FLUID HEATING COIL INQUIRY INFORMATION

Contact Information:

Company: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

Capacity:

Airflow: _____ lb/hr or _____SCFM (Standard Air) or _____ ACFM @ ___º F & ___ psia
Entering Air Temp: _____° F Leaving Air Temp: _____° F or _____ Btu/hr
Air Side Pressure Drop: _____ Inches W.C. (Maximum or Approximate Requested)
Fluid Type: Water or Ethylene Glycol (___ %) or Propylene Glycol (___ %) or _____
Fluid Flow: _____ GPM or _____ lbs/hr
Entering Water Temperature: ____° F & Leaving Water Temperature: ___° F or ___º F TD
Fluid Side Pressure Drop: _____ Feet W.C. or _____ psig

Airflow Direction:

☐ Horizontal Airflow with Right Hand Connections
☐ Horizontal Airflow with Left Hand Connections
☐ Vertical Up Airflow
☐ Vertical Down Airflow

Construction Materials:

Tube: _____ O.D. & _____ Wall Thickness Material: _____
Fin: _____ Fins Per Inch Material & Thickness _____
Header: Size & Material _____
Connections: Feed Size & Type _____ Return Size & Type _____
Case Type, Material & Thickness: _____

Dimensional:

Finned Face Size: _____ Fin Height (____ Tubes High) X _____ Fin Length
_____ Rows Deep (In direction of Airflow)
Overall area available: _____ High X _____ Wide X _____ Deep in Air Flow
☐ Includes Area for Headers and U- Bends/Tube ends (not including connections)
☐ Excludes Area for Headers and U-Bends/Tube ends (not including connections)

Connection Arrangement:

☐ Inlet & Outlet - Same End connections
☐ Inlet & Outlet - Opposite End connections