

LIQUID JET EXHAUSTER SPECIFICATION SHEET

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

COMPANY NAME: _____

CONTACT: _____

ADDRESS: _____

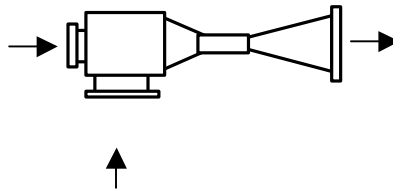
CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

FAX NUMBER: _____

EMAIL: _____

Liquid Motive Conditions		
Liquid:	_____	
Viscosity:*	_____	cstk
Specific Gravity:	_____	
Pressure:	_____	psig
Temperature:	_____	°F
Flow Rate:	_____	gpm



Discharge Conditions		
Pressure:	_____	psig

*If available

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
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:	