

CONTROL DEVICE (SCRUBBER)

Instructions for Form C7

Form C7 should be completed for all scrubber control devices (e.g. gaseous absorbers, wet scrubbers). Make as many copies of the form as necessary. Attach all calculations and assumptions used in determining the numbers entered on this form.

CONTROL DEVICE ID NO. - Enter the ID No. for the control device.

EMISSION POINT ID NO. - Enter the ID No. for the emission point (e.g. stack, vent, etc.) associated with this control device.

EMISSION SOURCE ID NO. - Enter the ID No(s). for the emission source(s) being controlled.

MANUFACTURER - Enter the manufacturer of the control device. Attach Manufacturer's specifications if available.

MODEL NO. - Enter the model number of the control device as defined by the manufacturer. If the control device was custom-designed, a PE seal may be required pursuant to MCAPCO 1.5233 – "Applications Requiring Professional Engineer Seal".

PRIMARY OPERATING SCENARIO - Select this scenario if information is being entered for the conditions under which the emission source/control device operates or will operate for the majority of the time. This scenario should be the same as the primary operating scenario identified on the B forms.

ALTERNATIVE OPERATING SCENARIO - Select this scenario if information is being entered for any secondary conditions under which the emission source/control device operates or will operate. Include the Alternative Operating Scenario ID No.(AOS#). (The AOS# should be a unique ID No. for each alternative operating scenario.) These scenarios were identified on the B forms.

DESCRIBE CONTROL DEVICE AND OPERATING SCENARIO - Provide information about the control device. If the form is being completed for the primary operating scenario, describe the way the control device operates or will operate for the majority of the time. If the form is being completed for an alternative operating scenario, describe the secondary conditions under which the control device will be operating. Include capacities (i.e. size, volume, flow rate).

SERIES OR PARALLEL CONFIGURATION- If the control device operates in series or in parallel with other devices, enter the position of the control device, number of units in the configuration, and ID No(s). of the other control devices.

POLLUTANTS BEING CONTROLLED- For each pollutant being controlled by the control device, list the percent efficiency achieved, the actual and potential emission rates before control (lb/hr), and the actual and potential emission rates after control (lb/hr). Provide backup documentation which explains how the efficiency and emission rates were determined.

DESIGN PARAMETERS- List all parameters used to design/size the control device including, but not limited to those parameters already listed on the form. Indicate the actual and potential operating values for each parameter.

OPERATING PARAMETER INDICATOR RANGES - List all ranges that the facility will use as an indication of proper operation. Indicate whether or not there is an alarm or interlock system associated with the operating parameter by writing yes or no in the "Alarm?" or "Interlock?" columns. An example of an indicator range would be a baghouse that operates properly between the pressure drop range of 3 to 8 inches of water column. Any reading below 3 inches of water or above 8 inches of water may indicate a problem with the filter. A facility should be prepared to inspect and perform corrective action on a control device that is operating outside of the proper operation ranges listed here.

MATERIALS ENTERING PROCESS- Describe any auxiliary materials introduced into the control system. Include actual and potential usage rates and associated units of measure.

CONTROL DEVICE USAGE AND REASON FOR USE - If the control device is not used continuously, describe when the device would not be in use. Indicate if the control device is an integral part of the process. Indicate whether the control device was installed to control air pollution or for another reason. Indicate if the control device was required to be installed by an air pollution regulation.

COMMENTS- Provide any comments that would be helpful in understanding the information presented on this form.

