



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 _____ m³/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 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
