

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
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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).*