

Requested By:

Company: _____
Contact Name/Title: _____
Phone Number: _____
Email: _____
Quote Need Date: _____
On Site Need Date: _____
Project Name or Reference/ End User: _____
Installation Location: _____

Process Conditions:

Gas composition: _____ MW
Gas Moisture Content (or pressure dewpoint): _____
Requested Flow (SCFM, Nm³/hr, lb/hr, or kg/hr): _____
Inlet Pressure: (Min / Max / Normal) (Specify Gauge or Absolute) _____
Inlet Gas Temperature: (Min / Max / Normal) _____
Requested Maximum Discharge Pressure: (Specify Gauge or Absolute) _____
Required Point of Use pressure: (Specify Gauge or Absolute) _____
Requested Discharge Temperature: (Specify Actual or aftercooler Approach) _____
Duty Cycle: (Continuous/Intermittent – Run time per hour) _____

Ambient Conditions at Installation location:

Available power: (Volts / Phase / Hertz) _____
Hazard Classification: (Please specify classification of installation location) _____
Certification required: _____
Control Panel: Yes No
Remotely Mounted: Yes No
Network Communication: Yes No
Elevation (above sea level): _____
Will the system be installed indoors or outdoors? (Outdoor installations require roof) _____
Installation Ambient Temperatures: (Min/ Max) _____
Relative Humidity: _____
Available cooling media: (Water/ Air / Glycol Mix) _____ Cooling media temperature: _____

Scope of Supply: (Hycomp standard scope of supply includes skid mounted compressor, motor, heat exchangers, instrumentation and Control panel. Please list any additions or changes to Hycomp standard scope of supply, i.e. pulse dampeners, filters.)

Application Details: Please provide a detailed description of the application including equipment that is upstream and downstream of our compressor system. Please provide any drawings, documents or specifications that will help us understand your requirements.
