



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

Air Quality Division

Fiber-Bed Mist Eliminators Operation and Maintenance Record

This information is required by Article II, Part 55 (Air Pollution Control) of P.A. 451 of 1994, as amended, and the Federal Clean Air Act of 1990. Failure to provide this information may result in penalties and/or imprisonment.

Applicable Rule: 40 CFR Part 63, Subpart N--National Emission Standards for Chromium Emissions from Hard and Decorative Chromium Electroplating and Chromium Anodizing Tanks.

NOTE: Affected facilities using a fiber-bed mist eliminator to comply with the chromium emission limit must complete this form. Records must be maintained on file for five years and made available upon request for inspection by the Michigan Department of Environment, Great Lakes, and Energy.

Plant Information

Owner/Operator Name and Title: _____

Plant Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Plant Contact Name and Title: _____

Plant Phone with Area Code: _____

Plant Street Address (If different than Owner/Operators):

City: _____ State: _____ ZIP Code: _____

State Registration Number (SRN) If Known: _____

Tanks Ducted to Control System

| Tank ID # | Type of Tank (i.e., hard chrome, decorative chrome or chrome anodizing) |
|-----------|--|
| | |
| | |
| | |
| | |

Inspection/Maintenance Checklist

Inspections and maintenance of process tank(s), control devices and monitoring equipment should be conducted on a quarterly basis or per manufacturer's recommendations where noted. Visually inspect the fiber-bed unit and prefiltering device to ensure there is proper drainage, no chromic acid build up in the unit and no evidence of chemical attack on the structural integrity of the device. Inspect the ductwork from the tank(s) to the control device to check for leaks. Follow the manufacturer's recommendations when performing washdown of fiber elements.

Insert inspector's initials in boxes below inspection date.

| Control Device Inspection | Month/Day/Year | Month/Day/Year | Month/Day/Year |
|-----------------------------------|----------------|----------------|----------------|
| Inlet and Outlet Transition Zones | | | |
| Spray Nozzles | | | |
| Fiber Beds | | | |
| Prefiltering Device | | | |
| Drain Lines | | | |
| Fan Motor | | | |
| Fan Vibration | | | |

This is a master copy. Please make copies from this master copy.

Monitoring Equipment Inspection

| Monitoring Equipment Inspection | Month/Day/Year | Month/Day/Year | Month/Day/Year |
|--|----------------|----------------|----------------|
| Pressure Lines Connected | | | |
| Pressure Drop Monitors Calibrated | | | |

Control Device Maintenance

| Control Device Maintenance | Month/Day/Year | Month/Day/Year | Month/Day/Year |
|-------------------------------------|----------------|----------------|----------------|
| Washdown of Fiber Beds ¹ | | | |

¹ Frequency of maintenance per manufacturer’s recommendations.

Corrective Actions

Maintenance performed on control equipment, process tank(s) and monitoring equipment must be documented. Record items such as type of maintenance performed and the time out of service. Be sure to include the date and initials of the person performing the maintenance.

Corrective Action 1 – Type of maintenance performed and time out of service:

Date: _____ Initials: _____ Supervisor Informed: Yes No

Corrective Action 2 – Type of maintenance performed and time out of service:

Date: _____ Initials: _____ Supervisor Informed: Yes No

Corrective Action 3 – Type of maintenance performed and time out of service:

Date: _____ Initials: _____ Supervisor Informed: Yes No

Corrective Action 4 – Type of maintenance performed and time out of service:

Date: _____ Initials: _____ Supervisor Informed: Yes No

NOTE: This checklist contains only the minimum requirements and does not include all of the system checks that need to be performed to ensure proper operation of the control system. Facilities should incorporate information recommended by the control system vendor.

People with disabilities may request this material in an alternate format by emailing EGLE-Accessibility@Michigan.gov or calling 800-662-9278.

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