SECTION C
CONTROL DEVICE (SCRUBBER)

C7

CONTROL DEVICE ID NO.:	EMISSION POINT ID NO.:	EMISSION SOURCE ID NO(S). BEING CONTROLLED:	
MANUFACTURER: (Attach manufacturer's specifications if available)		MODEL NO.:	
IS THE CONTROL DEVICE PART OF: <input type="checkbox"/> A PRIMARY OPERATING SCENARIO?		<input type="checkbox"/> AN ALTERNATIVE OPERATING SCENARIO?	
DESCRIBE CONTROL DEVICE AND OPERATING SCENARIO:		AOS #:	
Attach flow diagram if the control device is in series and/or in parallel with other control devices.			
IF THE CONTROL DEVICE IS IN SERIES WITH OTHER CONTROLS:	POSITION IN SERIES:	NO. OF UNITS IN SERIES:	OTHER CONTROL DEVICE ID NOS. IN SERIES:
IF THE CONTROL DEVICE IS IN PARALLEL W/ OTHER CONTROLS:	NO. OF UNITS IN PARALLEL:	OTHER CONTROL DEVICE ID NOS. IN PARALLEL:	

POLLUTANT (S) CONTROLLED:	_____	_____	_____	_____	_____
% EFFICIENCY (Attach documentation):	_____ %	_____ %	_____ %	_____ %	_____ %
	<small>ACTUAL POTENTIAL</small>	<small>ACTUAL POTENTIAL</small>	<small>ACTUAL POTENTIAL</small>	<small>ACTUAL POTENTIAL</small>	<small>ACTUAL POTENTIAL</small>
BEFORE CONTROL EMISSION RATE (LB/HR):	_____	_____	_____	_____	_____
AFTER CONTROL EMISSION RATE (LB/HR):	_____	_____	_____	_____	_____

NAME THE PARAMETERS USED TO DESIGN THE CONTROL DEVICE (e.g. Inlet and Outlet Flowrates, Inlet and Outlet Temperatures, Moisture Content)				
PARAMETER	POTENTIAL VALUES (unit)	ACTUAL VALUES (unit)		
Primary control function (particulate, gas, both)				
Particle diameter				
Scrubber type (packed bed, plate/tray tower, venturi, other)				
If packed bed: packing type				
If plate/tray tower: plate/tray type				
If venturi: throat velocity				
If venturi: throat type				
Scrubbing medium or solution				
Scrubbing med. injection rate (lb/min or gal/min)				
% recirculation of scrubbing medium				
Scrubbing med. make up rate (lb/min or gal/min)				
Pressure drop				
Inlet gas pH				
Inlet moisture content				
Inlet air flow rate (ACFM)				
PROVIDE RANGES OF VALUES OF PARAMETERS THAT WILL BE USED BY THE FACILITY TO ENSURE PROPER OPERATION (e.g.P Drop=3.0-8.0" H ₂ O)				
PARAMETER	ACTUAL OPERATING RANGE (unit)	MONITORING FREQUENCY	ALARM?	INTERLOCK?
Pressure drop				
Recirculation liquid pH				
Recirculation liquid temperature				

SECTION C
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C7

Describe any auxiliary materials introduced into the control system

MATERIALS ENTERING PROCESS: (e.g. additives to liquid scrubbing medium)	UNITS	ACTUAL USAGE (UNIT/HOUR)	POTENTIAL USAGE (UNIT/HOUR)

IS THE CONTROL DEVICE USED AT ALL TIMES PROCESS EQUIPMENT IS OPERATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, DESCRIBE WHEN IN OPERATION AND WHEN NOT IN OPERATION:
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IS THE CONTROL DEVICE AN INTEGRAL PART OF THE PROCESS OR PROCESS EQUIPMENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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WAS THE CONTROL DEVICE INSTALLED TO CONTROL AIR POLLUTION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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WOULD THE DEVICE BE INSTALLED IF NO AIR POLLUTION REGULATIONS WERE IN PLACE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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IF THE CONTROL DEVICE RECYCLES PRODUCT, COMPARE THE COST OF THE CONTROL DEVICE WITH THE SAVINGS DUE TO RECYCLING:

COMMENTS:

Attach manufacturer's specifications, flow diagrams, and all other drawings necessary to describe this control.

Attach Additional Sheets As Necessary