



PLATECOIL Information Form PC-G1-2

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E-Mail: sales@deltatthermal.com

Date: _____

Customer Information	
Customer:	Phone:
Attention:	Fax:
Street:	E-Mail:
City/ State/ Zip:	Project:

1. Quote Turnaround: Std. Turnaround – 5 Business Days Specified Turnaround _____
2. PLATECOIL Application (check one): Clamp-On Immersion Integral Other _____
3. Coil Material (check one): Carbon St. 304LSS 316LSS Titanium Other _____
4. Type of Quotation (check one): Buy Design Budget

Design Conditions	Product Side	Platecoil Side
Medium	%	%
Flow Rate GPM		
Temperature In °F		
Temperature Out °F		
Pressure Drop Allowable psig		
Specific Heat* Btu/(lb) °F		
Specific Gravity*		
Thermal Conductivity* Btu/(hr)(ft) °F		
Viscosity* (at avg. temp)	cp@ °F	cp@ °F

* For fluids other than water or steam, properties should be furnished.

5. Design Pressure: _____ psig
6. Design Temperature: _____ °F
7. ASME Code Stamp: Yes No
8. Time for Heat-Up/Cool Down: _____ Hours
9. Overall Q if known: _____ Btu/hr

Tank Information:

10. Size: _____ L X W X H or _____ Dia. X _____ Height
11. Qty: _____
12. Location (check one): Indoors Outdoors
13. Top (check one): Open Closed
14. Insulated (check one): Yes No
15. Thickness: _____
16. Force Vented (check one): Yes No
17. Agitated (check one): Yes No
18. Ambient Operating Temperature: _____ °F
19. If Clamp-On, will mastic be used? Yes No
20. Freight Estimate Required: Yes No If Yes, _____ City/State/Zip

Remarks / Application Details: