SCRUBBER WORKSHEET INSTRUCTIONS

Be sure to review the following instructions prior to completing this application. More detailed instructions can be found on Page 4.

- a. Submit this worksheet as a supplemental document to an *Application for Authority to Construct/Permit to Operate.* If submitting this worksheet without a permit application, or in response to an AQMD request for supplemental information, locate and check the "Supplemental Information" box at the top left of Page 2.
- b. The worksheet must be filled out completely for all items that are applicable, except where noted as optional.
- c. The *Application for Authority to Construct/Permit to Operate*, all applicable emission unit and/or control device worksheet(s), and payment should be hand delivered to the AQMD drop box located (here), or mailed to:

NNPH, AQMD 1001 E. Ninth Street, Suite B171 Reno, NV 89512

- d. Other forms that may be required in addition to this worksheet:
 - For emission control equipment, use the appropriate *Emission Control Device Worksheet* (*Control Device, Cyclone, Flare, or Fabric Filter/Baghouse*) and duplicate as needed. Be sure to indicate the emission unit (Emission Unit ID) that the control equipment is affecting.
 - If not operating on grid power and/or if there is an engine on site, use the *Internal Combustion Engine Worksheet*.

ASSISTANCE AND RESOURCES

District Board of Health Regulations Governing Air Quality Management: https://www.nnph.org/programs-and-services/air-quality/regulations/index.php

The Air Quality Management Division Permitting Department can be contacted at (775) 784-7200 or <u>AQMDPermitting@nnph.org</u>.



FOR AQMD USE ONLY

SCRUBBER WORKSHEET

Permit No.:

Supplemental Information

| Facility Information | | | |
|---|--|----------------------|--|
| 1. New Permit Permi | t Modification | | |
| 2. Existing facilities only. Permit Number (AAIRXX-XXXX): | | | |
| 3. Facility Name: | | | |
| 4. Facility Address: | | | |
| City: | State: | ZIP Code: | |
| Specifications | | | |
| 5. Manufacturer: | 6. | Date of Manufacture: | |
| 7. Model No.: | 8. Serial No. | : | |
| 9. Rated Control Efficiency (%): | | | |
| 10. Check which pollutant(s) are controlled by the device: | | | |
| CO NO _x VOC PM | $_{10}$ PM _{2.5} SO ₂ Other (spectrum) | ecify): | |
| 11. Normal pressure drop across the scrubber: | | | |
| Max. inches of water: Min. inches of water: | | | |
| 12. Device measure pressure drop: | | | |
| Magnehelic Gauge Manometer Other (specify): | | | |
| 13. Scrubber Type: | | | |
| Impingement Scrubbing Tower. Indicate type: Target Plate Packed Bed Other (specify): | | | |
| Spray Tower Scrubber. Indicate number and arrangement of nozzles: | | | |
| Venturi Scrubber. Integral mist injection eliminator used? Yes No | | | |
| Self-Induced Spray Scrubber | | | |
| Wet Centrifugal Scrubber | | | |
| Wet Dynamic Scrubber | | | |
| Other (specify): | | | |
| | ter Other (specify): | | |
| | | | |

| 15. Emission unit(s) or proces | ss(es) of emissions vented to the | scrubber: | | |
|---|-----------------------------------|-----------------|--|--|
| 16. Operating parameter(s) used to monitor normal operation | | | | |
| Flow Rate (liquid): | Flow Rate (gas): | pH: | | |
| Temperature: | Other (specify): | | | |
| Supplemental Information (Optional) | | | | |
| Liquid Flow Rate (gpm): | | | | |
| Scrubbing Solution (pH): | | | | |
| Solution Temp. (°F): | | | | |
| Length of Packing (if applicable): inches at °F | | | | |
| Volume of air or gas discharged to the atmosphere (cfm): | | | | |
| Scrubber Exhaust Stack Parameters | | | | |
| Temperature (°F): | Flow Rate (cfm): | Velocity (fps): | | |
| Height (feet): | Diameter (inches): | | | |

NORTHERN NEVADA

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Air

Quality

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Attach flow diagram and manufacturer's specification sheet(s) for the scrubber. Duplicate sheet as needed.

DETAILED WORKSHEET INSTRUCTIONS

Facility Information

- Specify if the worksheet is for a new permit or for modification of an existing permit 1. by checking the appropriate box.
- 2. For existing facilities only. Provide the Permit Number which can be found at the top of page 1 of the existing Permit to Operate (ex. AAIRXX-XXXX).
- 3. Provide the facility name as it appears on the *Application for Authority to Construct/Permit to Operate.* If a permit already exists for this operation, enter the name as it appears on the existing permit, which can be found at the top of page 1 of the existing Permit to Operate where it says, "Permit Issued To".
- Provide the facility address. 4.

Specifications

- 5-8. Specify the scrubber manufacturer, date of manufacture, model number, and serial number
- Specify the scrubber's rated control efficiency (%). 9.
- Specify the pollutant(s) associated with the rated control efficiency. 10.
- Specify the minimum and maximum range pressure drop across the scrubber in inches 11. of water.
- 12. Specify the type of device measuring the pressure drop across the scrubber.
- Specify the type of scrubber being used. 13
- 14. Specify the type of scrubbing solution that will be used.
- Specify the emission unit(s)/process(es) vented to the scrubber. Include emission unit 15. number if listed in an existing permit.
- 16. Specify the parameter that is used to monitor normal operation. Specify the associated value(s), as necessary.

Supplemental Information (Optional)

- Specify the flow rate of the scrubbing solution in gallons per minute.
- Specify the pH of the scrubbing solution.
- Specify the length of packing (if applicable) in inches.
- Specify the volume of air or gas discharged to the atmosphere in cubic feet per minute.
- Specify the scrubber exhaust stack parameters: •
 - The height above the grade through the stack or duct (feet) 0
 - The diameter (inches) 0
 - The exhaust temperature in degrees Fahrenheit 0
 - The flow rate in cubic feet per minute 0
 - The velocity in feet per second \cap