LECTRODRYER

P.O. Box 2500, Richmond, KY 40476-2602
+1 (859) 624-2091 / FAX: (859) 623-2436
E-Mail: info@lectrodryer.com

APPLICATION QUESTIONNAIRE

The purpose of this questionnaire is to enable Lectrodryer engineers to recommend the most efficient and practical solution to your gas and liquid drying/purification problem. For a firm recommendation, a completed questionnaire is required.

Date _____ Return this completed form to Lectrodryer at info@lectrodryer.com

Company Name _____

Address _____

City _____ State _____ Zip _____

By _____ Title _____ Dept. _____

Phone # _____ Fax # _____

Email: _____

How did you hear about us? (Please select from drop down): Referral

1. Describe the general need or problem.

2. Fluid to be dried/purified _____ Liquid ☐ Gas ☐

   Source _____

3. Operating Conditions: Pressure _____ Max. _____ Min. _____

   Temperature _____ Max. _____ Min. _____

   Flow Rate _____ Continuous _____ Intermittent _____

   If intermittent, detail _____

4. Entering moisture/contaminants content _____

   Desired effluent moisture/contaminants content _____

5. Utilities available:

- ☐ Electric _____ volts _____ Hz _____ Ph
- ☐ Natural Gas _____ psig _____ °F
- ☐ Steam _____ psig _____ °F
- ☐ Instrument air min/max _____ psig
- ☐ Purge gas composition _____ °F _____ psig _____ water content _____ cfm max.
- ☐ Cooling water _____ °F _____ psig
- ☐ Other _____

6. Equipment Specifications:

Control: ☐ Manual ☐ Semi-Automatic ☐ Automatic

Electrical Enclosures: ☐ NEMA 1 ☐ NEMA 4 ☐ Hazardous Area; Class _____ Group _____ Div _____

Other _____

Materials of Construction _____

7. Location: ☐ Inside ☐ Outside ☐ Protected ☐ Unprotected

Minimum/maximum ambient temperatures _____

Space Limitations _____

8. Design pressure: _____ min.

9. Properties: Viscosity _____ Heat Capacity _____ S. G _____ M. W. _____

10. Optional Features Desired: (List)

11. General Process Description:

12. Remarks: