HAMMONDS TECHNICAL SERVICES, INC.

APPLICATION SPECIFICATIONS FIXED FACILITIES
(Terminals, Pipelines, Refineries, etc.)

Date _____ Your Company _____

Your Name _____ Installation Location_____

Telephone_____ Fax_____

Type of Application _____

Flow Direction (circle one) -Left to Rignt- -Right to Left- -Vertical Up- -Vertical Down-

Product to be Treated _____ Viscosity _____

Base Product Piping Size _____

Base Product Piping Connections (circle one)

-RF Flange- -NTT Flange- -Victaulic- Threaded Companion-

Injection Unit Body Supplied in Aluminum _____ Steel _____

Normal Product Flow Rate _____ GPM/Cubic Meters per Hour

Duration _____ (How long in hours, does the product flow at this rate per batch/load, etc.)

Minimum Product Flow Rate _____ GPM/Cubic Meters per Hour

Duration _____ (How long in hours, does the product flow at this rate per batch/load, etc.)

Maximum Product Flow Rate _____ GPM/Cubic Meters per Hour

Duration _____ (How long in hours, does the product flow at this rate per batch/load, etc.)

Normal Operating Product Line Pressure PSI _____ BAR _____

Maximum Operating Product Line Pressure PSI _____ BAR _____

Additive Total Suction Head in Feet _____ PSI _____

Additive Total Suction Lift in Feet _____ PSI _____

Domestic or DFAR material requirements (check one) Yes____ No ____

Operating Conditions

Hours Per Day _____ Continuous _____ Intermittent: _____

Names of Additives

Additive 1 _____ Injection Ratio _____ PPM

Additive 2 _____ Injection Ratio _____ PPM

Additive 3 _____ Injection Ratio _____ PPM

Additive 4 _____ Injection Ratio _____ PPM

Additional Information, such as elastomers that are compatible wtih the additives

_____

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