

FORM C1

CONTROL DEVICE (FABRIC FILTER)

REVISED 09/22/16

NCDEQ/Division of Air Quality - Application for Air Permit to Construct/Operate

C1

CONTROL DEVICE ID NO:		CONTROLS EMISSIONS FROM WHICH EMISSION SOURCE ID NO(S):			
EMISSION POINT (STACK) ID NO(S):		POSITION IN SERIES OF CONTROLS		NO.	OF UNITS
OPERATING SCENARIO:					
_____ OF _____		P.E. SEAL REQUIRED (PER 2q .0112)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DESCRIBE CONTROL SYSTEM:					
POLLUTANTS COLLECTED: _____					
BEFORE CONTROL EMISSION RATE (LB/HR): _____					
CAPTURE EFFICIENCY: _____ % _____ % _____ % _____ %					
CONTROL DEVICE EFFICIENCY: _____ % _____ % _____ % _____ %					
CORRESPONDING OVERALL EFFICIENCY: _____ % _____ % _____ % _____ %					
EFFICIENCY DETERMINATION CODE: _____					
TOTAL AFTER CONTROL EMISSION RATE (LB/HR): _____					
PRESSURE DROP (IN H ₂ O): MIN: _____ MAX: _____		GAUGE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
BULK PARTICLE DENSITY (LB/FT ³): _____		INLET TEMPERATURE (°F): MIN _____ MAX _____			
POLLUTANT LOADING RATE: <input type="checkbox"/> LB/HR <input type="checkbox"/> GR/FT ³		OUTLET TEMPERATURE (°F) MIN _____ MAX _____			
INLET AIR FLOW RATE (ACFM): _____		FILTER OPERATING TEMP (°F): _____			
NO. OF COMPARTMENTS: _____		NO. OF BAGS PER COMPARTMENT: _____		LENGTH OF BAG (IN.): _____	
NO. OF CARTRIDGES: _____		FILTER SURFACE AREA PER CARTRIDGE (FT ²): _____		DIAMETER OF BAG (IN.): _____	
TOTAL FILTER SURFACE AREA (FT ²): _____		AIR TO CLOTH RATIO: _____			
DRAFT TYPE: <input type="checkbox"/> INDUCED/NEGATIVE <input type="checkbox"/> FORCED/POSITIVE		FILTER MATERIAL: <input type="checkbox"/> WOVEN <input type="checkbox"/> FELTED			
DESCRIBE CLEANING PROCEDURES: <input type="checkbox"/> AIR PULSE <input type="checkbox"/> SONIC <input type="checkbox"/> REVERSE FLOW <input type="checkbox"/> SIMPLE BAG COLLAPSE <input type="checkbox"/> MECHANICAL/SHAKER <input type="checkbox"/> RING BAG COLLAPSE <input type="checkbox"/> OTHER: _____			PARTICLE SIZE DISTRIBUTION		
			SIZE (MICRONS)	WEIGHT % OF TOTAL	CUMULATIVE %
DESCRIBE INCOMING AIR STREAM:			0-1		
			1-10		
			10-25		
			25-50		
			50-100		
			>100		
			TOTAL = 100		
ON A SEPARATE PAGE, ATTACH A DIAGRAM SHOWING THE RELATIONSHIP OF THE CONTROL DEVICE TO ITS EMISSION SOURCE(S):					
COMMENTS:					

Attach Additional Sheets As Necessary