



# General Data Sheet for APC Emission Control System

Name \_\_\_\_\_

Company \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

1. Process description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Project objective (e.g., EPA compliance, resource recovery, etc.) and Required control level \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. New control equipment or retrofit \_\_\_\_\_

4. Operating conditions:

**METRIC UNITS**

OR

**ENGLISH UNITS**

a. Air (gas) volume \_\_\_\_\_ m<sup>3</sup>/hr \_\_\_\_\_ ACFM

b. Temperature \_\_\_\_\_ °C \_\_\_\_\_ °F

c. Pressure: \_\_\_\_\_ mmWG \_\_\_\_\_ inches water

d. Relative humidity: \_\_\_\_\_ % \_\_\_\_\_ %

5. Particulate / aerosol contamination (If applicable):

a. Particulate/aerosol loading: \_\_\_\_\_ kg/hr OR \_\_\_\_\_ lbs/hr

b. Particulate/aerosol type (*please check box*): Sticky  Abrasive  Explosive  Toxic  Corrosive  Hygroscopic

c. Particle size range (*microns*) \_\_\_\_\_ (attach distribution if available)

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6. VOC / Solvent contamination (if applicable):

a. Solvent loading: \_\_\_\_\_ kg/hr OR \_\_\_\_\_ lbs/hr OR \_\_\_\_\_ ppmv

b. Solvent mixture (select all that apply):

	High %	Normal %	Low %	Mol. Wt.
Toluene	_____	_____	_____	_____
Hexane	_____	_____	_____	_____
Xylene	_____	_____	_____	_____
Acetone	_____	_____	_____	_____
MEK	_____	_____	_____	_____
Isopropyl alcohol	_____	_____	_____	_____
Ethyl acetate	_____	_____	_____	_____
Chloroform	_____	_____	_____	_____
Odor	_____	_____	_____	_____
Other	_____	_____	_____	_____

7. Other contaminants (list): \_\_\_\_\_  
\_\_\_\_\_

Contaminant concentrations:

- 1) \_\_\_\_\_ kg/hr OR \_\_\_\_\_ lbs/hr OR \_\_\_\_\_ ppmv
- 2) \_\_\_\_\_ kg/hr \_\_\_\_\_ lbs/hr \_\_\_\_\_ ppmv
- 3) \_\_\_\_\_ kg/hr \_\_\_\_\_ lbs/hr \_\_\_\_\_ ppmv
- 4) \_\_\_\_\_ kg/hr \_\_\_\_\_ lbs/hr \_\_\_\_\_ ppmv

8. Other impurities in the air (gas): (lint, oils, mist etc.) \_\_\_\_\_  
\_\_\_\_\_

9. Room air changes (if required) \_\_\_\_\_ (changes/hr)



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10. Operating schedule:

Hours/day \_\_\_\_\_ Weeks/yr \_\_\_\_\_

Days/week \_\_\_\_\_ Hours/yr \_\_\_\_\_

11. Utility Costs:

Electric Power Cost \_\_\_\_\_ \$/KWH      \_\_\_\_\_ Natural Gas Cost \$/ Therm

12. Expected unit location (inside / outside) \_\_\_\_\_

13. Proposal Required: Budget  Equipment only  Firm  Turnkey

14. Timeline:

Proposal required by \_\_\_\_/\_\_\_\_/\_\_\_\_ Est. order date \_\_\_\_/\_\_\_\_/\_\_\_\_ Est. completion date \_\_\_\_/\_\_\_\_/\_\_\_\_

15. Additional comments

\_\_\_\_\_

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