

BIONOX SOLVER NOx SCRUBBING SOLUTION
APPLICATION QUESTIONNAIRE

Return Questionnaire to:
BIONOMIC INDUSTRIES, INC.
777 Corporate Drive
Mahwah, New Jersey 07430
Tel: (201)-529-1094 Fax: (201) 529-0252
e-mail: sales@bionomicind.com

Date: _____
Submitted by: _____
Name & Title: _____
Firm Name: _____
Address: _____
Tel: _____ Fax: _____ e-mail: _____
Proposal Requested Date: _____

The following questionnaire should be filled in as completely as possible to help us to understand the nature of your NOx application.

PROCESS DESCRIPTION: _____

1. *Emission Source:* _____
2. *Gas Volume: (ACFM)* _____ *Temperature: °F* _____
3. *NOx Loading* _____ *(ppm) (lbs./hr.) Specify*
4. *Contaminants other than nitrogen dioxide in gas stream and loading (ppm) (lbs./hr.) Specify*

5. *Present chemical reagent:*

6. *Scrubber sump capacity: Gallons:* _____
7. *Recirculation Pump Rate (GPM):* _____
8. *Scrubber Diameter:* _____ *(ft. – ins)*
9. *Packed Bed Height:* _____ *(ft.)*
10. *Packing Size:* _____ *(ins.)*
11. *Type of reagent feed control. Continuous or batch basis. Metering pump? ORP or pH control?*

12. *Other pertinent information:*

COMMERCIAL
How did you hear of Bionomic Industries, Inc.? _____
Is this project funded? Yes _____ No _____
Type of Quotation required? Firm _____ Budget _____ Ballpark _____

THANK YOU FOR THE OPPORTUNITY TO BE OF SERVICE