



**Form 400-E-3  
Scrubber**

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.

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

**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**

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

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**Section B - Equipment Description (cont.)**

<b>Pre-Treatment</b>	<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**

<b>Brief Description of Process</b>	Please supply an assembly drawing, dimensioned to scale, to show clearly the operation of the control system, including all equipment vented.
<b>Waste Gas Stream</b>	<p>Gas Flow Rate (maximum): _____ ACFM    Gas Flow Rate (expected): _____ ACFM    Inlet Pressure: _____ psia</p> <p>Temperature Inlet: _____ °F    Temperature Outlet: _____ °F</p>
<b>Operating Parameters</b>	Pressure Drop Across Scrubber: _____ in. of water    Aerodynamic Particle Diameter: _____ microns
<b>Post Treatment</b>	<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>
<b>Instrumentation</b>	Describe instrumentation data for measuring flow, pressure drop, audible alarms, and other operating parameters (attach description, if necessary):
<b>Operating Schedule</b>	<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.

<b>Preparer Info</b>	Signature: _____	Date: _____	Name: _____
	Title: _____	Company Name: _____	Phone #: _____    Fax #: _____
<b>Contact Info</b>	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.