

Air Quality Permit Application

Form 7.0: Control Equipment Information

FACILITY NAME: _____ **DATE:** _____

NDEE Facility ID#: _____ **Emission Point ID#:** _____

Section 7.4: Wet Scrubber

IMPORTANT: READ THE INSTRUCTIONS ACCOMPANYING THIS SECTION BEFORE COMPLETING.					
Do NOT use pencil to fill out this application. Please type responses or print using black ink.					
General Information					
1) Control Equipment ID#:			2) Installation Date:		<input type="checkbox"/> New Unit
3) Control Equipment Name/Description:					
4) Unit Information					
List all emission units that are controlled by the wet scrubber:					
Unit ID#	Unit Type	Unit Name	Maximum Capacity (include units)	Installation Date	New Unit
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
If more than four units' emissions are controlled by this wet scrubber, attach additional pages so that all emission units are accounted for.					
5) Wet Scrubber Information					
Manufacturer		Model Name		Model Number	System Type
6) Throat Type					
Fixed <input type="checkbox"/>		Variable <input type="checkbox"/>		Not applicable <input type="checkbox"/> Throat Dimensions (units):	
7) Packing Tower Information					
Packing Tower Dimensions (units):			Packing Type:		Packing Size (units):
Liquid Introduction Mechanism Yes <input type="checkbox"/> No <input type="checkbox"/>			Describe:		
Mist Eliminator Present Yes <input type="checkbox"/> No <input type="checkbox"/>					
8) Operational Information					
Inlet Air Flow (acfm):			Outlet Air Flow (acfm):		
Minimum Pump Discharge Pressure (inches water):			Maximum Pump Discharge Pressure (inches water):		
Describe Pump Discharge Pressure Monitoring:					
Additive Liquid Scrubbing Medium Type:					
Percent of Scrubbing Medium Re-circulated:			Scrubbing Medium Make-up Rate (gal/min):		
Minimum Operating Liquid Flow Rate (gal/min):			Maximum Operating Liquid Flow Rate (gal/min):		
Minimum Operating Pressure Drop (inches water):			Maximum Operating Pressure Drop (inches water):		
Describe Relative Direction of Gas-Liquid Flow:					
Describe Maintenance:					
9) Monitoring					
Equipment:	Flow Gauge(s) <input type="checkbox"/>	Other: <input type="checkbox"/>	Describe:		
Monitoring:	Continuous <input type="checkbox"/>	Non-continuous <input type="checkbox"/>	Test Port(s) Present: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Describe Monitoring:					

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Section 7.4: Wet Scrubber (continued)

10) Control Information			
Uncontrolled Emission Rate (lb/hr):		Controlled Emission Rate (lb/hr):	
Pollutant Form:	Gas: <input type="checkbox"/>	Particulate: <input type="checkbox"/>	Gas and Particulate: <input type="checkbox"/>
Pollutant:		Capture Efficiency (%):	
Pollutant:		Capture Efficiency (%):	
Pollutant:		Capture Efficiency (%):	
Test or Manufacturer's Data Available: Yes <input type="checkbox"/> No <input type="checkbox"/> Test or Manufacturer's Data Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>			
11) Potential to Emit Calculations Attached?			<input type="checkbox"/> YES
12) Additional Information Attached?			<input type="checkbox"/> YES <input type="checkbox"/> NO

Complete the following ONLY if completing this Section as Part of an Operating Permit Application

13) Actual Operating Information					
Provide the operating hours of this baghouse for the past five years (past year if new unit):					
Year					
Hours Operated					
14) Actual Emission Calculations Attached?					<input type="checkbox"/> YES
15) Additional Information Attached?					<input type="checkbox"/> YES <input type="checkbox"/> NO