

SCRUBPAC[®] PROCLEAN 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 air pollution control or gas handling application. (Please disregard any questions which are not applicable.)

PROCESS DESCRIPTION: _____

1. Gas Volume: ACFM _____ 2. Gas Temperature: °F _____

3. Gas Composition:

COMPONENT	AMOUNT (SPECIFY UNITS)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. Contaminant(s) to be reduced:

CONTAMINANT	OUTLET LOADING OR REMOVAL EFFICIENCY (SPECIFY UNITS)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. If there is a maximum allowed pressure drop for the pollution device, state what it is:

6. Any specific scrubbing solution you would like to use. If so, state composition, temperature and, if applicable, quantity available:

7. Do you want us to select an appropriate chemical reagent or scrubbing solution, if applicable:

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8. Preference on material of construction for the unit or are we to advise and select:

9. Is the particulate contained in the gas stream of a sticky or tacky nature:

YES

NO

10. Quantity of water available for makeup, if needed; GPM: _____.

11. Maximum allowable blowdown rate; GPM: _____.

12. Supply of optional accessory components (See product brochures on available options.) List the items required:

13. Furnish the voltage and power available including electrical area classification for equipment:

14. Is freeze protection required for outdoor service. If so, state components requiring insulation and heat tracing:

15. If a fan is to be supplied with the system, what is the external static pressure drop of the system without the scrubber:

16. Additional 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