



Incinerator Design Specification Sheet

Attention: _____ Customer: _____
 Company Name: _____ General Location: _____
 Phone: _____ Site Elevation: _____
 Fax: _____ Required By Date: _____
 Email: _____ Today's Date: _____
 Project Reference: _____

EQUIPMENT REQUIREMENTS

Acid Gas Incinerator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enclosed Ground Flare	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tail Gas Incinerator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vent Gas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Solution Gas Incinerator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bio Gas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Still Column Incinerator	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

INCINERATOR SPECIFICATIONS

Description:	Choice:	Customer Specifications:
Structure Type:	<input type="checkbox"/> Self Supported <input type="checkbox"/> Guyed	_____
If Dehydrator:	<input type="checkbox"/> Knockout → Outlet Nozzle Elevation:	_____ ft.
	<input type="checkbox"/> No Knockout → Elevation Top of Still Column:	_____ ft.
Overall Stack Height:	Please provide Height:	_____ ft.
If Tank Vapours:	Please provide Tank Vent Elevation:	_____ ft.
Minimum Burn Inlet Elevation:	Please provide Elevation:	_____ ft.
Electrical Area Classification:	<input type="checkbox"/> Hazardous <input type="checkbox"/> Non-Hazardous	_____
Electrical Power Available:	Please provide details:	_____
Instrument Air Available:	<input type="checkbox"/> No <input type="checkbox"/> Yes → Please provide Pressure:	_____
Fuel Gas Pressure:	Please provide details:	_____
Fuel Gas Analysis:	Please provide details:	_____
Waste Gas Analysis:	Please provide details on a separate sheet or complete page two.	
Waste Gas Temperature:	Please provide details:	_____
Waste Gas Pressure:	Please provide details:	_____

