



Maricopa County Air Quality Department
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WET SCRUBBER SYSTEM DAILY OPERATIONS LOG SHEET

Business Name: _____

Equipment Identification: _____

O&M Plan Revision Date: _____

Date	_____	_____	_____	_____	_____	_____	_____
Time	_____	_____	_____	_____	_____	_____	_____
Technician	_____	_____	_____	_____	_____	_____	_____
<u>PARAMETER</u>	<u>LIMITS</u>	<u>READINGS</u>					
Scrubber system pressure drop (in H ₂ O)	_____	_____	_____	_____	_____	_____	_____
Water recirculation rate (gpm)	_____	_____	_____	_____	_____	_____	_____
pH level	_____	_____	_____	_____	_____	_____	_____
Conductivity	_____	_____	_____	_____	_____	_____	_____
Makeup water flow rate (gpm)	_____	_____	_____	_____	_____	_____	_____
Blowdown rate (gpm)	_____	_____	_____	_____	_____	_____	_____
Supply water pressure (psig)	_____	_____	_____	_____	_____	_____	_____
Visible emissions (excluding water vapor)	_____	_____	_____	_____	_____	_____	_____

COMMENTS (INCLUDING CORRECTIVE ACTION TAKEN):

