

CYCLONES WORKSHEET INSTRUCTIONS

How to Complete this Worksheet

- Submit this worksheet as a supplemental document to an *Application for a Minor Source Authority to Construct/Permit to Operate*. If submitting this worksheet without a permit application, or in response to an AQMD request for supplemental information, locate and check the “Supplemental Information” box at the top left of Page 2.
- The worksheet must be filled out completely for all items that are applicable, except where noted as optional.
- The *Application for a Minor Source Authority to Construct/Permit to Operate*, all applicable emission unit and/or control device worksheet(s), and payment should be hand delivered to the AQMD drop box located ([here](#)), or mailed to:
NNPH, AQMD
1001 E. Ninth Street, Suite B171
Reno, NV 89512
- Other forms that may be required in addition to this worksheet:
 - For emission control equipment, use the appropriate *Emission Control Device Worksheet (Control Device, Cyclone, Flare, Fabric Filter/Baghouse, or Scrubber)* and duplicate as needed. Be sure to indicate the emission unit that the control equipment is affecting.
 - If not operating on grid power and/or if there is an engine on site, use the *Internal Combustion Engine Worksheet*.
- **More detailed instructions can be found on page 3.**

Assistance and Resources

The Business Environmental Program, operated through the University of Nevada, is a free and confidential program designed to help small businesses in Washoe County comply with local and federal environmental regulations. This service may be contacted at 800.882.3233 or help@unrbep.org. The Business Environmental Program may provide information on completing this air quality application. They can also provide assistance in reviewing options for emission control equipment and submitting annual emissions.



Visit this link to learn more about working with BEP: <https://unrbep.org/about-bep/working-with-bep/>

- District Board of Health Regulations Governing Air Quality Management: <https://www.washoecounty.gov/health/programs-and-services/air-quality/regulations/index.php>
- The Air Quality Management Division Permitting Department can be contacted at 775.784.7200 Option 6 or AQMDPermitting@NNPH.org.

FOR AQMD USE ONLY

CYCLONES WORKSHEET

Permit No.:

Supplemental Information

| Facility Information | | | | | |
|---|--|-----------------------|-------------------------|---|------------------------|
| 1. New Permit | | Permit Modification | | 2. Existing facilities only. Permit Number: | |
| 3. Facility Name: | | | | | |
| 4. Facility Address: | | | | | |
| City: | | State: | | ZIP Code: | |
| Specifications | | | | | |
| 5. Manufacturer: | | | 6. Date of Manufacture: | | |
| 7. Model No.: | | | 8. Serial No.: | | |
| 9. Rated Control Efficiency (%): | | Pollutant: | | PM | PM ₁₀ |
| | | | | PM _{2.5} | Other (specify): |
| 10. Normal pressure drop across filter/baghouse: | | Max. inches of water: | | Min. inches of water: | |
| 11. Device measuring pressure drop: | | N/A | Magnehelic Gauge | Monometer | Other (specify): |
| 12. Cyclone collector type: | | Single | Multicone | Inlet Vane | Vertical |
| | | Other (specify): | | | |
| 13. Emission unit(s) or process(es) venting emissions to the cyclone: | | | | | |
| Supplemental Information (Optional) | | | | | |
| Inlet gas flow rate: | | | cfm at | °F | Exhaust gas flow rate: |
| | | | | | cfm at |
| | | | | | °F |
| Exhaust Stack Parameters: | | Height (feet): | | Diameter (inches): | |
| | | Flow Rate (cfm): | | Velocity (fps): | |
| | | | | Temperature (°F): | |

Attach flow diagram(s) and manufacturer's specification sheet(s).

All information above this line is required (unless marked optional) for this form to be considered complete. Duplicate sheet as needed.

DETAILED WORKSHEET INSTRUCTIONS

Facility Information

1. Specify if the worksheet is for a new permit or for modification of an existing permit by checking the appropriate box.
2. **For existing facilities only.** Provide the permit number, which can be found at the top of page 1 of the existing Permit to Operate (ex. AAIRXX-XXXX).
3. Provide the facility name as it appears on the *Application for a Minor Source Authority to Construct/Permit to Operate*. If a permit already exists for this operation, enter the name as it appears on the existing permit, which can be found at the top of page 1 of the existing the Permit to Operate where it says, "Permit Issued To".
4. Provide the facility address.

Specifications

- 5-8. Specify the manufacturer, date of manufacture, model number, and serial number of the cyclone.
9. Specify the rated control efficiency of the cyclone and the associated pollutant.
10. Specify the high and low range pressure drop across the cyclone in inches of water.
11. Specify the type of device measuring the pressure drop across the cyclone.
12. Specify the type of cyclone.
13. Provide the emission unit(s) and/or process(es) vented to the cyclone. Include the emission unit number.

Supplemental Information (Optional)

The information in this section is not required but may assist in processing the application.

- Specify the inlet gas flow rate (cfm) and temperature (°F).
- Specify the exhaust gas flow rate (cfm) and temperature (°F).
- Specify the cyclone exhaust stack parameters:
 - The height above the grade through the stack or duct (feet)
 - Stack diameter (inches)
 - Exhaust temperature (°F)
 - Flow rate in cubic feet per minute
 - Velocity in feet per second