

## GAS JET COMPRESSOR/THERMOCOMPRESSOR SPECIFICATION SHEET

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

COMPANY NAME:

CONTACT:

ADDRESS:

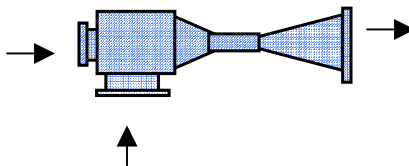
CITY, STATE, ZIP CODE:

PHONE NUMBER:

FAX NUMBER:

EMAIL:

| Motive Gas     |              |
|----------------|--------------|
| Gas:           |              |
| Molecular Wt.: |              |
| Temperature:   | °F           |
| Pressure:      | psig         |
| Flow Rate:     | lb/hr        |
| Specific Heat: | BTU/<br># °F |



| Discharge |      |
|-----------|------|
| Pressure: | psig |

| Suction Gas    |              |
|----------------|--------------|
| Gas:           |              |
| Molecular Wt.: |              |
| Temperature:   | °F           |
| Pressure:      | psig         |
| Flow Rate:     | lb/hr        |
| Specific Heat: | BTU/<br># °F |

| Construction Requirements |  |
|---------------------------|--|
| Type Connections:         | <input type="checkbox"/> NPT <input type="checkbox"/> _____ lb. flanged <input type="checkbox"/> Other _____ |
| Construction Material:    | <input type="checkbox"/> Carbon Steel <input type="checkbox"/> SST <input type="checkbox"/> Other _____      |
| Comments:                 |  |