



## Scrubber Questionnaire

Please Fill Out the Questionnaire and Fax to 781 938 0064

Company Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

New Installation       Replacement       Repair

Contaminant and Concentration \_\_\_\_\_

Airflow Rate \_\_\_\_\_ cubic feet per minute

Air Temperature at Scrubber Inlet \_\_\_\_\_ degrees Fahrenheit or Celsius

Required Removal Efficiency \_\_\_\_\_ %

Installation       Indoor       Outdoor       Roof

Design       Horizontal       Vertical       Best Choice

Construction Material       PVC       Polypropylene

Additional Information \_\_\_\_\_