



HEAT EXCHANGE AND TRANSFER, INC.

500 SUPERIOR STREET, CARNEGIE PA 15106

PH.# 412-276-3388

FAX # 412-276-3397

In-Line Liquid Heating Inquiry Form

A. Customer Information:

Company Name: _____

Company Address: _____

Contact Name: _____

Phone #: _____ Ext.: _____ FAX #: _____

B. Process Data

Fluid: _____ Flow Rate: _____ SCFM Lb/hr CFM

Inlet Temperature: _____ °F, Outlet Temperature _____ °F

Specific Heat: (at T_{in}): _____ Btu/lb-°F, (at T_{out}): _____ Btu/lb-°F

Density: (at T_{in}): _____ lb/ft (at T_{out}): _____ lb/ft³

Inlet Pressure: _____ psig inches H₂O

C. In-Line Heater Data:

Heater Sizing: _____ kW or: _____ Btu/hr (if known)

Maximum Allowable Watt Density _____ Watts/sq in (if known)

Maximum Allowable Pressure Drop _____ psid

Area Classification or NEMA rating: _____ Mounted heater position: Horizontal Vertical

A.S.M.E. Sec. VIII Code Stamp Required? Yes No

Design Pressure _____ psig, at Temperature _____ °F Insulation Preference _____

Material of Construction _____ (Eg. Foam Glass, Calcium Silicate, By Others)

(Eg. Carbon Steel, 304SS, 316SS, Etc.)

Process line Pipe size _____ In. Schedule _____

Connection Type _____ (Eg. Flanged, NPT) Installation: Indoor Outdoor

Ambient temperature at installation site: Min _____ °F, Max _____ °F

Are controls required? Yes No

If so, what type? Complete Control Center High Limit Device: Bulb & Cap Electronic

Control mounting: local remote mounted Temperature Controller: Bulb&Cap Electronic

If remote, provide distance from heater _____ ft

Would you prefer the heater and controls to be skid mounted and wired? Yes No

D. Available Utilities:

Power Available: _____ Volts _____ Phase _____ Hz _____ Amps

E. Please list any restrictions/requirements that may affect the design of this equipment
