Protecting the air we share
Air Quality
CLARK COUNTY • DEPARTMENT OF AIR QUALITY
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For DAQ Use Only
Invoice Number:

SUPPLEMENTAL EMISSION UNIT WORKSHEET

COOLING TOWER

Source ID#:_____ (if modification) **Date:_____**

Unit Information (Tower #___)

Manufacturer's Name: _____

Number of cells_____

Model Number(s): _____ Serial Number(s): _____

Total Circulation Rate (gallons/minute): (per cell if multiple cells)

Maximum TDS content (ppm or mg/l) of water before purging: _____

How will the TDS be measured? _____

Maximum hours of operation: _____hours/day _____hours/year

Does the cooling tower have drift eliminators? _____YES_____ NO

If YES, please provide the percent drift loss:_____% and attach a copy of Manufacturer's Information.

Please list any water treatment chemicals; in particular, please note if chromium will be used:

_____

_____

_____

For additional cooling towers, please duplicate this sheet and provide requested information.