



# HEAT EXCHANGE AND TRANSFER, INC.

500 SUPERIOR STREET, CARNEGIE PA 15106

PH.# 412-276-3388 FAX # 412-276-3397

## Tank Heating: Inquiry Form

### A. Customer Information:

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax #: \_\_\_\_\_

### B. Process Data

Tank Material of Construction: \_\_\_\_\_

Tank Interior Coatings (if any): \_\_\_\_\_

Type and Thickness of Insulation (if any): \_\_\_\_\_

Tank Geometry:  Rectangular  Cylindrical

If Rectangular, please provide: Length \_\_\_\_\_ in., Width \_\_\_\_\_ in., Height \_\_\_\_\_ in.

If Cylindrical, please provide: Diameter: \_\_\_\_\_ in., Height or Length: \_\_\_\_\_ in.

Is the cylindrical tank :  Horizontal  Vertical

Does the tank have an open top?  Yes  No

Tank Capacity: \_\_\_\_\_ gallons, Tank Weight (Empty): \_\_\_\_\_ lbs.

### C. Tank contents to be heated

Fluid: \_\_\_\_\_ Specific Heat: \_\_\_\_\_ Btu/lb-°F, Density: \_\_\_\_\_ lb/ft<sup>3</sup>

Amount of fluid to be heated: \_\_\_\_\_ Gal.

Initial Fluid Temperature: \_\_\_\_\_ °F, Heat Up to: \_\_\_\_\_ F in \_\_\_\_\_ hours

Maintain a fluid temperature of : \_\_\_\_\_ °F

Tank loop:  Agitator  Re-Circulation

If there is fluid re-circulation, please supply the following:

Re-circulation rate: \_\_\_\_\_ gpm, Leaving Temp. \_\_\_\_\_ °F, Returning Temp. \_\_\_\_\_ °F



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## C. In-Line Heater Data:

Heater Sizing \_\_\_\_\_ kW or \_\_\_\_\_ Btu/hr (if known)

Maximum Allowable Watt Density \_\_\_\_\_ Watts/sq in (if known)

Maximum Allowable Pressure Drop \_\_\_\_\_ psid

Area Classification or NEMA rating: \_\_\_\_\_ Mounted heater position:  Horizontal  Vertical

A.S.M.E. Sec. VIII Code Stamp Required?  Yes  No

Design Pressure \_\_\_\_\_ psig, at Temperature \_\_\_\_\_ °F Insulation Preference \_\_\_\_\_

Material of Construction \_\_\_\_\_ (Eg. Carbon Steel, 304SS, 316SS, Etc.)

Process line is a  Pipe  Duct

Process line size \_\_\_\_\_ " (circular) or \_\_\_\_\_ " wide x \_\_\_\_\_ " high (rectangular)

Connection Type \_\_\_\_\_ (Eg. Flanged, NPT) Installation:  Indoor  Outdoor

Ambient temperature at installation site: Min \_\_\_\_\_ °F, Max \_\_\_\_\_ °F

Are controls required?  Yes  No

If so, what type?  Complete Control Center High Limit Device:  Bulb & Cap  Electronic

Temperature Controller:  Bulb&Cap  Electronic

Control mounting:  local  remote mounted

If remote, provide distance from heater \_\_\_\_\_ ft

Would you prefer the heater and controls to be skid mounted and  Yes  No

Wired?

## D. Available Utilities:

Power Available: \_\_\_\_\_ Volts \_\_\_\_\_ Phase \_\_\_\_\_ Hz \_\_\_\_\_ Amps

E. Please list any restrictions/requirements that may affect the design of this equipment

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