



North Coast Unified Air
Quality Management District
707 L Street
Eureka, CA 95501
(707) 443-3093

PARTICULATE MATTER (PM₁₀) CONTROL EQUIPMENT FORM 1303

(Use Form 1305 for Scrubbers)
Form 1300 must accompany all submittals.

Section I - Facility/Application Information

1. Legal owner/operator: _____

Section II.A - General Equipment Information (Complete all items in Section II.A and ...)

1. Particulate Matter (PM) Control Equipment Type:

- a. Baghouse/Fabric Filters (Complete Section II.B)
- b. Cyclone (Complete Section II.C)
- c. Electrostatic Precipitator (ESP) (Complete Section II.D)
- d. Mist Eliminator (Complete Section II.E)
- e. Other Mechanical Separator (Complete Section II.C)

2. Equipment Manufacturer: _____ Model No.: _____ Serial No.: _____

3. Maximum Heat Input Rating (if applicable): _____ MM Btu/hr or _____ KW

4. Exhaust Blower Capacity (total): _____ cfm Blower Power (total): _____ HP

Section II.B - Baghouse/Fabric Filter Information (Complete only if equipment type is a baghouse or fabric filter)

5. Filter Type: a. Bag b. Cartridge c. Panel d. Other (specify): _____

6. Filter Material:

- a. Cotton c. Goretex e. Wool
- b. Fiberglass d. Nylon f. Other (specify): _____

7. No. of Cartridge(s)/Bag(s): _____

8. Filter Dimensions (in inches): Diameter: _____; Length: _____; Width: _____

Total Cloth Filter Area: _____ square feet

9. Method of Cleaning: a. Hand Shaker c. Pulse Jet Y. Other (specify): _____
b. Reverse Air d. Power Shaker

10. Is this control device equipped with the following equipment?

- a. Mechanical Gauge No Yes
- b. Enclosed Dust Container No Yes
- c. Man Access Door No Yes
- d. Lime Injection No Yes, Specify Maximum Injection Rate: _____

Section II.C - Cyclone/Separator Information (Complete only if equipment type is a cyclone or separator)

11. Dimensions: Diameter: _____ feet _____ inches; Length: _____ feet _____ inches

12. Inlet Velocity: _____ feet/minute

13. Particle Cut Size: _____ (specify units); Particle Density: _____

Section II.D - ESP (Complete only if equipment type is an ESP)

14. # of Plates: _____ 15. Aspect Ratio: _____

16. Plate Spacing: _____ inches 17. Plate Height: _____ inches

18. Drift Velocity: _____ inches/second 19. Charge Surface Area: _____ square inches

20. Current Discharge: _____ amps 21. Voltage: _____ volts

22. Dielectric Capacitance: _____ farad

Section II.E - Mist Eliminator (Complete only if equipment type is a mist eliminator)

23. Dimensions: Diameter: _____ feet _____ inches; Length: _____ feet _____ inches

Height: _____ feet _____ inches; Width: _____ feet _____ inches

Section III - Operation Information (Provide all items)

1. List Equipment/Devices vented to this control equipment.

2. Exhaust/Stack or Vent Emissions Data (Attach extra pages if necessary)

a. Provide drawings of exhaust system and calculations to show capture velocities into all hoods.

b. Temperature: Inlet _____ °F and Outlet _____ °F; Velocity: Outlet _____ ft/sec

- c. Differential pressure drop across exhaust filters or control equipment: Maximum ____ Minimum ____
3. Capture Efficiency: _____ %; Supply data to substantiate
4. Maximum operating schedule: hours/day ____ days/week ____ weeks/year ____ hours/year ____
 Average operating schedule: hours/day ____ days/week ____ weeks/year ____ hours/year ____

Section IV - Applicant Certification Statement

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.
 SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM: _____ TITLE OF RESPONSIBLE OFFICIAL OF FIRM: _____

TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM:

RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER

DATE SIGNED:

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I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.
 SIGNATURE OF PREPARER: _____ TITLE OF PREPARER: _____

TYPE OR PRINT NAME OF PREPARER:

PREPARER'S TELEPHONE NUMBER

DATE SIGNED:

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Section V- Title V Information: Fill out if AQMD has identified your facility as a Title V facility

- | | |
|--|--|
| <input type="checkbox"/> a. Administrative Permit Amendment | <input type="checkbox"/> e. Permit Shield |
| <input type="checkbox"/> b. Minor Permit Modification | <input type="checkbox"/> f. Alternative Operating Scenarios |
| <input type="checkbox"/> c. Significant Permit Modification | <input type="checkbox"/> g. Voluntary Emission Cap |
| <input type="checkbox"/> d. Non-Title V Permit Processing
(Available until initial Title V permit is issued) | <input type="checkbox"/> h. Other (specify): _____ |