



**Form 400-E-1c  
Particulate Matter Control  
Electrostatic Precipitator (ESP)**

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

**Mail To:**  
SCAQMD  
P.O. Box 4944  
Diamond Bar, CA 91765-0944

Tel: (909) 396-3385  
www.aqmd.gov

**Section A - Operator Information**

Facility Name (Business Name of Operator That Appears On Permit): \_\_\_\_\_ Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): \_\_\_\_\_

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 B - Equipment Description**

<b>Equipment</b>	Manufacturer: _____ Model No.: _____		
<b>Precipitator Characteristics</b>	Number of fields: _____	Number of plates: _____	
	Wires Length: _____	Residence time: _____ sec	
	Diameter: _____	Can isolate chambers?      Yes      No	
	Plate spacing: _____	Number of hoppers: _____	
	Length of plates: _____	Cross sectional area of precipitator: _____ ft <sup>2</sup>	
	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 _____
<b>Particulate Size Distribution Data</b>	<b>Micron Range</b>	<b>Particle Size Distribution (Wt%)</b>	<b>Manufacturer's Guaranteed Removal Efficiency For Each Micron Range (%)</b>
	0.5 - 1.0		
	1.0 - 5.0		
	5 - 10		
	10 - 20		
Over 20			
<b>Method of Removal of Particulate From ESP</b>	Closed Container      Enclosed Screw Conveyor      Other: _____		
<b>Blower</b>	Blower Horsepower: _____ H.P.      Design Flow Rate: _____ SCFM Draft:      Forced      Induced		
<b>Design Criteria</b>	Cyclone Configuration:      Positive Pressure      Negative Pressure		
<b>Pre-Treatment Device</b>	Cyclone      Precooler      Preheater      Knock-Out Chamber      None		
<b>Post-Treatment Device</b>	Baghouse/Cartridge      HEPA      Other: _____		

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**Section C - Process Stream Characteristics**

<b>Brief Description Of Process</b>	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 waste material is handled and disposed.
<b>Flow Data</b>	Gas Stream Temperature: _____ °F Pressure Drop Range:    High _____ in. H <sub>2</sub> O    Low _____ in. H <sub>2</sub> O Inlet Flow Rate: _____ ACFM Moisture Content: _____ grams of water/cubic feet (ft <sup>3</sup> ) of dry air Dew Point Temperature of Process Stream: _____ °F
<b>Operating Schedule</b>	Normal:    _____ hours/day    _____ days/week    _____ weeks/yr Maximum:    _____ hours/day    _____ days/week    _____ weeks/yr

**Section D - Authorization/Signature**

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

<b>Preparer Info</b>	Signature: _____ Date: _____ Title: _____ Company Name: _____	<b>Name:</b>	_____ Phone #: _____ Fax #: _____ Email: _____
<b>Contact Info</b>	Name: _____ Title: _____ Company Name: _____	<b>Phone #:</b>	_____ Fax #: _____ Email: _____

THIS IS A PUBLIC DOCUMENT

Pursuant to the California Public Records Act, your permit application and any supplemental documentation are public records and may be disclosed to a third party. If you wish to claim certain limited information as exempt from disclosure because it qualifies as a trade secret, as defined in the District's Guidelines for Implementing the California Public Records Act, you must make such claim at the time of submittal to the District.

Check here if you claim that this form or its attachments contain confidential trade secret information.