

Gas Conditioning Inquiry Form

SOx, NOx and Temperature Reduction
Miscellaneous Gas Scrubbing Applications



Lechler, Inc. c/o TPS Inc.
Post Office Box 209
Newton, NJ 07860
p.908.496.9020
f.908.496.8080
<http://www.fluidproducts.com>

Visit our web site at www.fluidproducts.com for more information describing our nozzles and accessories ... more info. is only a "click" away!

Please fill-out as much as possible the applicable information for your Gas Cooling or Conditioning Application

Contact Name:	
Company Name:	
Address:	
City, State, Zip:	
Email Address:	
Telephone Number:	
Fax Number:	

	English/U.S. Units	Metric Units
Mass Flow Rate of Gas and/or Volume of Gas Flow Rate:	Lb/Hr. ACFM at _____ SCFM	Kg/S Cu.M/Min. _____ Degrees C. Cu.M/Min.
Gas Viscosity:	Cps.	mP*S
Specific Heat of Gas:	BTU/Lb	kJ/kg*K
Inlet Gas Temperature:	Degrees F.	Degrees C.
Desired Outlet Gas Temp.:	Degrees F.	Degrees C.

Cooling Media:

- Water
- Other (Specify) _____

Initial Temperature: _____

- Degrees F.
- Degrees C.

Max. Pressure Available: _____

- PSI
- BAR

Atomizing Media:

- Air
- Dry Steam
- Other

Initial Temperature: _____

- Degrees F.
- Degrees C.

Max. Pressure Available: _____

- PSI
- BAR

Is Complete Evaporation Required?: Yes No

Allowable Un evaporated Coolant is: _____ % GPM LPM

Available Distance for Cooling is: _____ Feet Meters

Gas Flow Direction: Vertical Horizontal Up Down

Spray Direction: Co-Current Counter-Current Cross-Current

Type of Spray Nozzle Desired: Single Fluid Two-Fluid Either

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Provide general vessel or ductwork dimensions, important considerations and additional comments or instructions below:

A large, empty rectangular area with a light gray background and a thin black border, intended for providing general vessel or ductwork dimensions, important considerations, and additional comments or instructions.

Please fax the completed form to 908.496.8080 or email it to inquiry@fluidproducts.com