



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

Air Quality Division

**Packed-Bed Scrubbers Operation and Maintenance Record**

This information is required by Article II, Part 55 (Air Pollution Control) of P.A. 451 of 1994, as amended, and the Federal Clean Air Act of 1990. Failure to provide this information may result in penalties and/or imprisonment.

Applicable Rule: 40 CFR Part 63, Subpart N--National Emission Standards for Chromium Emissions from Hard and Decorative Chromium Electroplating and Chromium Anodizing Tanks.

**NOTE:** Affected facilities using a packed-bed scrubber to comply with the chromium emission limit must complete this form. Records must be maintained on file for five years and made available upon request for inspection by the Michigan Department of Environment, Great Lakes, and Energy.

**Plant Information**

Owner/Operator Name and Title: \_\_\_\_\_

Plant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Plant Contact Name and Title: \_\_\_\_\_

Plant Phone with Area Code: \_\_\_\_\_

Plant Street Address (If different than Owner/Operators):

\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

State Registration Number (SRN) If Known: \_\_\_\_\_

## Tanks Ducted to Control System

Control Device ID Number: \_\_\_\_\_

Installation Date: \_\_\_\_\_ Date of Last Performance: \_\_\_\_\_

Tank ID #	Type of Tank (i.e., hard chrome, decorative chrome or chrome anodizing)

## Inspection/Maintenance Checklist

Inspections and maintenance of process tank(s), control devices and monitoring equipment should be conducted on a quarterly basis or per manufacturer's recommendations where noted. Visually inspect the packed-bed scrubber to ensure there is proper drainage, no chromic acid build up on the pads and no evidence of chemical attack on the structural integrity of the device. To ensure no breakthrough of chromic acid mist, visually inspect the back portion of the chevron blade mist eliminator. Inspect the ductwork from the tank(s) to the control device to check for leaks.

Insert inspector's initials in boxes below inspection date.

Control Device Inspection	Month/Day/Year	Month/Day/Year	Month/Day/Year
Inlet and Outlet Transition Zones			
Spray Nozzles			
Packed-Bed Section			
Overhead Weir			
Drain Lines			
Fan Motor			
Fan Vibration			

**This is a master copy. Please make copies from this master copy.**

**Monitoring Equipment Inspection**

<b>Monitoring Equipment Inspection</b>	Month/Day/Year	Month/Day/Year	Month/Day/Year
Pressure Lines Connected			
Pressure Drop Monitors Calibrated			
Pilot Tube <sup>1</sup>			

<sup>1</sup> Backflush with water or remove from the duct and rinse with fresh water. Replace in the duct and rotate 180° to ensure that the same zero reading is obtained. Check pitot tube ends for damage. Replace pitot tube if cracked or fatigued.

**Control Device Maintenance**

<b>Control Device Maintenance</b>	Month/Day/Year	Month/Day/Year	Month/Day/Year
Add Fresh Makeup Water <sup>2</sup>			

<sup>2</sup> Add fresh makeup water to the top of the packed-bed scrubber whenever needed.

**Corrective Actions**

Maintenance performed on control equipment, process tank(s) and monitoring equipment must be documented. Record items such as type of maintenance performed and the time out of service. Be sure to include the date and initials of the person performing the maintenance.

Corrective Action 1 – Type of maintenance performed and time out of service:

Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Supervisor Informed:  Yes  No

Corrective Action 2 – Type of maintenance performed and time out of service:

Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Supervisor Informed:  Yes  No

Corrective Action 3 – Type of maintenance performed and time out of service:

Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Supervisor Informed:  Yes  No

Corrective Action 4 – Type of maintenance performed and time out of service:

Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Supervisor Informed:  Yes  No

**NOTE:** This checklist contains only the minimum requirements and does not include all of the system checks that need to be performed to ensure proper operation of the control system. Facilities should incorporate information recommended by the control system vendor.

---

People with disabilities may request this material in an alternate format by emailing [EGLE-Accessibility@Michigan.gov](mailto:EGLE-Accessibility@Michigan.gov) or calling 800-662-9278.

EGLE does not discriminate on the basis of race, sex, religion, age, national origin, color, marital status, disability, political beliefs, height, weight, genetic information, or sexual orientation in the administration of any of its programs or activities, and prohibits intimidation and retaliation, as required by applicable laws and regulations.

This form and its contents are subject to the Freedom of Information Act and may be released to the public.