



Manufacturer of Quality Heat Exchangers

Shell & Tube Application

(For liquid to liquid heat exchangers)

Please fill out form as completely as possible. Fax completed form to **1-434-757-1810**

Contact Name _____ Telephone _____ Date _____

Company Name _____ Fax _____

Address _____ Email _____

Hot Side

Cold Side

1. Fluid Type

Helpful information if available

- a) Specific Gravity _____
- b) Viscosity _____
- c) Conductivity _____
- d) Specific Heat _____

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2. Flow Rate _____

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3. Temperature In _____

3. Temperature In _____

4. Desired Temperature Out _____

4. Temperature Out _____

5. Heat Load _____

Number of units allowable for application

- Single unit Two or more units

Location of heat Exchanger in System
(check one)

- Return Line
- Off Loop (Kidney Loop)
- Other (specify) _____

Material or Series Requirements _____

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Hot Side _____ Cold Side _____

Comments _____

