

CUSTOMER INFORMATION			
Contact Name:		Date:	
Company Name:		Email:	
Address:		Phone #:	
Job Location:		Fax #:	
APPLICATION INFORMATION			
Describe Problem:			
Expected Result:			
AIR STREAM PROPERTIES (Needed for Activated Carbon and Equipment Selection)			
Property	Units	Average	Design
Temperature	°F or °C		
Flowrate	ft ³ /min or m ³ /hr		
Pressure	psig or in.H ₂ O or mbar		
Particulate Contaminates	ppm or mg/l		
Relative Humidity (RH)	%		
Contaminant(s)	Concentration	Units	
		ppmW other: _____	
EQUIPMENT INFORMATION			
Describe any existing equipment:			
For new equipment, describe any preferences or space and cost limitations:			

Completed Forms may be forwarded to:

1. E-mail: ciaqsales@calgoncarbon-us.com
2. Fax: 614-258-0222

Thank you for this opportunity to be of service!