



South Coast Air Quality Management District

# Form 222-CT Registration for Industrial Cooling Towers

**Mail To:**  
SCAQMD  
P.O. Box 4944  
Diamond Bar, CA 91765-0944  
Tel: (909) 396-3385  
www.aqmd.gov



**Complete one form per equipment.**

### Section A - Operator Information

1. Facility Name (Business Name of Operator):		2. Valid AQMD Facility ID (Leave blank if a new business):
3. Owner's Business Name (If different from Business Name of Operator): <input type="checkbox"/> Check here if change of operator		

### Section B - Equipment Location Address      Section C - Business Mailing Address

4. Equipment Location Is:		5. Correspondence Information:	
<input type="checkbox"/> Check here if same as equipment location address			
Street Address		Address	
City _____, CA	Zip _____	City _____, State _____	Zip _____
Contact Name _____	Title _____	Contact Name _____	Title _____
Phone # _____ Ext. _____	Fax # _____	Phone # _____ Ext. _____	Fax # _____
E-Mail: _____		E-Mail: _____	

### Section D - Equipment Information

**Rule 222(c)(17) INDUSTRIAL COOLING TOWER** means a cooling tower located at a chemical plant, refinery or other industrial facility that is not used for comfort cooling. (Amended May 5, 2017)

6.

Cooling Tower ID: \_\_\_\_\_

Cooling Tower Type:     Counterflow       Crossflow       Other \_\_\_\_\_

Water Circulation Rate:    Max \_\_\_\_\_ gpm      Average \_\_\_\_\_ gpm

Average Total Dissolved Solids (TDS) in the recirculating or blowdown water (part per million or mg/L): \_\_\_\_\_

Water Source:     City       Reclaimed/Treated       Other Sources: \_\_\_\_\_

Year of Construction/Installation: \_\_\_\_\_

Drift Eliminator:

Type: \_\_\_\_\_    Material: \_\_\_\_\_    Number of passes: \_\_\_\_\_

Has this ever been retrofitted?     No       Yes      If Yes, When \_\_\_\_\_

**Fees are updated on July 1 of each year.**

**For current fees, please see Rule 301 or go to <http://www.aqmd.gov/home/permits/equipment-registration/rule-222-filing-program>**

### Section E - Authorization/Signature      I hereby certify that all information contained herein and information submitted with this application are true and correct.

7. Signature of Responsible Official:	8. Title of Responsible Official:
9. Print Name:	10. Date:

11. Check List:     Authorized Signature/Date     Fees Enclosed

AQMD USE ONLY		APPLICATION TRACKING #		EQUIPMENT CATEGORY CODE:		FEE \$		VALIDATION	
DATE	A	R	ENG.A DATE	R	CLASS I III	ASSIGNMENT Unit Engineer	CHECK/MONEY ORDER #	AMOUNT \$	TRACKING #