



**FORM 400-E-3**  
**SCRUBBER**

**Mail Application To:**  
SCQAMD  
P.O. Box 4944  
Diamond Bar, CA 91765

Tel: (909) 396-3385

**www.aqmd.gov**

This form must be accompanied by a completed Application for a Permit to Construct/Operate -Form 400A, Form CEQA, Plot Plan and Stack Form

<b>Permit to be issued to</b> (Business name of operator to appear on permit):  
<b>Address where the equipment will be operated</b> (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site):  <div style="text-align: right;"> <b>Fixed Location</b>      <b>Various Locations</b> </div>

**Section A: Equipment Description**

Equipment	Manufacturer:	Model:	Make:
<b>Type</b>	<b>Dry Scrubber</b>  <b>Wet Scrubber</b> <b>Packed Bed</b> <b>Orifice</b> <b>Condensation Scrubbing</b> <small>Select Type(s) of Wet Scrubber:</small> <b>Tray/Plate</b> <b>Spray Chamber</b> <b>Venturi</b> <div style="text-align: right; margin-left: 150px;"> <b>Wet Approach</b>      <b>Flood Disc</b>      <b>Throat Inlet</b> </div>		
	<b>Flow type:</b> <b>Concurrent</b> <b>Counter-Current</b> <b>Configuration:</b> <b>Vertical</b> <b>Horizontal</b>		
	<b>Dimensions</b> <b>Height:</b> ft. <b>Diameter:</b> ft. <b>Length:</b> ft.		
<b>Purpose (To Remove)</b>	<b>Odor</b> <b>Inorganic Fumes and Gases (type)</b> <b>NOx</b> <b>Particulate (type)</b> <b>SOx</b> <b>Other</b>		
<b>Components</b>	<b>Packed Bed</b>		<b>Venturi</b>
	<b>Type of packing material:</b>		<b>Throat diameter:</b> in. <b>Throat length:</b> in.
	<b>Manufacturer:</b>	<b>Number of Transfer Unit (NTUs):</b>	<b>Pressure Drop Across Throat:</b> in. of water
	<b>Packing Factor:</b>	<b>Height of Transfer Units (HTU):</b> ft.	<b>Throat velocity:</b> ft./min.
	<b>Packing Size:</b>	<b>Pressure Drop:</b> in H <sub>2</sub> O/ft.	<b>Contacting Rate Power (hp/1000 scfm):</b>
<b>Height of Packing Material:</b>	<b>ft. Bed Face Dimensions:</b> ft <sup>2</sup>	<b>Drop Diameter:</b> microns	
<b>Scrubbing Liquid Medium</b>	<b>Scrubbing Liquor</b>		<b>Temperature:</b> °F
	<b>Composition</b>		<b>Weight %</b>
			<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 H.P.:</b>	<b>Stand by Pump H.P.:</b>	<b>Size of Recirculation Tank:</b> gal.	
<b>Exhaust System</b>	<b>H.P.</b>	<b>Flow Rate:</b>	<b>ACFM</b>

<b>Pre-Treatment</b>	Describe any pre-treatment and gas stream conditioning processes (e.g gas cooling, gas reheating, gas humidification). Also describe equipment vented to this scrubber.		
	Is a mist eliminator present to the inlet to the scrubber ?	Yes No	If yes, Type: Pressure Drop:                      in. of water

Section B: Waste Gas Stream Characteristics						
Brief Description of Process	Please supply an assembly drawing, dimensioned to scale, to show clearly the operation of the control system, including all equipment vented.					
Waste Gas Stream	Gas Flow Rate (maximum):	ACFM	Gas Flow Rate (expected):	ACFM	Inlet Pressure:	psia
	Temperature Inlet:	°F	Temperature Outlet:	°F		
Operating Parameters	Pressure Drop Across Scrubber:	in. of water	Aerodynamic Particle Diameter:	microns		
Post Treatment	Present at the outlet to the scrubber ?	Yes No	If yes, indicate type: Model #:	Mist Eliminator Other	High Efficiency Particulate Arrestors (HEPA) Pressure drop:	in. of water
Instrumentation Data	Describe instrumentation data for measuring flow, pressure drop, audible alarms, and other operating parameters (attach description, if necessary).					
Operating Schedule	Normal:	hours/day	days/week	weeks/yr		
	Maximum:	hours/day	days/week	weeks/yr		

SECTION C: APPLICANT CERTIFICATION STATEMENT			
I hereby certify that all information contained herein and information submitted with this application is true and correct.			
SIGNATURE OF PREPARER:	TITLE OF PREPARER:	PREPARER'S TELEPHONE NUMBER:	PREPARER'S E-MAIL ADDRESS:
CONTACT PERSON FOR INFORMATION ON THIS EQUIPMENT:	CONTACT PERSON'S TELEPHONE NUMBER:	DATE SIGNED:	
E-MAIL ADDRESS:	FAX NUMBER:		

CONFIDENTIAL INFORMATION
Under the California Public Records Act, all information in your permit application will be considered a matter of public record and may be disclosed to a third party. If you wish to keep certain items as confidential, please complete the following steps: (a) Make a copy of any page containing confidential information blanked out. Label this page "public copy." (b) Label the original page "confidential." Circle all confidential items on the page. (c) Prepare a written justification for the confidentiality of each confidential item. Append this to the confidential copy.