



State of Oregon
Department of
Environmental
Quality

Pollution Control Device Form
Wet Scrubber

FORM CD302
Answer Sheet

Facility name: _____ Permit Number: _____

1.	Name				
2.	ID number or label				
3.	Date installed				
4.	Manufacturer				
5.	Model number				
6.	Type of scrubber				
7.	Rated efficiency (%)				
8.	Design water flow rate (gal/min)				
9.	Design water pressure (psig)				
10.	Design inlet gas flow rate (acfm)				
11.	Design pressure drop (inches of water column)				