

## LIQUID / STEAM JET EXHAUSTER SPECIFICATION SHEET

Please provide the requested information and fax to Schutte & Koerting at 215-639-1597

COMPANY NAME: \_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

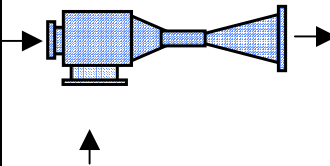
CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Motive Conditions		
<input type="checkbox"/> Liquid		
Specific Gravity:		
Fluid:		
Pressure:		psig
Temperature:		°F
Vapor Pressure:		psia
Flow Rate:		gpm
Viscosity:		cstk
<input type="checkbox"/> Steam		
Temperature:		°F
Pressure:		psig



Discharge Conditions		
Pressure:		psig

Gaseous Suction Conditions	
Gas:	_____
Molecular Weight:	_____ Temperature: _____ °F
<b><u>Complete One Section Below:</u></b>	
<b>A. Vacuum Pump:</b>	
Suction Pressure:	_____ psia Flow Rate: _____ # / hr
<b>B. Evacuation or Priming:</b>	
Total Volume to Evacuate:	_____ ft <sup>3</sup> / m <sup>3</sup>
Final Pressure:	_____ psia Evacuation Time: _____ min

Construction Requirements	
Type Connections:	<input type="checkbox"/> NPT <input type="checkbox"/> _____ lb. flanged <input type="checkbox"/> Other _____
Construction Material:	<input type="checkbox"/> 316 Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Teflon <input type="checkbox"/> Carbon Steel <input type="checkbox"/> Other _____
Comments:	