



**Kansas Department of Health and Environment
Division of Environment
Bureau of Air and Radiation**

MIST ELIMINATOR

- 1) Source ID Number: _____
- 2) Company/Source Name: _____
- 3) Mist Eliminator identification number or designation: _____
- 4) What emission unit(s) or source(s) of emissions is(are) vented to the mist eliminator?
 - a. _____
 - b. _____
 - c. _____
 - d. _____
- 5) Description of particulate collected: _____
- 6) Type of Mist Eliminator: Chevron _____; Mesh _____; Centrifugal _____; Packed Bed _____;
Other _____
- 7) Manufacturer: _____
Date of Manufacture: _____
Model No.: _____
Rated Control Efficiency: _____ %
Capture Efficiency: _____ %
Date of Installation: _____
- 8) If a fiber/packed bed, provide nominal pressure drop: _____ inches of H₂O
- 9) Is there a device provided to measure pressure drop across the eliminator? _____
If yes, specify device: _____
- 10) Volume of gas cleaned: _____ cfm
- 11) Temperature of gas cleaned: _____ °F
- 12) Emission discharge to atmosphere _____ ft. above grade through stack or duct _____ diameter at _____ °F temperature, with _____ cfm flow rate and _____ fps velocity.