

# Air Quality Permit Application

## Form 7.0: Control Equipment Information

**FACILITY NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DWEE 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: \_\_\_\_\_ ☐ New Unit

3) Control Equipment Name/Description: \_\_\_\_\_

#### 4) Unit Information

List all emission units that are controlled by the wet scrubber.  
Attach the manufacturer specifications for each unit as part of Step 12.

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

Attach the manufacturer specification for the wet scrubber as part of Step 12.

Manufacturer	Model Name	Model Number	System Type

#### 6) Throat Type

Fixed ☐ Variable ☐ Not applicable ☐ Throat Dimensions (units): \_\_\_\_\_

#### 7) Packing Tower Information

Packing Tower Dimensions (units): \_\_\_\_\_ Packing Type: \_\_\_\_\_ Packing Size (units): \_\_\_\_\_

Liquid Introduction Mechanism Yes ☐ No ☐ Describe: \_\_\_\_\_

Mist Eliminator Present Yes ☐ No ☐

#### 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) ☐ Other: ☐ Describe: \_\_\_\_\_

Monitoring: \_\_\_\_\_ Continuous ☐ Non-continuous ☐ Test Port(s) Present: Yes ☐ No ☐

Describe Monitoring: \_\_\_\_\_

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<b>FACILITY NAME:</b> _____	<b>DATE:</b> _____
<b>DWEE Facility ID:</b> _____	<b>Emission Point ID:</b> _____

### 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) Attach Potential to Emit Calculations			<input type="checkbox"/>
12) Attach Manufacturer Specifications for Each Emission Unit Listed in #4, and the Wet Scrubber listed in #5 <input type="checkbox"/>			
13) 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

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