

TECHNICAL DATA INPUT SHEET • LIQUID-LIQUID COALESCER

COMPANY INFORMATION:			
Company:		Date:	
Contact Name:		Contact Title:	
Address:		Phone:	
		Email:	

INQUIRY DETAILS:			
End User Name:		Project Name:	
Service:		Tag:	
Due Date:		Bid Type:	<input type="checkbox"/> Firm <input type="checkbox"/> Budget

PROCESS CONDITIONS (Provide appropriate units):			
Operating Temperature		Operating Pressure	
Continuous Phase (Name)		Dispersed Phase (Name)	
Flow Rate (_____)		Flow Rate (_____)	
Density (_____)		Density (_____)	
Viscosity (_____)		Viscosity (_____)	
Surface Tension (_____)		Surface Tension (_____)	
Operating Range			
Slug Volume (If Any)		Allowable Pressure Drop	
Gas (If Present): Flow = _____ Density = _____ Viscosity = _____ Z = _____			
Solids/Foulants: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Explain) _____			

FLOW CONDITIONS:	
Feed to Coalescer: <input type="checkbox"/> By Gravity <input type="checkbox"/> By Pump	Flow Pattern: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
Feed pH: _____	

PRODUCT PURITY						
Continuous Phase		ppmv		% (v/v)		µm
Dispersed Phase		ppmv		% (v/v)		µm

VESSEL DETAILS:		LIQUID LEVELS (in/mm) OR RESIDENCE TIME (mins)			
Diameter (ID):	Height/Length:	HHIL		HHLL	
<input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal	<input type="checkbox"/> New <input type="checkbox"/> Existing	HIL		HLL	
Vessel Material:	Manway Size (ID):	NIL		NLL	
Boot Desired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Weir Height:	LLIL		LLLL	

COALESCER:			
Preferred Type:	<input type="checkbox"/> Mesh <input type="checkbox"/> Plate Pack <input type="checkbox"/> Structured Packing <input type="checkbox"/> Other _____		
Material:	<input type="checkbox"/> 304 <input type="checkbox"/> 316 <input type="checkbox"/> Other: _____	Co-Knit (Mesh):	<input type="checkbox"/> Teflon <input type="checkbox"/> Fiberglass
Motion:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide Pitch & Roll _____		
Sandjet System Quote:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Distribution Baffle:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:			