



PROCESS COMBUSTION CORPORATION  
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# Total Emission Solutions

## DESIGN APPLICATION FORM

DATE: \_\_\_\_\_

CONTACT: _____	COMPANY: _____
TITLE: _____	ADDRESS: _____
PHONE: _____	CITY/STATE/ZIP: _____
MOBILE: _____	YOUR REF#: _____
EMAIL: _____	PCC REF#: _____

PROCESS EXHAUST CHARACTERIZATION			
	Maximum	Average	Minimum
Exhaust Flow to RTO (scfm)	_____	_____	_____
Exhaust Temperature (°F)	_____	_____	_____
Exhaust Static Pressure (in w.c.)	_____	_____	_____
VOC Loading (lb/hr)	_____	_____	_____
VOC Constituents	Percent		
_____	_____ %		
_____	_____ %		
_____	_____ %		
_____	_____ %		
_____	_____ %		

OPERATIONAL INFORMATION			
Type of process or application _____	Electricity \$ _____	per kW	
Jobsite location (if different) _____	Nat'l Gas \$ _____	per Therm	
Operating hours per week _____	Ft. Above Grade _____	ASL	
Exhaust Stack Height Req'd _____			
Particulate in Exhaust?	Yes No	Amount	_____
Silicone in Exhaust?	Yes No	Amount	_____
Halogen in Exhaust?	Yes No	Amount	_____

COMMENTS:

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