



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
 DIVISION OF AIR POLLUTION CONTROL -- PERMIT SECTION
 P.O. BOX 19506
 SPRINGFIELD, ILLINOIS 62794-9506

FOR APPLICANT'S USE

Revision #: _____
 Date: ____ / ____ / ____
 Page _____ of _____
 Source Designation: _____

SUPPLEMENTAL FORM AIR POLLUTION CONTROL EQUIPMENT FILTER (260C)	FOR AGENCY USE ONLY
	ID NUMBER: _____
	CONTROL EQUIPMENT #: _____
	DATE: _____

DATA AND INFORMATION					
1) FLOW DIAGRAM DESIGNATION OF FILTER: _____					
2) FILTER CONFIGURATION (CHECK ONE): <input type="checkbox"/> OPEN PRESSURE <input type="checkbox"/> CLOSED PRESSURE <input type="checkbox"/> CLOSED SUCTION <input type="checkbox"/> OTHER, SPECIFY: _____					
3) DESCRIBE FILTER MATERIAL: _____					
4) FILTERING AREA (SQUARE FEET): _____	5) AIR TO CLOTH RATIO (FEET/MIN): _____				
6) CLEANING METHOD <input type="checkbox"/> SHAKER <input type="checkbox"/> REVERSE AIR <input type="checkbox"/> PULSE AIR <input type="checkbox"/> PULSE JET <input type="checkbox"/> OTHER, SPECIFY: _____					
7) NORMAL RANGE OF PRESSURE DROP: _____ TO _____ (INCH H ₂ O)					
8a) INLET EMISSION STREAM PARAMETERS:					
	MAX TYPICAL				
MOISTURE CONTENT (% BY VOLUME):	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; height: 30px;"></td> <td style="width: 50%; height: 30px;"></td> </tr> <tr> <td style="width: 50%; height: 30px;"></td> <td style="width: 50%; height: 30px;"></td> </tr> </table>				
PARTICULATE INLET LOADING (GRAINS/SCF):	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; height: 30px;"></td> <td style="width: 50%; height: 30px;"></td> </tr> <tr> <td style="width: 50%; height: 30px;"></td> <td style="width: 50%; height: 30px;"></td> </tr> </table>				
b) MEAN PARTICLE DIAMETER (MICRONS): _____					

THIS AGENCY IS AUTHORIZED TO REQUIRE THIS INFORMATION UNDER ILLINOIS REVISED STATUTES, 1991, AS AMENDED 1992, CHAPTER 111 1/2, PAR. 1039.5. DISCLOSURE OF THIS INFORMATION IS REQUIRED UNDER THAT SECTION. FAILURE TO DO SO MAY PREVENT THIS FORM FROM BEING PROCESSED AND COULD RESULT IN THE APPLICATION BEING DENIED. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

APPLICATION PAGE _____

Printed on Recycled Paper
 260C-CAAPP

FOR APPLICANT'S USE

9) FILTER OPERATING PARAMETERS:

	DURING MAXIMUM OPERATION OF FEEDING UNIT(S)	DURING TYPICAL OPERATION OF FEEDING UNIT(S)
INLET FLOW RATE (SCFM):		
INLET GAS TEMPERATURE (DEGREES FAHRENHEIT):		
EFFICIENCY (PM REDUCTION):	(%)	(%)
EFFICIENCY (PM10 REDUCTION):	(%)	(%)

10) HOW IS FILTER MONITORED
FOR INDICATIONS OF
DETERIORATION
(E.G., BROKEN BAGS)?

CONTINUOUS
OPACITY

PRESSURE
DROP

ALARMS-AUDIBLE
TO PROCESS
OPERATOR

VISUAL OPACITY READINGS, FREQUENCY: _____

OTHER, SPECIFY: _____

11) DESCRIBE ANY RECORDING DEVICE AND FREQUENCY OF LOG ENTRIES:

12) DESCRIBE ANY FILTER SEEDING BEING PERFORMED: