



FOR APPLICANT'S USE

Revision #: _____
 Date: ____ / ____ / ____
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 Source Designation: _____

SUPPLEMENTAL FORM AIR POLLUTION CONTROL CYCLONE (260D)	FOR AGENCY USE ONLY
	ID NUMBER: _____
	CONTROL EQUIPMENT #: _____
DATE: _____	

DATA AND INFORMATION		
1) FLOW DIAGRAM DESIGNATION OF CYCLONE: _____		
2) TYPE OF CYCLONE (CHECK ONE):		
<input type="checkbox"/> SIMPLE	<input type="checkbox"/> MULTIPLE; NUMBER OF CYCLONES IN EACH: _____	<input type="checkbox"/> WET
3) FEED METHOD:		
<input type="checkbox"/> TANGENTIAL	<input type="checkbox"/> AXIAL	
4a) INLET EMISSION STREAM PARAMETERS:		
	MAX	TYPICAL
PARTICULATE INLET LOADING(GRAINS/SCF):	[]	[]
b) MEAN PARTICLE DIAMETER (MICRONS): _____		
5) CYCLONE OPERATING PARAMETERS:		
	DURING MAXIMUM OPERATION OF FEEDING UNIT(S)	DURING TYPICAL OPERATION OF FEEDING UNIT(S)
INLET FLOW RATE (SCFM):	[]	[]
INLET GAS TEMPERATURE (DEGREES F°):	[]	[]
EFFICIENCY (PM REDUCTION):	[] (%)	[] (%)
EFFICIENCY (PM10 REDUCTION):	[] (%)	[] (%)

THIS AGENCY IS AUTHORIZED TO REQUIRE THIS INFORMATION UNDER ILLINOIS REVISED STATUTES, 1991, AS AMENDED 1992, CHAPTER 111 1/2, PAR. 1039.5. DISCLOSURE OF THIS INFORMATION IS REQUIRED UNDER THAT SECTION. FAILURE TO DO SO MAY PREVENT THIS FORM FROM BEING PROCESSED AND COULD RESULT IN THE APPLICATION BEING DENIED. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

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