

AIR FILTRATION SOLUTION REQUEST

CUSTOMER INFORMATION			
Contact Name:		Date:	
Address:		Email:	
Company Name:		Phone #:	
Job Location:		Fax #:	
APPLICATION INFORMATION			
Describe Problem:			
Expected Result:			
Budget Target:			
STREAM PROPERTIES			
Property	Units	Average	Design
Temperature	<input type="checkbox"/> °F or <input type="checkbox"/> °C		
Flowrate	<input type="checkbox"/> ft ³ /min or <input type="checkbox"/> m ³ /hr		
Pressure	<input type="checkbox"/> psig or <input type="checkbox"/> in.H ₂ O or <input type="checkbox"/> mbar		
Particulate Contaminates	<input type="checkbox"/> ppm or <input type="checkbox"/> mg/l		
Relative Humidity (RH)	%		
Contaminate(s)	Concentration	Treatment Objective	Units
			<input type="checkbox"/> ppmW <input type="checkbox"/> ppmV <input type="checkbox"/> mg/L <input type="checkbox"/> other: _____
ACTIVATED CARBON AND EQUIPMENT INFORMATION FOR NEW OR EXISTING APPLICATIONS			
Activated Carbon (AC)	<input type="checkbox"/> Currently Use Activated Carbon		<input type="checkbox"/> Will Need Activated Carbon
AC or Media Name:		AC Mesh Size:	
Equipment	<input type="checkbox"/> Currently Have Equipment		<input type="checkbox"/> Will Need Equipment
Type of Filters/Vessels:	<input type="checkbox"/> Trays	<input type="checkbox"/> V- or E- beds	<input type="checkbox"/> Vessel
Filter/Vessel Size 1:	Length	Width	Depth
Number Filters to Service:		Wgt. of AC per Filter:	
Filter/Vessel Size 2:	Length	Width	Depth
Number Filters to Service:		Wgt. of AC per Filter:	
Allowable Service Time:		Exchange Frequency:	

Completed Forms may be forwarded to:
E-mail: sales@continental-carbon.com

Thank you for this opportunity to be of service!