



FOGCO

DUST / ODOR CONTROL SYSTEM DESIGN FORM

You need help designing a system? Fill out and submit this form or just give us a call.

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F 480 838 2232

E info@fogco.com

Name: _____ Company: _____ Date: _____
Phone : _____ Fax: _____ E-Mail: _____
Address: _____ City/State: _____ Country: _____

Control Required

Indoor () Outdoor () Both ()
Dust () Odor () Both ()

Building / Area Specifications

Dimensions: Length _____ Width _____ Height _____ Covered () Open ()

Ventilation: Sides () End () Roof () CFM: _____ Air Changes _____

Electrical Supply: Volts _____ Phase _____ Hertz _____

Water Supply: Municipal () Well () Other ()

Desired System Control

Manual () Time Based () Remote () By Others ()

Odor Source _____ Current Solution _____

Misc Information: _____

Fogco Systems, Inc. 600 S 56th Street Unit 9 Chandler, AZ 85226

Provide a detailed drawing of the area requiring the addition of a fog system. Indicate location of trusses, aisle ways, fans, pads, vents, mechanical room or water and electrical location, as well as the desired pump location. Use multiple 'Sketch Pages' for multiple area dimensions/specifications.

