

THERMAL OXIDIZER INQUIRY SHEET

DATE: _____

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

CONTINUOUS BATCH

TYPE OF ODOR, FUME, VAPOR, GAS:

Normal flow rate: _____ lb/hr scfm	Moisture: _____ wt% vol%
Max/Min flow rate: _____ lb/hr scfm	Pressure: _____ psig inches w.c.
Inlet Temperature: _____ °F	Particulate: _____ grains/scf
Approx. LHV: _____ Btu/scf	
No. of streams: _____	Are inorganics present? Yes No
	Is chlorine or sulfur present? Yes No
Material of construction required: _____	
Composition: _____	
	wt% vol % - dry

TYPE OF LIQUID:

Flow rate: _____ lb/hr gph	Solids: _____ ppm wt%
Viscosity: _____ ssu cs	Pressure: _____ psig inches w.c.
Inlet Temperature: _____ °F	Heating Value: _____ grains/scf
	Are inorganics present? Yes No
Material of construction required: _____	
Composition: _____	
	wt% vol % - dry

1. **Type of auxiliary fuel:** Natural Gas Propane #2 Oil #6 Oil Other _____
Fuel heating value: _____ Btu/lb Btu/ft³ **Oil Temperature:** _____ °F
Fuel pressure: _____ psig **Is gas pressure regulator required?** Yes No

2. **Type of insurance:** IRI FM Other _____

3. **Type of NEMA panel:** _____ Rack mount Ship loose

4. **Electrical power:** _____ **Electrical area classification:** _____

5. **Is stack required?** Yes No **Stack height:** _____ feet

6. **Is thermal heat recovery required?** Yes No *(Please check appropriate selection)*

Saturated Steam Superheated Steam Hot Water Hot air Thermal fluid

Flow requirement: _____ **Temperature:** _____ °F

Pressure: _____ psig **Boiler feedwater temperature:** _____ °F

7. **Thermal oxidizer will be installed:** Inside Outside
Horizontal Vertical down position Vertical up position

8. **Destruction efficiency required?** _____ %

9. **Emission limit relative to:** NOx _____ lbs/yr CO _____ lbs/yr UHC _____ lbs/yr
SOx _____ lbs/yr Particulates _____ lbs/yr

10. **Is a scrubber or quench system required?** Yes No
Percent SO₂ removal: _____ % Percent Cl₂ removal: _____ % Percent HCl removal: _____ %

11. **Is atomizing steam available?** Yes No _____ psig

12. **Is compressed air available?** Yes No _____ psig

13. **Site elevation:** _____ Feet (ASL) **Seismic Zone:** _____

14. **Additional equipment required?**

Liquid Seal Pot	Yes	No	Waste Gas Blower	Yes	No
Detonation Flame Arrestors	Yes	No	Waste Gas Eductor	Yes	No
Liquid Knock-out Pot	Yes	No	Skid Mounting	Yes	No
Ladders & Platform	Yes	No	EPA Test Ports	Yes	No