



Louisville Metro Air Pollution Control District

Form: AP-1208

Cyclone

Mail Application To:
Louisville Metro APCD
850 Barret Avenue
Louisville, KY 40204

Application For Permit To Construct, Reconstruct, Install,
Modify, or Operate Process or Process Equipment

(502) 574-6000
FAX: (502) 574-5137
www.louisvilleky.gov/apcd

Section A: Owner/Operator Information

Business Name of Owner /Operator To Appear On The Permit:

Owner's Business Name (only if different from Business Name of Owner/Operator):

Section B: Equipment Location

Equipment Location Address:

Street Address

City State Zip Code

Responsible Official Name:

Responsible Official Title:

Phone:

Fax:

E-Mail:

Section C: Permit Mailing Address

Permit and Correspondence information:

Check here if same as equipment location address.

Street Address

City State Zip Code

Contact Name:

Contact Title:

Phone:

Fax:

E-Mail:

Section D: Application Type

Reason for Submitting Application (Select all that apply):

- New Construction /Installation
Modification
Reconstruction
Operation
Change of Ownership
Change of Location
Administrative Change

Date of Construction, Modification, Installation or Operation:

(MM/DD/YYYY)

Estimated Start Date:

Actual Start Date:

In accordance with District regulations 2.03, Section 1, you may not construct, install, modify, or operate an affected facility unless a permit has been issued by the District (LMAPCD). Please complete all requested information in this application. Incomplete applications may result in denial of issuing a permit to construct and operate process or process equipment.

Section E: Facility Business Information

What type of business is being conducted at this equipment location?

SIC Code

Section F: Authorization/Signature I hereby certify that all information contained herein and information submitted with this application is true and correct.

Signature of Responsible Official:

Title:

Print Name:

Date:

LMAPCD Use Only

Application Tracking #:

Assigned Engineer:

Permit No(s):

Plant ID #:

NAICS Code:

Section G: Equipment Information	
Manufacturer:	
Model:	
Serial Number:	
Are outlet straightening vanes used? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Draft Type: <input type="checkbox"/> Forced Draft <input type="checkbox"/> Induced	
Method of Collection: <input type="checkbox"/> Wet <input type="checkbox"/> Multiclone <input type="checkbox"/> Dry <input type="checkbox"/> In-Series <input type="checkbox"/> Single-Stage <input type="checkbox"/> Other (Specify):	
<i>If the collector is a multiclone, complete the following:</i>	
Is there more than one size cyclone in the multiclone? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, what is the number of difference sized cyclones in multiclone:	
Minimum Collection Efficiency:	%
Total Particulate Removal Efficiency:	%
PM ₁₀ Removal Efficiency:	%
PM _{2.5} Removal Efficiency:	%
Attach the manufacturer's specification sheet for the inertial and/or cyclone and the particle size removal efficiency curve and basis of determination.	
Section H: Cyclone Cylinder Information	
<i>For First Cyclone Cylinder Size:</i>	
Cylinder Size Identification:	
Number of Individual Cyclones:	
Length of Cyclone Cylinder:	feet
Diameter of Cyclone Cylinder:	feet
Length of Cyclone Cone:	feet
Inlet Diameter of Cyclone:	feet
Inlet Duct Area of Cyclone:	square feet
Outlet Diameter of Cyclone:	feet
Outlet Duct Area of Cyclone:	square feet
Are any cyclone tubes blanked off? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, Describe:	
<i>For Second Cylinder Size:</i>	
If there are more than two cylinder sizes, attach additional copies of this page as needed.	
Cylinder Size Identification:	
Number of Individual Cyclones:	
Length of Cyclone Cylinder:	feet
Diameter of Cyclone Cylinder:	feet
Length of Cyclone Cone:	feet
Inlet Diameter of Cyclone:	feet
Inlet Duct Area of Cyclone:	square feet
Outlet Diameter of Cyclone:	feet
Outlet Duct Area of Cyclone:	square feet
Are any cyclone tubes blanked off? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, describe:	

Section I: Contaminant Information			
Percent of Each Contaminant in the Waste Gas and Removal Efficiency			
If more than five contaminants are present, attach additional copies of this page as needed.			
Contaminant Name	Contaminant CAS Number	Percent of Waste Gas	Removal Efficiency
		%	%
		%	%
		%	%
		%	%
		%	%
Section J: Gas Stream Information			
Maximum Inlet Volumetric Gas Flow Rate:	acfm at	° F and	% moisture
Maximum Outlet Volumetric Gas Flow Rate:	acfm at	° F and	% moisture
Inlet Velocity:	feet/min at	° F and	% moisture
Pressure Drop Across Collector:	inches water		
Is an exhaust gas recirculation loop used?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, describe the exhaust gas recirculation loop:			
Section K: Stack Information			
Stack Height Above Grade:	feet		
Stack Exit Diameter:	feet		
<i>(Provide stack dimensions if rectangular stack)</i>			
Is a stack cap present?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Stack Configuration:	<input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Downward – Venting		
<i>(Check all that apply)</i> <input type="checkbox"/> Other (Specify):			
Stack Exit Gas Temperature:	° F	Stack Exit Gas Flow Rate:	ACFM
Distance to Nearest Property Line:	feet		
Describe nearest obstruction:			
Height of Nearest Obstruction:	feet	Distance to Nearest Obstruction:	feet
Are stack sampling ports provided? <input type="checkbox"/> YES <input type="checkbox"/> NO			

