION OR FEES WILL  
RESULT IN YOUR APPLICATION BEING RETURNED OR DEEMED INCOMPLETE.

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