

# EcoCare<sup>®</sup> Odor Control Solutions<sup>™</sup>

## Request For Odor Control Consultation

Customer Information:

Please fill out and fax back to the number below or e-mail to [dmitchell@nature-plus.com](mailto:dmitchell@nature-plus.com) or [cstauffer@nature-plus.com](mailto:cstauffer@nature-plus.com)

In Canada : [paul.muldowney@sympatico.ca](mailto:paul.muldowney@sympatico.ca)

Date \_\_\_\_\_

Type of Site:

Trans. Stat. \_\_\_ LandFill \_\_\_ Compost \_\_\_ WTP \_\_\_

Company name \_\_\_\_\_

Mailing address \_\_\_\_\_

\_\_\_\_\_

Date proposal required \_\_\_\_\_

Estimated installation date \_\_\_\_\_

Is budget available for odor control (Y/N)

Person to contact \_\_\_\_\_

Phone no. \_\_\_\_\_ Fax no. \_\_\_\_\_

Email Address \_\_\_\_\_

Reason for request (complaints, improve work conditions, regulations etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Seriousness of Inquiry (have urgent need, collecting information, etc.)?

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\_\_\_\_\_

What does your operating permit allow you to do on your site?

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Describe the type of material you are permitted for. Example: commercial, industrial, institutional, medical, or municipal

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What tonnage are you permitted for: Inbound daily \_\_\_\_\_ Outbound daily \_\_\_\_\_

Tonnage allowed to store on floor overnight \_\_\_\_\_

What are your operating hours including weekends \_\_\_\_\_

### Project Information

Description of Odor Problem? Example: Is it a particular operation occurring at the site?

Examples: compost, bio-solids treatment, leachate collection pond, specific loads that you are receiving, or odor coming off the site when temporary cover is removed at the start of each day odor type(s) (garbage, green waste, ammonia, hydrogen sulfide, mercaptan)

Maximum concentration (ppm) \_\_\_\_\_ Odor source \_\_\_\_\_

Are there prevailing winds? \_\_\_\_\_ If yes what direction? \_\_\_\_\_

Is the site fenced? \_\_\_\_\_

What length of fence do you wish to protect? \_\_\_\_\_

Odor occurrence (seasonal, periodic, constant) \_\_\_\_\_

Incidence of dust ( Low, Medium, High) \_\_\_\_\_

Physical Description of Area to be Treated

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Dimensions of area to be treated (e.g. height, width, length, volume, acres, etc.).

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If area is enclosed, is the area ventilated? (cfm air?) \_\_\_\_\_

Have you tried other odor control methods? What type of system?

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Please describe any odor control equipment currently in use. Please include current operating parameters? (e.g. misters, scrubbers, bio-filters)

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Are there workers in the area to be treated? \_\_\_\_\_

**Available Resources**

( Compressed Air (psi, cfm)

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( Potable Water Location

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( Electricity (120, 220,440 VAC)

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Please Provide  
Sketch or  
Photograph if  
Available