

Air & Water Quality Control Systems

**NO_x SCRUBBER DATA CHECK LIST
141-01-N**

Company _____ Date _____
 Address _____ Contact _____ Phone _____
 City/State _____ Zip _____ Fax _____
 Project Name _____ Location _____
 Reason for Control _____
 Previous Scrubber Experience _____
 Space Limitations, Describe _____

Wastewater Disposal: River/Storm Drain _____ Sanitary Sewer _____ Other _____

PROCESS INFORMATION

Volume of Air (ACFM): _____ **Dry Bulb Temp** _____ F **Wet Bulb Temp** _____ F
Ventilation: Continuous _____ Intermittent _____
Process Description: Continuous _____ Intermittent _____ Describe _____
Tanks: Open top _____ Covered _____
Tank Temperature _____ F **Tank Agitation:** None _____ Air _____ Other _____
Tank Contents & Concentrations: _____

CONTAMINANTS TO BE REMOVED FROM THE AIRSTREAM

<u>Name</u>	<u>Micron Size</u>	<u>Concentration (Units)</u>	<u>Desired Efficiency</u>
NO			
NO ₂			
HNO ₃			
HCl			
HF			
SO ₂			

Source of Information: Air Analysis _____ Other _____

PLEASE ATTACH COPY OF AIR ANALYSIS REPORT

If particulate are present, describe: _____

Type of Recirculation System Desired: Internal___ Remote___ None_____

Scrubber Location: Indoor___ Outdoor___ Please attach sketch (See below)

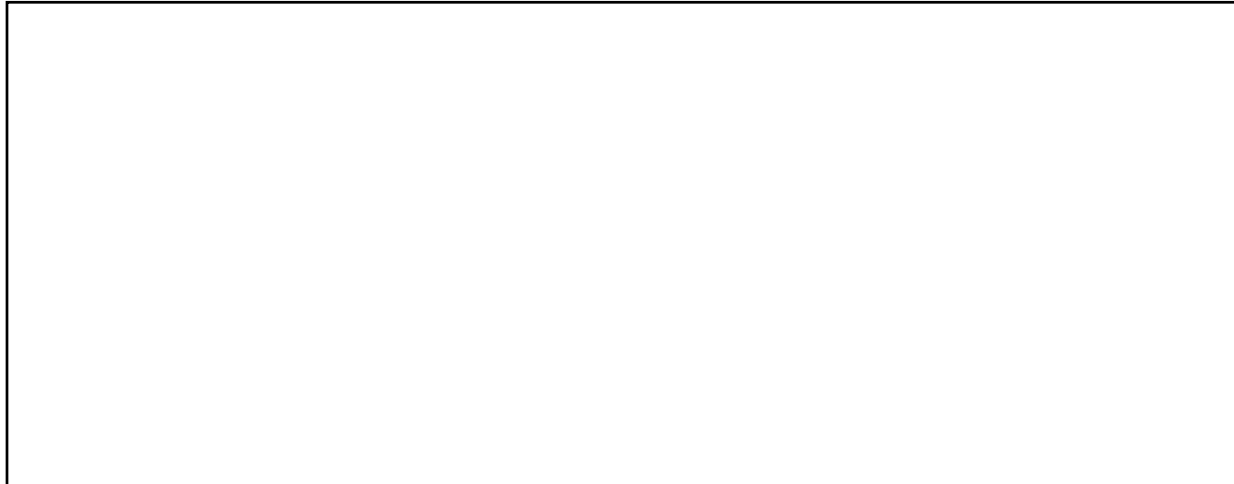
Estimate Static Pressure At The Scrubber Inlet____inches W.C.

SPECIAL CONCERNS:

Proposed Scrubber Site: _____ Reference: _____

- Indoor Outdoor Rooftop Mezzanine
 Ground Level Other

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.

We confirm that our process stream contains only the contaminants identified above, and further acknowledge that Duall Division will not be responsible for any adverse effects caused or created by process conditions other than specified.

Date: _____ Signature: _____