

Air & Water Quality Control Systems

Scrubber Data Check List

Please provide as much information as you can and fax to (513) 321-3922, email to info-sales@trotterequip.com or call 513-321-5000.

Company _____ Date _____
 Contact _____ Phone _____
 Address _____ Fax _____
 City/State _____ Zip _____
 E-Mail Address _____
 Project Name _____ Location _____

PROCESS INFORMATION

Process(s) being ventilated: _____
 Volume of Air (ACFM): _____ Dry Bulb Temp _____ F Wet Bulb Temp _____ F
 Estimate Static Pressure At The Scrubber Inlet: _____ inches W.C.
 Gas composition if other than air: _____

CONTAMINANTS TO BE REMOVED FROM THE AIRSTREAM

<u>Name</u>	<u>Micron Size</u>	<u>Concentration</u>	<u>Desired Efficiency</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PREFERRED SCRUBBER LOCATION

Scrubber Location: Indoor _____ Outdoor _____
Space Limitations: Footprint (L x W) _____ Height _____
 Indoor Outdoor Rooftop Mezzanine
 Ground Level Other

PREFERRED SCRUBBING TECHNOLOGY

____ Chemical Wet Scrubber ____ Biological Wet Scrubber ____ Carbon Adsorber

PREFERRED DUALL SCRUBBER STYLE

- F Series Cross flow Packed Bed Scrubber System
- Pre-wired and piped Packaged System (Duall PTMD, QE, ABH models)
- PT Series Vertical Packed Tower System
- FW Series Tower with Integral Fan Top Mounted
- No Preference

Preferred Duall Exhaust Fan:

- Duall NH or R2B2 Centrifugal Exhaust Fan
- Duall MFE Mixed Flow Exhauster
- No Preference

Ductwork:

Ductwork is required for this project (if checked Duall will provide valuable information regarding duct systems with the proposal.)

SPECIAL CONCERNS: _____

Site Layout Sketch Please sketch proposed scrubber site indicating location of scrubber, fan, and other equipment with approximate dimensions to nearest structures such as walls, roads, parking lots, air intakes, other buildings, etc. (not required)

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