



Please fill in as you are able. If you are unsure leave it blank. If you have any questions please give us a call (780 875 2530)

Company Name

Contact Person

Phone Number

Email

Station Name

Type of Service (Residential or Industrial)

Inlet Pressure

Maximum psig or kPa

Typical psig or kPa

Minimum psig or kPa

Maximum Allowable Operating Pressure psig or kPa

Station Outlet Pressure

Maximum psig or kPa

Typical psig or kPa

Minimum psig or kPa

Station Throughput Rate

Maximum m³/hr or scf/hr

Typical m³/hr or scf/hr

Minimum m³/hr or scf/hr

Station Inlet Temperature °C or °F

Station Outlet Target Temperature °C or °F

Pressure Coil Flange Diameter Required or Preferred inches

Maximum Gas Velocity Allowed (if specified) fps

Maximum Pressure Drop Allowed across the Coil psi

Delivery Date Required

Glycol Type (ethylene or propylene)

Other concerns (i.e.) corrosive environment, urban area, ...