



North Coast Unified Air  
Quality Management District  
707 L Street Eureka, CA  
95501  
(707) 443-3093

# SCRUBBER FORM 1305

Form 1300 must also accompany all submittals.

## Section I - Facility/Application Information

1. Owner/Operator: \_\_\_\_\_

## Section II - Equipment Information

1. Scrubber Type:
- a.  Centrifugal      d.  Packed Bed      g.  Venturi  
 b.  Chemical      e.  Spray Chamber      h.  Other (specify): \_\_\_\_\_  
 c.  Dry      f.  Tray
2. Equipment Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_
3. Dimensions: Diameter: \_\_\_\_\_ feet \_\_\_\_\_ inches; Height: \_\_\_\_\_ feet \_\_\_\_\_ inches  
 Length: \_\_\_\_\_ feet \_\_\_\_\_ inches; Width: \_\_\_\_\_ feet \_\_\_\_\_ inches
4. Is scrubber equipped with the following equipment?
- a. Mist Eliminator:  No, skip to b.  Yes  
 Dimensions: Diameter: \_\_\_\_\_ feet \_\_\_\_\_ inches; Height: \_\_\_\_\_ feet \_\_\_\_\_ inches  
 Length: \_\_\_\_\_ feet \_\_\_\_\_ inches; Width: \_\_\_\_\_ feet \_\_\_\_\_ inches
- b. Cyclone:  No, skip to c.  Yes  
 Dimensions: Diameter: \_\_\_\_\_ feet \_\_\_\_\_ inches; Height: \_\_\_\_\_ feet \_\_\_\_\_ inches  
 Inlet velocity: \_\_\_\_\_ feet/minute  
 Particle cut size: \_\_\_\_\_ (specify units); Particle Density: \_\_\_\_\_
- c. Pre-cleaner  No  Yes, specify type: \_\_\_\_\_
5. Exhaust Blower Capacity (total): \_\_\_\_\_ cfm Blower Power (total): \_\_\_\_\_ HP Section III - Operation Information

## Section III - Operation Information

1. Operating Schedule: weeks/year \_\_\_\_\_ days/week \_\_\_\_\_  
 Max. Hrs. \_\_\_\_\_ Average Hrs. \_\_\_\_\_
2. Packing Information:
- a. Type of Packing: \_\_\_\_\_ b. Packing factor: \_\_\_\_\_  
 c. Packing height: \_\_\_\_\_ feet d. Packing size: \_\_\_\_\_  
 e. # of transfer units (NTUs): \_\_\_\_\_ Supply supporting data  
 f. Height of transfer units (HTU): \_\_\_\_\_ Supply supporting data
3. Scrubbing Solution Information
- a. List all chemical constituents and additives in scrubbing solution including water
- | Constituents/Additives | Volume % |
|------------------------|----------|
| Water                  | _____    |
| _____                  | _____    |
| _____                  | _____    |
- b. Supply Line Flow Rates: \_\_\_\_\_ gal/min; Recirculation Line Flow Rate: \_\_\_\_\_ gal/min  
 c. Operating pH : Minimum: \_\_\_\_\_; Maximum: \_\_\_\_\_
4. Gas to liquid (flow rate) Ratio (mass basis): \_\_\_\_\_
5. Differential Pressure Drop across Scrubber: \_\_\_\_\_ inches of water or mmHg (circle applicable units)
6. Venturi Scrubber Information:
- a. Gas velocity: \_\_\_\_\_ inches/sec c. Contacting rate power: \_\_\_\_\_ hp/1000 scfm  
 b. Venturi throat length: \_\_\_\_\_ inches
7. Spent solution disposal:
- a.  Company's wastewater treatment facility c.  Other (specify): \_\_\_\_\_  
 b.  Sanitation District

**TURN OVER AND COMPLETE**

AQMD USE ONLY	TRACKING #	SIC/SCC CODES	PERMIT REVIEW	ENFORCEMENT REVIEW
		/		
	<b>FEE SCHEDULE:</b>	<b>CHECK/MONEY ORDER</b>	<b>AMOUNT</b>	
\$		#	\$	

## Section IV - Applicant Certification Statement

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.  
SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM: \_\_\_\_\_ TITLE OF RESPONSIBLE OFFICIAL OF FIRM: \_\_\_\_\_

TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM:

RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER

DATE SIGNED:

( ) - / /

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.  
SIGNATURE OF PREPARER: \_\_\_\_\_ TITLE OF PREPARER: \_\_\_\_\_

TYPE OR PRINT NAME OF PREPARER:

PREPARER'S TELEPHONE NUMBER

DATE SIGNED:

( ) - / /

## Section V- Title V Information: *Fill out if AQMD has identified your facility as a Title V facility*

The requested application involves a(n): (check all that apply)

- |   |   |
|---|---|
| a. <input type="checkbox"/> Administrative Permit Amendment   | e. <input type="checkbox"/> Permit Shield                   |
| b. <input type="checkbox"/> Minor Permit Modification   | f. <input type="checkbox"/> Alternative Operating Scenarios |
| c. <input type="checkbox"/> Significant Permit Modification   | g. <input type="checkbox"/> Voluntary Emission Cap          |
| d. <input type="checkbox"/> Non-Title V Permit Processing<br>(Available until initial Title V permit is issued) | h. <input type="checkbox"/> Other (specify): _____          |