

for the Planning of Gas Scrubber

COMPANY NAME: _____		CONTACT: _____	
ADDRESS: _____		CITY, STATE, ZIP CODE: _____	
PHONE NUMBER: _____		FAX NUMBER: _____	
EMAIL: _____			

INLET GAS		
Volume:	_____	acfm, scfm, pph, or other (specify)
Design Temperature:	_____	°F
Operating Temperature:	_____	Dry Bulb °F
	_____	Wet Bulb °F
Relative Humidity:	_____	%
Design Pressure:	_____	psig
Operating Pressure:	_____	(specify psia, psig, inches H2O or other)
Allowable Pressure Drop:	_____	Inches H2O
Draft Required:	or	
	_____	Inches H2O

COMPOSITION (including contaminant)				
COMPONENT	CFM, PPH OR OTHER (SPECIFY)	INLET % BY VOLUME/WT. (SPECIFY)	OUTLET % BY VOLUME/WT. (SPECIFY)	% REMOVAL REQUIRED

If Gas Contains Solid or Liquid Particles:	_____	
Quantity:	_____	lbs/hr.
Inlet Loading:	_____	grains/ft ³
Outlet Loading:	_____	grains/ft ³
Density:	_____	lbs/ft ³
Specify whether True or Bulk Density:	_____	

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CHARACTERISTICS (CHECK)	
Abrasive	_____
Corrosive	_____
Soluble	_____
Insoluble	_____
Hygroscopic	_____
Sticky	_____
Other	_____

PARTICLE SIZE DISTRIBUTION		
SIZE RANGE	% BY WT/COUNT (SPECIFY)	% REMOVAL REQUIRED

Source of Fume: _____

Reason for Removing Contaminant: _____

SCRUBBING LIQUID		
Composition:	_____	
Available Pressure:	_____	psig
Inlet Temperature:	_____	°F
Outlet Temperature:	_____	°F
Specify any Limit on available quantity:	_____	gpm
Once-Thru Use?		
Recirculation?		
Specify any Final Liquid Condition or Production Desired:		

MATERIALS OF CONSTRUCTION	
Identify acceptable alternates:	
If any special design criteria are required, such as material specs, codes, etc., please designate or explain:	

PAST EXPERIENCE
If other types of scrubbing equipment have been used on this application, please summarize your experience, including type, whether or not satisfactory, and reasons:

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