



FORM 400-E-1c
PARTICULATE MATTER CONTROL
ELECTROSTATIC PRECIPITATOR (ESP)

Mail Application To:
 SCAQMD
 P.O. Box 4944
 Diamond Bar, CA 91765
 Tel: (909) 396-3385
www.aqmd.gov

This form must be accompanied by a completed Application for a Permit to Construct/Operate -Form 400A, Form CEQA, Plot Plan and Stack Form

Permit to be issued to (Business name of operator to appear on permit):
Address where the equipment will be operated (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site):
Fixed Location Various Locations

SECTION A: EQUIPMENT DESCRIPTION

Equipment	Manufacturer:	Model No:																		
Precipitator Characteristics	Number of fields: Number of plates:	Particulate Size Distribution Data <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Micron range</th> <th style="width:25%;">Particle Size Distribution Wt %</th> <th style="width:60%;">Manufacturer's Guaranteed removal efficiency for each micron range</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">0.5 -1.0</td><td></td><td></td></tr> <tr><td style="text-align: center;">1.0 -5.0</td><td></td><td></td></tr> <tr><td style="text-align: center;">5-10</td><td></td><td></td></tr> <tr><td style="text-align: center;">10-20</td><td></td><td></td></tr> <tr><td style="text-align: center;">Over 20</td><td></td><td></td></tr> </tbody> </table>	Micron range	Particle Size Distribution Wt %	Manufacturer's Guaranteed removal efficiency for each micron range	0.5 -1.0			1.0 -5.0			5-10			10-20			Over 20		
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	Over 20																			
	Wires Residence time: sec Length: Diameter: Can isolate chambers? Yes No																			
Plate spacing: Number of hoppers:																				
Length of plates: Cross sectional area of precipitator: ft ²																				
No of chambers: Type of collecting plate: Tubular Plate																				
Potential applied (KV/in): Spacing between electrodes and plates:																				
Type of ESP: Wet Dry Number of discharge electrodes:																				
Plate Cleaning System: Water Spraying Washing Rapping Other																				
Method of Removal of Particulate From ESP	Closed Container Enclosed Screw Conveyor Other																			
Blower	Blower Horsepower: HP Design Flow Rate: SCFM Draft: Forced Induced																			
Design Criteria	Cyclone Configuration: Positive Pressure Negative Pressure																			
Pre-Treatment Device	Cyclone Precooler Preheater Knock-Out Chamber None																			
Post-Treatment Device	Baghouse HEPA Other:																			

SECTION B: PROCESS STREAM CHARACTERISTICS

Brief Description of Process	Please include a process flow diagram and engineering drawing of the filter system and material processed. In the space provided, indicate what equipment is vented to the ESP and how material is handled and disposed.								
Flow Data	<p>Gas stream temperature: °F</p> <p>Pressure drop range: High in. H₂O Low in. H₂O</p> <p>Inlet flow rate: ACFM</p> <p>Moisture content: grams of water/cubic feet (ft³) of dry air</p> <p>Dew point temperature of process stream: °F</p>								
Operating Schedule	<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Normal:</td> <td style="width: 30%;">hours/day</td> <td style="width: 30%;">days/week</td> <td style="width: 25%;">weeks/yr</td> </tr> <tr> <td>Maximum:</td> <td>hours/day</td> <td>days/week</td> <td>weeks/yr</td> </tr> </table>	Normal:	hours/day	days/week	weeks/yr	Maximum:	hours/day	days/week	weeks/yr
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SECTION C: APPLICANT CERTIFICATION STATEMENT

I hereby certify that all information contained herein and information submitted with this application is true and correct.

SIGNATURE OF PREPARER:	TITLE OF PREPARER:	PREPARER'S TELEPHONE NUMBER:
		PREPARER'S E-MAIL ADDRESS:
CONTACT PERSON FOR INFORMATION ON THIS EQUIPMENT:	CONTACT PERSON'S TELEPHONE NUMBER:	DATE SIGNED:
E-MAIL ADDRESS:	FAX NUMBER:	

CONFIDENTIAL INFORMATION

Under the California Public Records Act, all information in your permit application will be considered a matter of public record and may be disclosed to a third party. If you wish to keep certain items as confidential, please complete the following steps:

- (a) Make a copy of any page containing confidential information blanked out. Label this page "public copy."
- (b) Label the original page "confidential." Circle all confidential items on the page.
- (c) Prepare a written justification for the confidentiality of each confidential item. Append this to the confidential copy.