



FORM 400-E-1b
PARTICULATE MATTER CONTROL
CYCLONE SEPARATOR

Mail Application To:
 SCAQMD
 P.O. Box 4944
 Diamond Bar, CA 91765

Tel: (909) 396-3385

www.aqmd.gov

This form must be accompanied by a completed Application for a Permit to Construct/Operate -Form 400A, Form CEQA, Plot Plan and Stack Form

Permit to be issued to (Business name of operator to appear on permit):
Address where the equipment will be operated (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site): <div style="text-align: right;"> Fixed Location Various Locations </div>

SECTION A: EQUIPMENT DESCRIPTION

Equipment	Manufacturer:	Model No:																		
Dimensions		Particulate Size Distribution Data																		
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Micron range</th> <th style="width: 25%;">Particle Size Distribution Wt %</th> <th style="width: 50%;">Manufacturer's Guaranteed removal efficiency for each micron range</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0.5 -1.0</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">1.0 -5.0</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">5-10</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">10-20</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Over 20</td> <td></td> <td></td> </tr> </tbody> </table>	Micron range	Particle Size Distribution Wt %	Manufacturer's Guaranteed removal efficiency for each micron range	0.5 -1.0			1.0 -5.0			5-10			10-20			Over 20		
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Give Dimensions of Cyclone (See sample sketch): <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;">1. B</td> <td style="padding: 0 10px;">in.</td> <td style="padding: 0 10px;">5. Z</td> <td style="padding: 0 10px;">in.</td> </tr> <tr> <td style="padding: 0 10px;">2. H</td> <td style="padding: 0 10px;">in.</td> <td style="padding: 0 10px;">6. D</td> <td style="padding: 0 10px;">in.</td> </tr> <tr> <td style="padding: 0 10px;">3. S</td> <td style="padding: 0 10px;">in.</td> <td style="padding: 0 10px;">7. A</td> <td style="padding: 0 10px;">in.</td> </tr> <tr> <td style="padding: 0 10px;">4. L</td> <td style="padding: 0 10px;">in.</td> <td style="padding: 0 10px;">8. J</td> <td style="padding: 0 10px;">in.</td> </tr> </table>		1. B	in.	5. Z	in.	2. H	in.	6. D	in.	3. S	in.	7. A	in.	4. L	in.	8. J	in.			
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4. L	in.	8. J	in.																	
Type of Cyclone	<input type="checkbox"/> Wet <input type="checkbox"/> Dry																			
Type of Cyclone Unit	<input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Quadruple <input type="checkbox"/> Multiclone																			
Blower	Blower Horsepower: H.P. Design Flow Rate: SCFM Draft: <input type="checkbox"/> Forced <input type="checkbox"/> Induced																			
Design Criteria	Cyclone Configuration: <input type="checkbox"/> Positive Pressure <input type="checkbox"/> Negative Pressure																			
Pre-Treatment Device	<input type="checkbox"/> Cyclone <input type="checkbox"/> Precooler <input type="checkbox"/> Preheater <input type="checkbox"/> Knock-Out Chamber <input type="checkbox"/> None																			
Post-Treatment Device	<input type="checkbox"/> Baghouse/Cartridge <input type="checkbox"/> HEPA <input type="checkbox"/> Other:																			

SECTION B: PROCESS STREAM CHARACTERISTICS

Brief Description of Process	Please include a process flow diagram and engineering drawing of the filter system and material processed. In the space provided, indicate what equipment is vented to the cyclone and how material is handled and disposed.
Flow Data	<p>Gas stream temperature: _____ °F</p> <p>Pressure drop range: High in. H₂O Low in. H₂O</p> <p>Inlet flow rate: _____ ACFM</p> <p>Moisture content: _____ grams of water/cubic feet (ft³) of dry air</p> <p>Dew point temperature of process stream: _____ °F</p>
Dust Collection Device	<p>Preumatic Conveyor Drag Conveyor Closed Container</p> <p>Rotary Airlock Values Double Dump</p> <p>Screw Conveyors Manual Discharge Device: Slide Gate Hinged Doors or Drawers</p>
Operating Schedule	<p>Normal: hours/day days/week weeks/yr</p> <p>Maximum: hours/day days/week weeks/yr</p>

SECTION C: APPLICANT CERTIFICATION STATEMENT

I hereby certify that all information contained herein and information submitted with this application is true and correct.

SIGNATURE OF PREPARER:	TITLE OF PREPARER:	PREPARER'S TELEPHONE NUMBER:
		PREPARER'S E-MAIL ADDRESS:
CONTACT PERSON FOR INFORMATION ON THIS EQUIPMENT:	CONTACT PERSON'S TELEPHONE NUMBER:	DATE SIGNED:
E-MAIL ADDRESS:	FAX NUMBER:	

CONFIDENTIAL INFORMATION

Under the California Public Records Act, all information in your permit application will be considered a matter of public record and may be disclosed to a third party. If you wish to keep certain items as confidential, please complete the following steps:

(a) Make a copy of any page containing confidential information blanked out. Label this page "public copy."
 (b) Label the original page "confidential." Circle all confidential items on the page.
 (c) Prepare a written justification for the confidentiality of each confidential item. Append this to the confidential copy.