

SIMPLIFIED APPLICATION DATA SHEET
FAX this form to 630-577-0401 or email it to sales@amcec.com

(Note: please mention proper unit)

GENERAL

Company Name: _____ Date: _____
 Mailing Address: _____ City: _____
 State/Province: _____ Zip Code: _____ Country: _____
 Phone _____ Fax: _____ E-mail: _____
 Contact Name: _____

PROCESS

Describe type of industry process: _____

Operating hours/day: _____ Operating days/year: _____

Process air flow rate Maxi. _____ Design _____ SCFM ACFM NM³/hr AM³/hr

Process air flow temperature: Maxi. _____ °F °C Design _____ °F °C

Relative humidity: _____ % at temperature: _____ °F °C

Solvent/VOC mass or concentration by volume in process air flow :

Maximum _____ PPMV lbs/hr kg/hr Design _____ PPMV lbs/hr kg/hr

SOLVENT/VOC CHARACTERISTICS

Name	PPMV		Molecular Weight	Boiling Point		Cost of Solvent	
	lbs/hr	kg/hr		°F	°C	\$/lb	\$/kg

System recovery (or removal efficiency) expected: _____ %

Do you want to recover solvents? YES NO Can you reuse blend? YES NO

Utilities available: Steam pressure _____ PSIG BAR Electricity _____ Volts

Cooling/chilled water temp. _____ °F °C Natural Gas YES NO

What other technologies are being considered? _____

Other Comments: _____
