

GAS APPLICATION SIZING WORKSHEET

NAME OF COMPANY: _____ DATE: _____
CONTACT: _____ FAX: _____
ADDRESS: _____ PHONE: _____
_____ TITLE: _____

OPERATING CONDITIONS * = Minimum Information Needed To Size Applications.

* NAME OF GAS: _____ NAME OF LIQUID IF PRESENT: _____
* MAXIMUM OPERATING FLOW RATE: _____ (MM scfd) AT: _____ PRESSURE (psig)
* GAS: _____ SPECIFIC GRAVITY (AIR = 1) OR _____ MOLE WEIGHT OR COMPOSITION (Attach Sheet)
* TYPE OF SYSTEM OR LOCATION IN PROCESS: _____ DRY? WET?
* MINIMUM OPERATING PRESSURE: _____ (psig) MAXIMUM OPERATING PRESSURE: _____ (psig)
MIN. OPERATING TEMPERATURE: _____ (Degree F) * MAX. OPERATING TEMP: _____ (Degree F)
AMOUNT OF LIQUIDS PRESENT: _____ (Gallons Per Day) AT: _____ SPECIFIC GRAVITY (Water = 1)
AMOUNT OF PARTICULATE PRESENT: _____ (Parts Per 100 scf) NAME OF PARTICULATE: _____
MAXIMUM ALLOWABLE CLEAN PRESSURE DROP: _____ (Standard = 2 psid flange to flange)

MECHANICAL DATA * = Minimum Information Needed To Size Applications.

* DESIGN PRESSURE: _____ MIN _____ MAX * DESIGN TEMPERATURE: _____ MIN _____ MAX
* WILL VESSEL BE ASME CODE STAMPED? _____ SOUR SERVICE? ACID SERVICE?
IF STAMPED, PRESSURE: _____ (psi) TEMPERATURE: _____ (Degree F) CORROSION ALLOWANCE: _____ (in)
FIRE SAFE SERVICE: _____ (i.e. All Connections / Closure Flanged?) _____
INLET AND OUTLET TYPE: FLANGED THREADED OTHER (Specify) _____
TYPE / ANSI RATING OF FLANGES: # _____ FACE: RF / RTJ TYPE: SO / WN / LWN
MATERIAL FOR VESSEL: CARBON STEEL CS/SS TRIM/EPOXY LINED STAINLESS STEEL 304 / 316
INTERNALS MATERIAL: CARBON STEEL STAINLESS STEEL 304 / 316
OTHER MATERIAL: _____ OTHER INTERNAL / EXTERNAL COATING: _____

SPECIAL CONSIDERATIONS

Use this space to describe any special considerations or specifications: _____

