AIR POLLUTION CONTROL EQUIPMENT DATA - BAGHOUSE **FORM E102 01/2001**

1. **Name of Company:** _____
As shown on Line 1 of Form E001

2. **Name of Equipment:** _____
As shown on Line 9 of Form E001

3. **Equipment Data:**
Manufacturer of Baghouse: _____
Model Number: _____ Cost of Baghouse: _____
Date of Manufacture: _____ Date of Installation: _____
Pre-cleaning Equipment ☐ No ☐ Yes _____
If yes, what type (File appropriate form for control equipment)
Volume of gas discharged from baghouse at dry standard conditions: _____ dscfm
Total cloth area of baghouse: _____ ft^2
Air to cloth ratio: _____ $\frac{Ft}{Min}$ *(Divide volume of gas discharged by total cloth area)*

4. **Pressure Drop Across Baghouse:**
Stated by manufacturer: _____ Inches of H_2O
Measured (actual): _____ Inches of H_2O
Calculated: _____ X _____ = _____ Inches of H_2O
(K Factor) *Air to cloth ratio in ft/min*
The recommended pressure drop range in inches of H_2O is 1.5 (minimum) to 8.0 (maximum).
If the measured or calculated pressure drop falls outside the recommended range, contact the Chattanooga-Hamilton County Air Pollution Control Bureau.

5. **Filter Data:**
Type of fabric filters used in baghouse: _____
Operating temperature: _____ °F _____ °F _____ °F
Manufacturer's Recommended *Normal* *Maximum*
If the maximum operating temperature exceeds the recommended operating temperature, contact the Chattanooga-Hamilton County Air Pollution Control Bureau.

6. **Baghouse Components:**
Check all that apply.
☐ Flow rate instrumentation ☐ Inlet gas temperature instrumentation ☐ Evaporative Cooler
☐ Dew point indicator ☐ Differential pressure instrumentation ☐ Other (Describe) _____
☐ Heat Exchanger ☐ Transmissometer

7. **Baghouse Operation:**
☐ Continuous ☐ Intermittent

8. **Baghouse Description:**

Baghouse Inlet (dirty gas): ☐ Bottom Feed ☐ Top Feed

☐ Exterior Filtration ☐ Tangential

☐ Other (Describe): _____

Does the baghouse have a wear-resistant plate? ☐ yes ☐ no

Baghouse shape: ☐ Rectangular ☐ Cubical ☐ Cylindrical

☐ Other (Describe): _____

Baghouse volume: _____ Ft^3

Baghouse dimensions: _____ Ft _____ Ft _____ Ft

Length *Width* *height*

Baghouse shell material: _____

8. **Bag Cleaning:** *(check one)*

Fabric Flexing	Reverse Air Cleaning
☐ Mechanical Shaking & Rapping	☐ Reverse Jet
☐ Sonic Cleaning	☐ Reverse Flow
☐ Collapse Cleaning	☐ Manual Cleaning
☐ Pulse (pressure) – Jet Cleaning	

9. **Filter Configuration:**

☐ Panels ☐ Multiple Tube Bag

☐ Circular Cross-Section Tube ☐ Other (Describe): _____

Filter Fabric: ☐ Felted ☐ Woven Number of Compartments: _____

Filter Area: _____ Ft^2 Number of Filters per Compartment: _____

10. **Particle Size Distribution in Microns (µ):**

Particle Type(s): _____ Moisture in gas stream: _____ %

Size	0-5µ	5-10µ	10-20µ	20-44µ	Greater than 44µ
% by weight					

11. **Dust Disposal:**

☐ Automatic (screw conveyor, etc.) ☐ Manual (Describe): _____

How often are hoppers emptied? Every _____ hours

Name of commercial disposal company (if applicable): _____

Is disposed material wetted for transport? ☐ Yes ☐ No

Disposal Site: _____

12. **Control Efficiency:**

Manufacturer's Stated Efficiency: _____ %

Required Efficiency: _____ %

Operational Efficiency (performance testing): _____ %

Size	0-5µ	5-10µ	10-20µ	20-44µ	Greater than 44µ
% by weight					

13. **Fan Data:**

Fan Location: ☐ Clean air side (pull through) ☐ Dirty air side (push through)

Fan Design *(check one – A, B, or C)*:

Fan Type:	Blade Type:
A. ☐ Centrifugal (radial flow)	☐ Forward Curve ☐ Backward Curve ☐ Straight
B. ☐ Axial-flow (propeller)	☐ Propeller ☐ Tube Axial ☐ Vane Axial

Fan Properties:

Diameter: _____	Inches	Braking Horsepower: _____	BHP
Speed: _____	RPM	Inlet Area: _____	Ft^2
Volume: _____	Cfm @ STP	Outlet Area: _____	Ft^2
Static Pressure: _____	Inches WC	Motor Horsepower: _____	HP

☐ Standard ☐ Heavy Duty Submitted copy of Manufacturer's Multirating Tables ☐ Yes ☐ No

Special Construction Materials:

☐ Bronze Alloys ☐ Aluminum ☐ Stainless Steel ☐ Bisonite

☐ Zinc Chromate Primer ☐ Rubber, Phenolics, Vinyls, or Epoxy Covering

C. ☐ Compressor	☐ Positive Displacement	☐ Dynamic	☐ Reciprocating	

This is to certify that I am familiar with the operations concerning this equipment and that the information provided on this application is true and complete to the best of my knowledge. ***This form must be completely filled out before it will be processed.***

Company Official: _____
Signature

Title: _____

Date: _____

Mail to:
CHATTANOOGA-HAMILTON
COUNTY AIR POLLUTION
CONTROL BUREAU
6125 Preservation Drive
Chattanooga, TN 37416

Do not write below this line.

_____ Engineer Approval Permit Number: _____

Special Notations: _____