

OXIDIZER APPLICATION DATA SHEET

CONTACT INFORMATION

Name: _____ Title: _____

Company: _____

Address: _____

City / St / Zip: _____

Phone: _____ Email: _____

How did you learn of Anguil? _____

What is your request: (check any/all that apply)

	Budget	Formal
Proposal for New Oxidizer System (Equipment Only)	_____	_____
Proposal for New Oxidizer System (w/Turnkey Install)	_____	_____
Proposal for Used Oxidizer System (Equipment Only)	_____	_____
Proposal for Used Oxidizer System (w/Turnkey Install)	_____	_____
Proposal for Retrofit to existing Oxidizer System	_____	_____
Please Describe: _____		

This information is needed by: _____

What is your experience with oxidizers:
_____ Very Familiar _____ Somewhat Familiar _____ Not Familiar

PROCESS INFORMATION

What type of process is producing the emission?

How many total exhaust air "pickup points" will there be?

What is your total exhaust airflow rate? (Specify: SCFM, ACFM, NM3/hr, etc)

What is the temperature of your exhaust air? (Specify C or F)

What are the VOCs / HAPs to be controlled?

VOC/HAP	Usage or Concentration (lbs/hr, ppm, mg/m3, vol%, wt%)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Concentrations listed above are: _____ Typical Averages _____ Max Conditions

Does your VOC/HAP loading come in spikes or batches?
_____ No _____ Yes If yes, please describe: _____

Are any of the following present in your exhaust stream?

	No	Unsure	Yes	Concentration
Particulate:	_____	_____	_____	_____
Halogens	_____	_____	_____	_____
Silicone	_____	_____	_____	_____

Phosphorous Compounds: _____
 Heavy Metals _____
 Sulfur Compounds: _____

What is your typical production schedule (list in hours/day):

Monday: _____ Tuesday: _____ Wed.: _____ Thursday: _____ Friday: _____
 Saturday: _____ Sunday: _____

PROJECT INFORMATION

What is the VOC/HAP destruction level required?

_____ 95 _____ 98 _____ 99
 _____ Other requirement (i.e. Odor Control, Opacity Control, etc)
 Please Describe: _____

What is the VOC/HAP capture level required?

_____ 100% _____ Other % Level _____ Unsure at this time

What is the project stage?

_____ Immediate _____ 3-6 Months _____ 6-12 Months

Is there a final decision date already set?

_____ No _____ Yes Please Specify: _____

Is there a preferred control technology already selected?

_____ No, please consider/propose all appropriate technologies.
 _____ Yes, please consider/propose technologies indicated below:

_____ Regenerative Thermal Oxidizer (RTO) _____ Regenerative Catalytic Oxidizer (RCO)
 _____ Catalytic Recuperative Oxidizer _____ Thermal Recuperative Oxidizer
 _____ Direct Fired Thermal Oxidizer (DFTO) _____ Concentrator System
 _____ Other, please describe: _____

PLANT INFORMATION

What burner/heater fuel will be available?

_____ Nat. Gas _____ Propane _____ Fuel Oil _____ Electric
 _____ Other Please Specify: _____

What is the unit cost of this fuel?

_____ Unkown at this time, please use estimate for my area.

What electric power will be available?

_____ V _____ HZ _____ PH

What is the unit cost of electric power?

Will plant air (compressed air) be available?

_____ Yes _____ No

Can excess heat from an oxidizer system be used elsewhere in plant?

_____ Not considered at this time.
 _____ Yes Please describe: _____

Plant Standards/Plant Preferences:

_____ No Specifications at this time

This is a:

Item	Specification	Standard	Preference
Fans	_____	_____	_____
Motors	_____	_____	_____
VFDs	_____	_____	_____
Burners	_____	_____	_____
PLC	_____	_____	_____
Interface	_____	_____	_____