

GAS JET COMPRESSOR/THERMOCOMPRESSOR SPECIFICATION SHEET

Please provide the requested information and fax to Schutte & Koerting at 215-639-1597 or email to sales@s-k.com

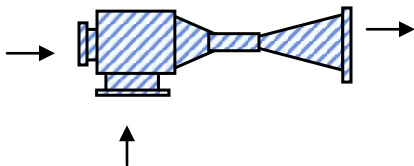
COMPANY NAME: _____ CONTACT: _____

ADDRESS: _____ CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL: _____

Motive Gas		
Gas:		
Molecular Wt.:		
Temperature:		°F
Pressure:		psig
Flow Rate:		lb/hr
Specific Heat:		BTU/ # °F



Discharge		
Pressure:		psig

Suction Gas		
Gas:		
Molecular Wt.:		
Temperature:		°F
Pressure:		psig
Flow Rate:		lb/hr
Specific Heat:		BTU/ # °F

Construction Requirements	
Type Connections:	<input type="checkbox"/> NPT <input type="checkbox"/> _____ lb. flanged <input type="checkbox"/> Other _____
Construction Material:	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> SST <input type="checkbox"/> Other _____
Comments:	