

S/#24A 11th Quarterly 7/89

APPENDIX C

"Fixed/Moving Bed Gasification/Combustion Data Questionnaire"

Fixed/Moving Bed Gasification/Combustion Data Questionnaire

Name _____ Position _____
 Company _____
 Address _____
 City _____ State _____ Zip Code _____
 Country _____ Phone Number _____

Please check each answer that applies to your facility.

1. Does your facility have gasification/combustion related experimental data which can be made available to the BYU Combustion Laboratory on a ___ A. Restricted Basis ___ B. Unrestricted Basis ___ C. No Data Available

If your answer to question 1. was A or B, please complete the rest of this questionnaire. If you answered C, please fill in your name and address and return the blank questionnaire.

2. May we release your responses to this questionnaire in a report of this survey? ___ Yes ___ No

3. Does your facility have any of the following types of fixed/moving bed effluent data (e.g., temperatures or pressures measured at the gasifier/combustor's outlet)? Indicate which types of data are available in the boxes on the right.

EFFLUENT DATA					
Class of Data	Temperature	Pressure	Composition		Flow Rate
			Gas	Solids	
Fixed/moving bed gasification/combustion					
Non-reacting fixed/moving bed gas/solids flow					
Others (please specify)					

4. Does your facility have any of the following types of fixed/moving bed profile data (e.g., temperatures or pressures measured at various locations inside the gasifier/combustor)? Indicate which types of data are available in the boxes on the right.

PROFILE DATA					
Class of Data	Temperature	Pressure	Composition		Other (velocity, void fraction, pollutants, etc.)
			Gas	Solids	
Fixed/moving bed gasification/combustion					
Non-reacting fixed/moving bed gas/solids flow					
Others (please specify)					

(OVER)

5. Please indicate what type of facilities were used for measurements and their size.

Type of Facility	Gas Production Rate	Coal Feed Rate
Full-size gasifier/combustor		
Pilot-scale gasifier/combustor		
Lab-scale gasifier/combustor		

6. Whom should we contact to have these gasification/combustion data sent to us?

Name/Position: _____

Address: _____

7. Please indicate other persons, facilities, or references where relevant data may be available.

8. Other requests or comments.

9. Please check here if you would like to receive a copy of this survey when complete.

Thank you for your cooperation. Please return this questionnaire to:

Dr. L. Douglas Smoot
BYU Combustion Laboratory - 270 CB
Brigham Young University
Provo, Utah 84602

Dr. P. T. Radulovic from the BYU Combustion Laboratory will be contacting the person listed in question no. 6 to arrange for the delivery of your data.

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