



Form 400-E-3 Scrubber

Mail To:
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 Diamond Bar, CA 91765-0944
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 www.aqmd.gov

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Section A - Operator Information

Facility Name (Business Name of Operator That Appears On Permit): _____ **Valid AQMD Facility ID** (Available On Permit Or Invoice Issued By AQMD): _____

Address where the equipment will be operated (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site): _____

Fixed Location Various Locations

Section B - Equipment Description

Equipment	Manufacturer: _____		Model No.: _____	
Type	Dry Scrubber Wet Scrubber: _____ Select Type(s) of Wet Scrubber			
	Packed Bed	Orifice	Condensation Scrubbing	
	Tray/Plate	Spray Chamber		
	Venturi:	Wet Approach	Flood Disc	Throat Inlet
	Flow Type:	Concurrent	Counter-Current	Configuration: Vertical Horizontal
Dimension	Height: _____ ft. Diameter: _____ ft. Length: _____ ft.			
Purpose (To Remove)	Odor	Inorganic Fumes and Gases (type) _____		
	NOx	Particulate (type) _____		
	SOx	Other _____		
Components	Packed Bed:	Type of packing material: _____		
		Manufacturer: _____	Number of Transfer Unit (NTUs): _____	
		Packing Factor: _____	Height of Transfer Units (HTU): _____ ft.	
		Packing Size: _____	Pressure Drop: _____ in. H ₂ O/ft.	
		Height of Packing Material: _____ ft.	Bed Face Dimensions: _____ ft ²	
	Venturi:	Throat Diameter: _____ in.		Throat Length: _____ in.
		Pressure Drop Across Throat: _____ in. of water		Throat Velocity: _____ ft./min
		Contacting Rate Power (hp/1000 scfm): _____		Drop Diameter: _____ microns
Scrubbing Liquid Medium	Scrubbing Liquor Composition		Weight %	
	Scrubbing Solution:		Temperature: _____ °F	
	Once Through	Recirculated	Blown-Down Rate: _____ gpm	
	Ph of Scrubbing Medium (range): _____			
	Auto Caustic Injection?	Yes No	Feed Rate: _____ gpm	
		Ph Meter Present? Yes No	Make-Up Rate: _____ gpm	
	Pump HP: _____	Stand By Pump H.P.: _____	Size of Recirculation Tank: _____ gal	
Exhaust System	HP _____ Flow Rate: _____ ACFM			

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Section B - Equipment Description (cont.)

Pre-Treatment	<p>Describe any pre-treatment and gas stream conditioning processes (e.g. gas cooling, gas reheating, gas humidification). Also describe equipment vented to this scrubber.</p> <p>Is a mist eliminator present to the inlet to the scrubber? Yes No</p> <p>If Yes, Type: _____ Model #: _____</p> <p>Pressure Drop: _____ in. of water</p>
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Section C - Waste Gas Stream Characteristics

Brief Description of Process	Please supply an assembly drawing, dimensioned to scale, to show clearly the operation of the control system, including all equipment vented.
Waste Gas Stream	<p>Gas Flow Rate (maximum): _____ ACFM Gas Flow Rate (expected): _____ ACFM Inlet Pressure: _____ psia</p> <p>Temperature Inlet: _____ °F Temperature Outlet: _____ °F</p>
Operating Parameters	Pressure Drop Across Scrubber: _____ in. of water Aerodynamic Particle Diameter: _____ microns
Post Treatment	<p>Present at the outlet to the scrubber? Yes No</p> <p>If Yes, indicate type: Mist Eliminator High Efficiency Particulate Arrestors (HEPA)</p> <p>Other _____</p> <p>Model #: _____ Pressure Drop: _____ in. of water</p>
Instrumentation	Describe instrumentation data for measuring flow, pressure drop, audible alarms, and other operating parameters (attach description, if necessary):
Operating Schedule	<p>Normal: _____ hours/day _____ days/week _____ weeks/yr</p> <p>Maximum: _____ hours/day _____ days/week _____ weeks/yr</p>

Section D - Authorization/Signature

I hereby certify that all information contained herein and information submitted with this application is true and correct.

Preparer Info	Signature: _____	Date: _____	Name: _____
	Title: _____	Company Name: _____	Phone #: _____ Fax #: _____
Contact Info	Name: _____	Phone #: _____	Fax #: _____
	Title: _____	Company Name: _____	Email: _____

THIS IS A PUBLIC DOCUMENT

Pursuant to the California Public Records Act, your permit application and any supplemental documentation are public records and may be disclosed to a third party. If you wish to claim certain limited information as exempt from disclosure because it qualifies as a trade secret, as defined in the District's Guidelines for Implementing the California Public Records Act, you must make such claim at the time of submittal to the District.

Check here if you claim that this form or its attachments contain confidential trade secret information.