

Date: \_\_\_\_\_ Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Company Reference Number: \_\_\_\_\_

Application/Process Description: \_\_\_\_\_

	VAPOR SIDE	LIQUID SIDE
Vapor/Fluid		
Flow Rate	_____ ACFM      _____ lb <sub>da</sub> /min _____ SCFM      _____ lb <sub>da</sub> /min	<b>Two are required for design:</b> _____ GPM
Inlet Temperature	_____ Dry Bulb      _____ Saturated      _____ Wet Bulb	_____ °F
Outlet Temperature	_____ °F	_____ °F
Design Pressure	_____ in. WC	_____ PSIG
Design Temperature	_____ °F	_____ °F
Allowable Pressure Drop	_____ in. WC	_____ PSI

*Gray fields are required.*

GENERAL DESIGN CRITERIA	
Vapor Flow Direction:	<input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal
If Vertical:	<input type="checkbox"/> Upflow <input type="checkbox"/> Downflow
Installation Elevation or Atmospheric Pressure: _____	
Envelope Restriction: _____ " Length × _____ " Width × _____ " Height <i>See drawing to the right for L, W, and H definitions.</i>	
Maximum allowable envelope (including manifolds) for rigging and final installation: _____ " Length × _____ " Width × _____ " Height	
Materials of construction: <input type="checkbox"/> 304/304L <input type="checkbox"/> 316/316L <input type="checkbox"/> Carbon Steel <input type="checkbox"/> Other      If other, please specify: _____	
Access doors required: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number and location: _____	
Duct mates to existing flange: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, flange size and bolt pattern: _____	
Header connection orientation: <input type="checkbox"/> "T" Style <input type="checkbox"/> Flanges on ends Desired connection size (to be determined at final design): _____	
Lifting orientation: <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Both	
Vent and drain required in headers: <input type="checkbox"/> Yes <input type="checkbox"/> No	
ASME Stamp required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Installed Location: <input type="checkbox"/> US <input type="checkbox"/> Canada <input type="checkbox"/> Other: _____	

