



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
	_____	_____/_____		
	FEE SCHEDULE:	CHECK/MONEY ORDER	AMOUNT	
\$		#	\$	

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:

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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:

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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
(Available until initial Title V permit is issued) | h. <input type="checkbox"/> Other (specify): _____ |