

VALVE SPEC

Date _____ Author _____ Company _____

Phone _____ Email _____

VALVE APPLICATION INFO:

(Name, Tag, Objective, etc.) _____

PROCESS INFORMATION

Media: _____ Liquid Gas Solid %Solids _____ ph _____

Specific Gravity: SG Minimum _____ SG Nominal _____ SG Maximum _____

Temperatures: T Minimum _____ T Nominal _____ T Maximum _____ °C °F

Upstream Pressure (P_1) P_1 Minimum _____ P_1 Minimum _____ P_1 Minimum _____ PISG PSIA

Downstream Pressure (P_2) P_2 Minimum _____ P_2 Minimum _____ P_2 Minimum _____ PISG PSIA

Differential Pressure (ΔP) ΔP Minimum _____ ΔP Minimum _____ ΔP Minimum _____ PISG PSIA

Maximum Shutoff Pressure (P_{max}) _____ Viscosity (CP) _____

Flow (Q) QMinimum _____ QNominal _____ Q Maximum _____ CPM m³/h

Estimated Cycles Per Hour _____

Brand of Valve Currently Using _____ Average Service Life _____

VALVE AUTOMATION

On Off Operation Throttling Operation Manually Operated

Fail Closed Fail Open Double Acting

Available Supply Air (PSI) _____ 4-20mA Control Signal 3-15 PSI Control Signal _____

PIPING & INSTALLATION

Line Size (inch) _____ ANSI 150# RF Flanged ANSI 300# RF Flanged ANSI 600# RF Flanged

Valve will be installed Horizontally Vertically

Is the Line Cleaned Periodically? _____ Flushing Media? _____ Temperature of Flushing Media _____

How Often are Scheduled Maintenance Shut-Downs? _____

List additional options you require on this valve with brand and model numbers as well as important and pertinent information that we should be aware of when recommending or sizing this process.

Email application information form to: larryh@micsales.net or fax to 901-373-0080.