



Maricopa County Air Quality Department
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SCREEN WATERING SYSTEM DAILY OPERATIONS LOG SHEET

Business Name: _____
 Equipment Identification: _____
 O&M Plan Revision Date: _____

Date	_____	_____	_____	_____	_____	_____	_____	_____
Time	_____	_____	_____	_____	_____	_____	_____	_____
Technician	_____	_____	_____	_____	_____	_____	_____	_____
<u>PARAMETER</u>	<u>LIMITS</u>	<u>READINGS</u>						
Spray bar functioning	_____	_____	_____	_____	_____	_____	_____	_____
System pressure	_____	_____	_____	_____	_____	_____	_____	_____
Spray nozzles condition & pattern	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____

COMMENTS (INCLUDING CORRECTIVE ACTION TAKEN):