

GENERAL APPLICATION DATA SHEET (English Units)
BRINK® MIST ELIMINATORS



FAX TO: (314) 469-8805

C/O: MIST ELIMINATOR DEPARTMENT
MECS, INC.
P.O. Box 14547, ST. LOUIS, MO. 63178

Name: _____ Tel#: _____

Address: _____

City, State, Zip, Country _____

Email Address: _____ FAX# _____

Need: Immediate Long Range Information Only

Detailed or Budget Quote: _____ New or Replacement Filters: _____

Describe Application: _____

Current Problems? Please Describe: _____

Please specify inlet process conditions to mist eliminators using units provided below:

Gas Flow (acfm): _____

Operating Temperature (°F): _____ Operating Pressure (PSIA): _____

Design Temperature (°F): _____ Design Pressure (PSIA): _____

Gas Composition: _____

Mist Composition: _____ Mist Loading (mg/acf): _____

Desired Material of Construction _____

Pressure Drop: Maximum (in. wc.) _____ Preferred (in. wc.) _____

Are Emissions Visible? Please describe: _____

Emission Requirement: _____

Installation Sketch Needed? (Yes/No): _____ Tank Quote Needed?(Yes/No): _____

Other Pertinent Information: _____

Amount of insoluble particulate in gas stream (mg/m3): _____

For existing process, any build-up of semi-solids in downstream duct? _____