Quality

Air

How to Complete this Worksheet

Public Health

- Submit this worksheet as a supplemental document to an *Application for a Minor Source Authority to Construct/Permit to Operate.* If submitting this worksheet without a permit application, or in response to an AQMD request for supplemental information, locate and check the "Supplemental Information" box at the top left of Page 2.
- The worksheet must be filled out completely for all items that are applicable, except where noted as optional.
- The Application for a Minor Source Authority to Construct/Permit to Operate, all applicable emission unit and/or control device worksheet(s), and payment should be hand delivered to the AQMD drop box located (<u>here</u>), or mailed to: NNPH, AQMD

1001 E. Ninth Street, Suite B171 Reno, NV 89512

- Other forms that may be required in addition to this worksheet:
 - For emission control equipment, use the appropriate *Emission Control Device Worksheet* (*Control Device, Cyclone, Flare, Fabric Filter/Baghouse, or Scrubber*) and duplicate as needed. Be sure to indicate the emission unit that the control equipment is affecting.
 - o If not operating on grid power and/or if there is an engine on site, use the Internal Combustion Engine Worksheet.
- More detailed instructions can be found on page 3.

Assistance and Resources

The Business Environmental Program, operated through the University of Nevada, is a free and confidential program designed to help small businesses in Washoe County comply with local and federal environmental regulations. This service may be contacted at 800.882.3233 or <u>help@unrbep.org</u>. The Business Environmental Program may provide information on completing this air quality application. They can also provide assistance in reviewing options for emission control equipment and submitting annual emissions.



Visit this link to learn more about working with BEP: <u>https://unrbep.org/about-bep/working-with-bep/</u>

- District Board of Health Regulations Governing Air Quality Management: <u>https://www.washoecounty.gov/health/programs-and-services/air-guality/regulations/index.php</u>
- The Air Quality Management Division Permitting Department can be contacted at 775.784.7200 Option 6 or <u>AQMDPermitting@NNPH.org</u>.



COOLING TOWER WORKSHEET

FOR AQMD USE ONLY					
Permit No.:					

Supplemental Information

Facility Information					
1. New Permit Permit Modificat	tion 2. Existing facilities only. Permit Number:				
3. Facility Name:					
4. Facility Address:					
City:	State:		ZIP Code:		
Specifications					
5. Manufacturer:		6. Da	te of Manufacture:		
7. Model Number:	8. Serial Number:				
9. No. of cells: Can cells operate independently to support mutually exclusive areas? Yes No					
10. Recirculation rate per cell (gal/min):					
11. Total recirculation rate (gal/min):					
12. Proposed maximum TDS concentration in the recirculating water (ppm <u>OR</u> mg/l):					
13. How will the TDS be measured?					
14. Maximum hours of operation per year:					
15. Does the cooling tower have drift eliminators? Yes No If "Yes", what is the rated drift loss in percentage? (attach a copy of the manufacturer's information):					
16. List any water treatment chemicals being used. In particular, note if chromium will be/is being used:					

Attach manufacturer's specification sheet for the cooling tower.

All information above this line is required for this form to be considered complete. Duplicate sheet as needed.

DETAILED WORKSHEET INSTRUCTIONS

Facility Information

- 1. Specify if the worksheet is for a new permit or for modification of an existing permit by checking appropriate box.
- 2. **For existing facilities only.** Provide the permit number, which can be found at the top of page 1 of the existing Permit to Operate (ex. AAIRXX-XXXX).
- 3. Provide the facility name as it appears on the *Application for a Minor Source Authority to Construct/Permit to Operate.* If a permit already exists for this operation, enter the name as it appears on the existing permit, which can be found at the top of page 1 of the existing Permit to Operate where it says, "Permit Issued To".
- 4. Provide the facility address.

Specifications

- 5-8. Specify the manufacturer, date of manufacture, model, and serial number of the cooling tower.
- 9. Specify the number of cells and indicate whether they can operate independently.
- 10. Specify the per-cell recirculation rate in gallons per minute.
- 11. Specify the total recirculation rate in gallons per minute.
- 12. Specify the proposed maximum concentration of total dissolved solids (TDS) in the recirculating water and specify the units used, either parts per million (ppm) or milligrams per liter (mg/l).
- 13. Specify the method used to measure the TDS in the recirculating water (for example, conductivity meter).
- 14. Specify the maximum hours of operation per year.
- 15. Check "Yes" if the cooling tower has drift eliminators, or "No" if it does not. Specify the drift loss percentage for the drift eliminators.
- 16. List all chemicals used for water treatment in the cooling tower.