



Duall Division

Air & Water Quality Control Systems

ODOR CONTROL SCRUBBER DATA CHECK LIST

Company _____ Date _____
 Contact Person _____ Phone _____
 Address _____ Fax _____
 City/State _____ Zip _____
 Project Name _____ Location _____
 Estimated Project Date _____

PROCESS INFORMATION

Volume of Air (ACFM): _____ Dry Bulb Temp _____ F Wet Bulb Temp _____ F

Type of Recirculation System Desired: Self Contained _____ Remote _____ None _____

Estimate Static Pressure At The Scrubber Inlet: _____ inches W.C.

Scrubber Location: Indoor _____ Outdoor _____

Space Limitations: Footprint (L x W) _____ Height _____

CONTAMINANTS TO BE REMOVED FROM THE AIRSTREAM

<u>Name</u>	<u>Avg. Concentration</u>	<u>Peak Concentration</u>	<u>Desired Efficiency</u>
Hydrogen Sulfide (H ₂ S)	_____	_____	_____
Ammonia (NH ₃)	_____	_____	_____
Mercaptans (EtSH) (MeSH)	_____	_____	_____
Dimethyl Disulfides (DMDS)	_____	_____	_____
Dimethyl Sulfides (DMS)	_____	_____	_____
Amines (EtNH ₂) (MeNH ₂)	_____	_____	_____
Chlorine (Cl ₂)	_____	_____	_____
Others	_____	_____	_____

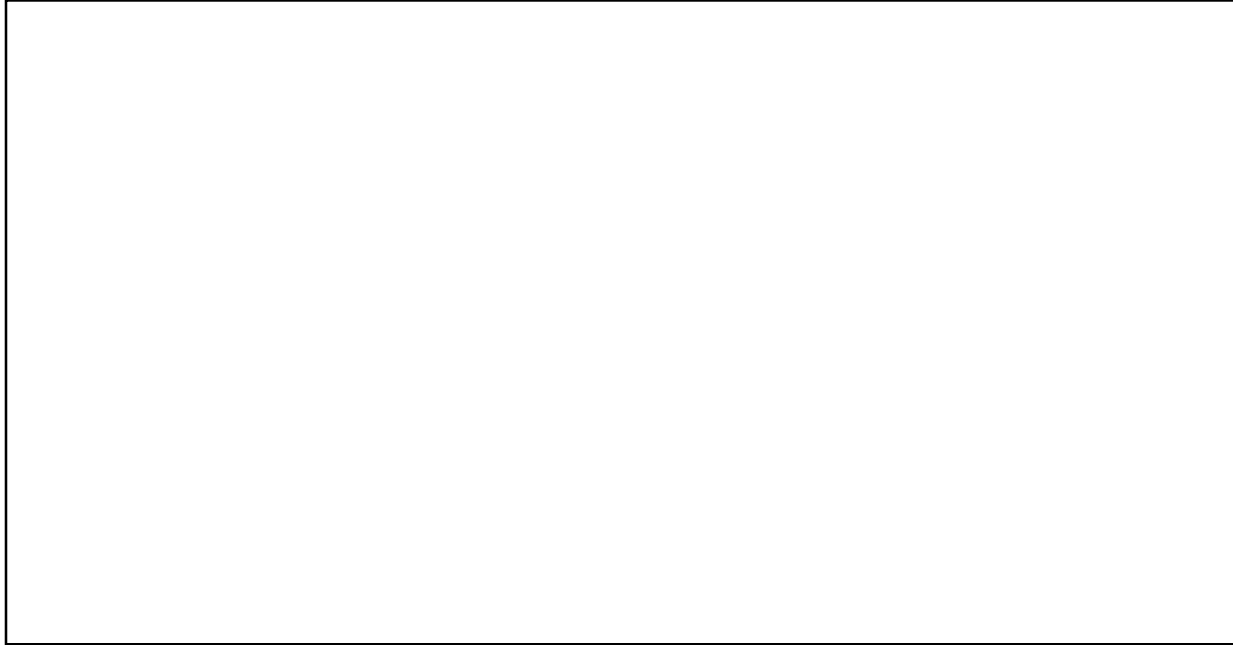
SPECIAL CONCERNS: _____

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: _____

Please complete this form and fax to (989) 725-8188, or email to dualldiv@shianet.org for your free budgetary proposal.