

Batch Cooling

FOR COMPANY USE ONLY
Date Received:
Date Quoted:
Territory Code:
Quote No.:

Please email this form to rwilliams@paulmueller.com with "The Chilling Solution" in the subject line. From: Company: Mailing Address: State: City: Zip: Telephone No.: Email: **BATCH COOLING** Type of Chiller Required: ☐ Potable Water ☐ Non-Potable Water Other: **Future Expansion Required:** Tes: % □ No (If Yes, notate percentage.) CHILLING REQUIREMENTS Batch Pull-Down Time: Batches Per Hour: Gallons Per Batch: City Water Temperature: Chilled Water Temperature Required: Make-Up Water Flow Rate: Flow Rate to Deliver Chilled Water: $\textbf{\textit{Note:}} \ \textit{If more than one batch size is used, please enter both the largest and smallest batch sizes required. and lowest flow rates required.}$ REFRIGERANT ☐ R-22 ☐ R-717 ☐ R-134A ☐ R-404A ☐ Flooded ☐ Recirculated \square DX Other: **CONDENSER TYPE AND VOLTAGE REQUIREMENTS** ☐ Air Cooled ☐ Outdoor ☐ Remote ☐ Indoor ☐ Water Cooled ☐ City Water ☐ Tower Water Condenser Water Temperature: Voltage:

Special Requirements or Comments: