PUGET SOUND
Clean Air Agency

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NOC APPLICATION SUPPLEMENTAL FORM

Wet Scrubber

This application is for activities or equipment that is (check all that apply):

- ☐ New (including existing, unpermitted equipment)
- ☐ Replacement of an existing scrubber
- ☐ Substantial alteration of an existing scrubber
- ☐ Relocation of an existing scrubber

Specify the operation or process being controlled: _____

Specify the type of air pollutant being controlled:

☐ Odor ☐ NOx ☐ SOx ☐ Inorganic fumes and gases ☐ Particulate

☐ Other : _____

Hours of operation per day: _____ Hours of operation per year: _____

Scrubber Type

☐ Spray Chamber ☐ Packed Bed or Tower ☐ Tray/plate column ☐ Venturi

☐ Other : _____

Type of flow: ☐ Countercurrent ☐ Concurrent Configuration: ☐ Vertical ☐ Horizontal

Design and Technical Specifications

Make: _____ Model: _____ Model Number: _____

Control efficiency: _____ % (if different for different pollutants, attach separate document)

Design maximum gas stream flowrate: _____ acfm

Inlet gas stream temperature: _____ °F (minimum) _____ °F (maximum)

Inlet gas stream moisture content: _____ % by volume (minimum) _____ % by volume (maximum)

Scrubbing Liquid Medium

Scrubbing liquid composition	Weight %

Scrubbing Solution: ☐ Once-through ☐ Recirculating

Liquid flowrate: _____ gallons per minute Make-up rate: _____ gallons per minute

Blow-down rate: _____ gallons per minute Temperature: _____ °F

Auto caustic injection: ☐ yes ☐ no pH meter present: ☐ yes ☐ no

pH of scrubbing medium: _____ (minimum) _____ (maximum)

For Packed Bed

Type of Packing material: _____ Packing size: _____

Packing Volume: _____ ft^3 Packed Bed Height: _____ ft

Number of Transfer Units: _____ Height of Transfer Units: _____ ft

Pressure drop: _____ inches (minimum) _____ inches (maximum)

For Tray/Plate Columns

Number of Plates _____ Plate spacing: _____ inches Liquid Seal Height: _____ inches

For Venturi

Throat diameter: _____ inches Throat length: _____ inches

Throat velocity: _____ ft/min

Pressure drop across the throat: _____ inches (minimum) _____ inches (maximum)

Post Treatment (if applicable)

☐ Mist eliminator ☐ High efficiency particulate arrestor (HEPA) ☐ Other: _____

Model #: _____ Pressure drop: _____ inches (minimum)

Stack Parameters	Building Dimensions of Project Location
Exhaust stack parameters:	Building Height (highest point of roof) _____ ft
Stack diameter: _____ inches	Building Width _____ ft
Stack height above ground: _____ feet	Building Length _____ ft
Exhaust airflow: _____ scfm	Stack damper/rain guard:
Exhaust Temperature: _____ °F	☐ None ☐ Hexagonal ☐ Stack within stack
	☐ Butterfly ☐ Inverted Cone
	☐ Other (specify): _____

Required Attachments

1. Brochure or technical fact sheet from manufacturer or supplier
2. Technical drawings of the scrubber
3. A list of instrumentation used to monitor temperature, pH and flowrate. Specify if continuously monitored and recorded.
4. If there are source test data available for this unit, include with application
5. Copy of the Operations and Maintenance Manual for control equipment, including provisions for shut down of inlet stream if the scrubber shuts down.