



**Kansas Department of Health and Environment
Division of Environment
Bureau of Air and Radiation**

SCRUBBER

- 1) Source ID Number: _____
- 2) Company/Source Name: _____
- 3) Scrubber identification number or designation: _____
- 4) What emission unit(s) or source(s) of emissions is(are) vented to the scrubber?
 - a. _____
 - b. _____
 - c. _____
 - d. _____
- 5) Description of particulate collected: _____
- 6) Type of Scrubber: Impingement Scrubbing Tower _____; Spray Tower _____; Venturi _____;
Self-Induced Spray Scrubber _____; Wet Centrifugal _____; Wet Dynamic _____;
Other _____
- 7) If an Impingement Scrubbing Tower, indicate type: Target Plate _____; Packed Bed _____;
Other _____
- 8) If a Spray Tower Scrubber, complete the following:
Arrangement and number of nozzles: _____
- 9) If a Venturi Scrubber, indicate integral mist injection eliminator used? _____
- 10) If a Wet Centrifugal Scrubber, indicate type: Impingement _____; Cyclone _____; Combination _____;
Other _____
- 11) Manufacturer: _____
Date of Manufacture: _____
Model No.: _____
Rated Control Efficiency: _____ %
Capture Efficiency: _____ %
Date of Installation: _____
- 12) Volume of gas cleaned: _____ cfm

SCRUBBER

(cont.)

- 13) Temperature of gas cleaned: _____ °F
- 14) Scrubbing-Liquid Flow Rate: _____ gpm or gallons/1000 cubic feet of gas
Indicate type of solution used in scrubber, if other than water: _____
If water, indicate pH: _____
- 15) Inlet Velocity to scrubber: _____ feet per seconds
- 16) Nominal Pressure Drop: _____ inches of H₂O
- 17) Is there a device provided to measure pressure drop across the scrubber? _____
If yes, specify device: _____
- 18) Emission discharge to atmosphere _____ ft. above grade through stack or duct _____ diameter at _____ °F temperature, with _____ cfm flow rate and _____ fps velocity.