



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

DEMISTER

- 1) Source ID Number: _____
- 2) Company/Source Name: _____
- 3) Demister identification number or designation: _____
- 4) What emission unit(s) or source(s) of emissions is(are) vented to the demister?
 - a. _____
 - b. _____
 - c. _____
 - d. _____
- 5) Description of pollutant(s) collected: _____
- 6) Manufacturer: _____
Model No.: _____
Date of Manufacture: _____
Date of Installation: _____
Rated Collection Efficiency: _____ %
Capture Efficiency: _____ %
- 7) Area of Demister: _____ sq.ft.; Thickness of Demister _____ inches
- 8) Volume of gas thru Demister: _____ cfm
- 9) Nominal Pressure Drop: _____ inches of H₂O
- 10) Is there a device provided to measure pressure drop across the demister? _____
If yes, specify device: _____
- 11) Performance tests in which emissions from this demister measured:

<u>Pollutant</u>	<u>NSPS Standard</u>	<u>EPA Test Method to be used</u>
_____	_____	_____
_____	_____	_____
- 12) Permit conditions, other applicable requirements which affect this demister. _____
