

Air Pollution Control Inquiry Form

Name **A1** Your purpose in providing the information is to allow us to:

Company Provide firm quotation to be used for immediate purchase

Phone Provide budget estimate

Email Other

B1 Source of gas: **A2** How soon/by what date do you wish us to respond?

B2 Contaminants – generic description: **B3** Gas Volume @ standard conditions:

Acids NOx

Alkaline Organics

Particulate Others:

C1 Influent temperature: **C2** Minimum ambient air temperature:

C3 Describe fluctuation, if any, of above conditions: **C4** Are there other requirements or specs to be met?

D1 Estimated time of procurement/contract aware is within the next

2 Months

3-6 Months

7-12 Months

Over 1 Year

Requirements:

Name	Influent Conc.	PPM / mg/m3	Effluent Conc.	PPM / mg/m3	% removal

Comments:

*Please fill out the form as completely as possible to help us understand your application.
Email completed form to information@branchenv.com
(Disregard questions not applicable).*