



**Form 400-E-1b
Particulate Matter Control
Cyclone Separator**



This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Mail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944
Tel: (909) 396-3385
www.aqmd.gov

Section A - Operator Information

Facility Name (Business Name of Operator That Appears On Permit): _____ Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): _____

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): _____

Fixed Location Various Locations

Section B - Equipment Description

Equipment: _____ Manufacturer: _____ Model No.: _____

FRONT VIEW TOP VIEW

Give Dimensions of Cyclone (See sample sketch):

1. B _____ in. 5. Z _____ in.
 2. H _____ in. 6. D _____ in.
 3. S _____ in. 7. A _____ in.
 4. L _____ in. 8. J _____ in.

Particulate Size Distribution Data	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		

Type of Cyclone: Wet Dry

Type of Cyclone Unit: Single Dual Quadruple Multiclone

Blower: Blower Horsepower: _____ H.P. Design Flow Rate: _____ SCFM
 Draft: Forced Induced

Design Criteria: Cyclone Configuration: Positive Pressure Negative Pressure

Pre-Treatment Device: Cyclone Precooler Preheater Knock-Out Chamber None

Post-Treatment Device: Baghouse/Cartridge HEPA Other: _____

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Section C - 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	Gas Stream Temperature: _____ °F Pressure Drop Range: High _____ in. H ₂ O Low _____ in. H ₂ O Inlet Flow Rate: _____ ACFM Moisture Content: _____ grams of water/cubic feet (ft ³) of dry air Dew Point Temperature of Process Stream: _____ °F									
Dust Collection Device	<table style="width:100%; border:none;"> <tr> <td style="width:33%;">Pneumatic</td> <td style="width:33%;">Drag Conveyor</td> <td style="width:33%;">Closed Container</td> </tr> <tr> <td>Rotary Airlock Valves</td> <td>Double Dump</td> <td></td> </tr> <tr> <td>Screw Conveyors</td> <td>Manual Discharge Device:</td> <td>Slide Gate Hinged Doors or Drawers</td> </tr> </table>	Pneumatic	Drag Conveyor	Closed Container	Rotary Airlock Valves	Double Dump		Screw Conveyors	Manual Discharge Device:	Slide Gate Hinged Doors or Drawers
Pneumatic	Drag Conveyor	Closed Container								
Rotary Airlock Valves	Double Dump									
Screw Conveyors	Manual Discharge Device:	Slide Gate Hinged Doors or Drawers								
Operating Schedule	Normal: _____ hours/day _____ days/week _____ weeks/yr Maximum: _____ hours/day _____ days/week _____ weeks/yr									

Section D - Authorization/Signature

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

Preparer Info	Signature: _____ Date: _____ Title: _____ Company Name: _____	Name: _____ Phone #: _____ Fax #: _____ Email: _____
Contact Info	Name: _____ Title: _____ Company Name: _____	Phone #: _____ Fax #: _____ Email: _____

THIS IS A PUBLIC DOCUMENT

Pursuant to the California Public Records Act, your permit application and any supplemental documentation are public records and may be disclosed to a third party. If you wish to claim certain limited information as exempt from disclosure because it qualifies as a trade secret, as defined in the District's Guidelines for Implementing the California Public Records Act, you must make such claim at the time of submittal to the District.

Check here if you claim that this form or its attachments contain confidential trade secret information.