



**MAJOR SOURCE OPERATING PERMIT APPLICATION
 CONTROL EQUIPMENT - BAGHOUSES/FABRIC FILTERS**

1. FACILITY NAME:	2. EMISSION SOURCE (IDENTIFY):	
3. STACK ID OR FLOW DIAGRAM POINT IDENTIFICATION (S):		
4. DESCRIBE THE DEVICE IN USE. LIST THE KEY OPERATING PARAMETERS OF THIS DEVICE AND THEIR NORMAL OPERATING RANGE.		
5. MANUFACTURER AND MODEL NUMBER (IF AVAILABLE):	6. YEAR OF INSTALLATION:	
7. LIST OF POLLUTANT (S) TO BE CONTROLLED AND THE EXPECTED CONTROL EFFICIENCY FOR EACH POLLUTANT (SEE INSTRUCTIONS).		
POLLUTANT	EFFICIENCY (%)	SOURCE OF DATA
8. DISCUSS HOW COLLECTED MATERIAL IS HANDLED FOR REUSE OR DISPOSAL.		
9. IF THE BAGS ARE COATED, SPECIFY THE MATERIAL USED FOR COATING AND FREQUENCY OF COATING.		
10. DOES THE BAGHOUSE COLLECT ASBESTOS CONTAINING MATERIAL? YES _____ NO _____ IF "YES", PROVIDE DATA AS OUTLINED IN ITEM 10, INSTRUCTIONS FOR THIS FORM.		
11. IF THIS CONTROL EQUIPMENT IS IN SERIES WITH SOME OTHER CONTROL EQUIPMENT, STATE AND SPECIFY THE OVERALL EFFICIENCY.		
12. PAGE NUMBER:	REVISION NUMBER:	DATE OF REVISION:

INSTRUCTIONS FOR APC FORM V.18
CONTROL EQUIPMENT - BAGHOUSES/FABRIC FILTERS

SOURCES THAT ARE REQUIRED TO OBTAIN A PERMIT UNDER PARAGRAPH 1200-3-9-.02(11) OF TENNESSEE AIR POLLUTION CONTROL REGULATIONS, MUST COMPLETE AND RETURN THIS FORM, IF APPLICABLE. APPLICATIONS ARE INCOMPLETE UNLESS ALL APPLICABLE INFORMATION REQUESTED HEREIN IS SUPPLIED. FAILURE TO SUPPLY ANY ADDITIONAL INFORMATION REQUESTED BY THE TECHNICAL SECRETARY TO ENABLE HIM TO ACT ON THE APPLICATION MAY RESULT IN DENIAL OF THIS APPLICATION. IF THERE IS ADDITIONAL INFORMATION THAT WILL NOT FIT ON A FORM, PLEASE DECLARE THE INFORMATION ON ADDITIONAL SHEET(S) AND ATTACH IT TO THE BACK OF THE ORIGINAL.

COMPLETE ONE FORM FOR EACH CONTROL DEVICE USED TO REDUCE AIR POLLUTION EMISSIONS FROM THE AIR POLLUTION SOURCES TO BE COVERED BY THE PERMIT.

IF YOU WISH TO PROVIDE ADDITIONAL INFORMATION TO DEFINE ALTERNATIVE OPERATING SCENARIOS OR DEFINE PERMIT TERMS AND CONDITIONS ALLOWING EMISSIONS TRADING UNDER A FEDERALLY ENFORCEABLE EMISSIONS CAP TO BE ESTABLISHED IN THE PERMIT, PLEASE DECLARE THE INFORMATION ON AN APC FORM(S) OR ON ADDITIONAL SHEET(S). UNLESS OTHERWISE REQUESTED AS A LIMITING CONDITION, PERMIT IS BASED ON 8,760 HRS/YR.

- ITEM 3 PROVIDE THE STACK IDENTIFICATION NUMBER OR ID OF THE STACK(S) WHICH EXHAUSTS THIS EQUIPMENT. THIS NUMBER SHOULD ALSO APPEAR ON THE APC FORM V.3.
- ITEM 7 ENTER THE NAME OF THE POLLUTANT THAT YOU ARE CONTROLLING TO MEET APPLICABLE REQUIREMENTS AND THE OVERALL EFFICIENCY OF THE CONTROL DEVICE FOR EACH POLLUTANT EMITTED. PLEASE INDICATE HOW THE DATA ENTERED IN THIS TABLE WAS OBTAINED (STACK TEST OR MANUFACTURER SUPPLIED GUARANTEES, ...etc)
- ITEM 8 DISCUSS HOW COLLECTED MATERIAL IS CONTAINED, TRANSPORTED, AND ITS INTENDED DESTINATION, SUCH AS THE LOCAL WASTE WATER TREATMENT PLANT OR SANITARY LANDFILL.
- ITEM 9 STATE IF THE BAGS ARE COATED WITH A MATERIAL TO ENHANCE COLLECTION EFFICIENCY (SUCH AS LIME FOR ACID GAS CONTROL). IF THE ANSWER IS YES, THEN LIST THE COATING MATERIAL AND FREQUENCY OF COATING.
- ITEM 10 IF THE BAGHOUSE IS IN ASBESTOS SERVICE, PROVIDE INFORMATION DEMONSTRATING THAT ALL OF THE PROVISIONS OF SUBPARAGRAPH 1200-3-11-.02(3)(a) OF THE TENNESSEE AIR POLLUTION CONTROL REGULATIONS ARE BEING MET AND THAT THE REPORTING REQUIREMENTS OF PARAGRAPH 1200-3-11-.04(4) OF THE TENNESSEE AIR POLLUTION CONTROL REGULATIONS ARE BEING MET. USE A SEPARATE SHEET.
- ITEM 12 PAGE NUMBER MUST BE FILLED IN. REVISION NUMBER AND DATE OF REVISION ARE TO BE FILLED IN ONLY IF THE INFORMATION ON THIS FORM IS BEING REVISED.

IF ANY ITEM ON THIS APPLICATION IS NOT APPLICABLE TO THIS FACILITY, THE ITEM MUST BE FILLED IN WITH "NOT APPLICABLE" OR "N/A".