

CYCLONE WORKSHEET INSTRUCTIONS

Be sure to review the following instructions prior to completing this application. More detailed instructions can be found on Page 3.

- a. Submit this worksheet as a supplemental document to an *Application for 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.
- b. The worksheet must be filled out completely for all items that are applicable, except where noted as optional.
- c. The Application for 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

- d. Other forms that may be required in addition to this worksheet:
 - For emission control equipment, use the appropriate Emission Control Device Worksheet (Control Device, Fabric Filter/Baghouse, Flare, or Scrubber) and duplicate as needed. Be sure to indicate the emission unit (Emission Unit ID) that the control equipment is affecting.
 - o If not operating on grid power and/or if there is an engine on site, use the *Internal Combustion Engine Worksheet*.

ASSISTANCE AND RESOURCES

District Board of Health Regulations Governing Air Quality Management: https://www.nnph.org/programs-and-services/air-quality/regulations/index.php

The Air Quality Management Division Permitting Department can be contacted at (775) 784-7200 or AQMDPermitting@nnph.org.



CYCLONES WORKSHEET

FOR AQMD USE ONLY Permit No.:						
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Supplemental Information

Facility Information							
1. New Permit Permit Modification							
2. Existing facilities only. Permit Number (AAIRXX-XXXX):							
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(s) Controlled: 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 Horizontal Other (specify):							
13. Emission unit(s) or process(es) venting emissions to the cyclone:							
Supplemental Information (O	ptional)						
Inlet gas flow rate: cfm a	t °F	Exhaust o	gas flow rate:	cfm at	°F		
Exhaust Stack Parameters							
Temperature (°F):	Flow Rate (cfm): Velocity (fps):		(fps):				
Height (feet): Diameter (inches):							

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