



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: _____

<u>PARAMETER</u>	<u>LIMITS</u>	<u>READINGS</u>					
Date							
Time							
Technician							
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):