

# Scrubber 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](mailto:information@branchenv.com)  
 (Disregard questions not applicable).*