

EcoCare[®] Odor Control Solutions[™]

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 or cstauffer@nature-plus.com

In Canada : 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.)?

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

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

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

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

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

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

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

Are there workers in the area to be treated? _____

Available Resources

(Compressed Air (psi, cfm)

(Potable Water Location

(Electricity (120, 220,440 VAC)

Please Provide
Sketch or
Photograph if
Available