CECO Filters

MIST ELIMINATOR QUESTIONNAIRE

COMPANY:	
ADDRESS:	PHONE: ( )
CITY:	FAX: ( ) EMAIL:
STATE: ZIP:	CONTACT:
INSTALLATION LOCATION:	TITLE:

SYSTEM DESCRIPTION INFORMATION / PURPOSE OF MIST ELIMINATOR SYSTEM:

STACK OPACITY: ? STREAM PURITY: AIR POLLUTION: ? LIQUI? D RECOVERY: ?	NEW INSTALLATION: YES ? , NO ? REPLACEMENT SYSTEM?: YES ? , NO ?
SOLIDS RECOVERY: ? PREVENT DOWNSTREAM CONTAMINATION: ?	TYPE /SIZE OF EQUIP. REPLACED:
PRECIOUS METALS RECOVERY: ?	TYPE OF QUOTE REQUIRED: BUDGET ? FIRM ?
OTHER: _____	PLANNED PURCHASE DATE: / /

MATERIALS IN FLOW STREAM (TYPE/AMOUNT/SIZE):

COMPOSITION OF STREAM:	? WT%, OR	? VOL%
TYPE OF SOLIDS PRESENT:		
PARTICULATE LOADING: MG/ACF	SOLUBILITY OF SOLIDS:	
PERCENTAGE OF TOTAL LOAD ING THAT IS INSOLUBLE SOLID: %	WHAT IS THE pH OF THE PROCESS STREAM?	

STREAM CHARACTERISTICS:	MAXIMUM	MINIMUM
FLOW RATE (ACFM)		
PROCESS STREAM TEMPERATURE (ºF)		
TEMPERATURE AT FILTER INLET (ºF)		
ACTUAL OPER.PRESSURE (INCHES W.C. OR, PSI)		

PROCESS INFORMATION (DESCRIBE OR ILLUSTRATE YOUR PRESENT SYSTEM SET UP):

MANDATORY EFFICIENCY REQUIREMENT (S): WT. %	ALLOWABLE PRESSURE DROP FOR FILTER SYSTEM: INCHES W.C.
CECO TO PROVIDE BLOWER ASSEMBLY ? YES ☐ NO ☐	ADDITIONAL REQUIREMENTS:
SYSTEM TO BE INSTALLED INDOORS OUTDOORS	MIN / MAX AMBIENT TEMPERATURES DEG F / DEG F
AVAILABLE SPACE FOR SYSTEM (INCHES): LENGTH X WIDTH X CEILING HEIGHT ------- WEIGHT LIMIT LBS.	
MATERIALS OF CONSTRUCTION REQUESTED:	
WHAT OTHER EQUIPMENT / TECHNOLOGIES ARE BEING CONSIDERED ?	

Please complete this questionnaire in order to help us determine the correct filters and systems to control emissions in your process.
For evaluation and specific recommendations, mail or fax the completed questionnaire to:

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