

LIQUID / STEAM JET EXHAUSTER SPECIFICATION SHEET

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

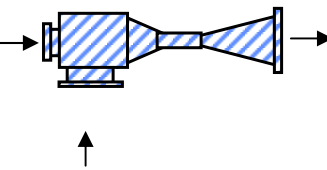
COMPANY NAME: _____ CONTACT: _____

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
<u>Complete One Section Below:</u>	
A. Vacuum Pump:	
Suction Pressure:	_____ psia Flow Rate: _____ # / hr
B. Evacuation or Priming:	
Total Volume to Evacuate:	_____ ft ³ / m ³
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:	