



STEAM JET VACUUM SYSTEM 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: _____

Suction Conditions (complete as known)			
Mass Flow and Properties of Each Component (100% Flow)			
No.	Component	Flow Rate (#/hr)	M.W.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
Suction Pressure (mm or in. HgA):			
Suction Temperature (°F):			
Evacuation: (if required)			
Initial Pressure (mm HgA or in. HgA):			
Initial Temperature (°F):			
Volume to be evacuated (cu ft.):			
Final Pressure (mm HgA or in. HgA):			
Time for Evacuation (minutes):			
Air-in Leakage (if known) (#/hr.):			

Discharge Conditions		
Max. Vent. Pressure:		psig
Max Allowable Vent Temp:		°F
Normal Barometric Pressure:		psig
Installation Location:		

System Requirements		
Number of Stages:	_____	<input type="checkbox"/> Vendor to determine
Operation Frequency:	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent _____ Time	
Condenser Type:	<input type="checkbox"/> Shell & Tube <input type="checkbox"/> Direct Contact (Barometric)	
Scope of Supply:	<input type="checkbox"/> Component <input type="checkbox"/> Package System	
Package Requirements:	<input type="checkbox"/> Base Plate <input type="checkbox"/> Steam Piping <input type="checkbox"/> Vapor Piping <input type="checkbox"/> Cooling Water Piping	
Valves:	<input type="checkbox"/> Manual <input type="checkbox"/> Automated _____	
Gauges:	<input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input type="checkbox"/> Temp	

