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TECHNICAL DATA SHEET MESH / VANE / CANDLE

CUSTOMER DATA:		
Company:	Contact / Title:	
Address:	Phone:	Fax:
Email:		

PROCESS: (Briefly describe the separation application. Include sketch if necessary). Add <u>appropriate units</u> .		
Description:		
Operating Temperature:		
Operating Pressure:		
Gas type:	Liquid Type:	
Density / S.G.:	Molecular Wt.:	Density / S.G.:
Viscosity:	Compressibility:	Viscosity:
Flow rate:	Liquid / Mist Loading:	

SEPARATION EFFICIENCY REQUIRED:	
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VESSEL:	New: <input type="checkbox"/> Old: <input type="checkbox"/>	If new, would you like a quote for the vessel? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Diameter:	Ht. / Length:	Orientation: Vertical: <input type="checkbox"/> Horizontal: <input type="checkbox"/>	
Material:	Design temp./pressure:	C.A.:	Manway size:

ADDITIONAL CONSIDERATIONS:			
Preferred Type:	Wire Mesh: <input type="checkbox"/>	Vane: <input type="checkbox"/>	Candle: <input type="checkbox"/>
Material:			
Solids:			
Pressure Drop restrictions:			

Mist Eliminators • Liquid/Liquid Coalescers • Trays, Valve/Bubble Caps

24 Hour EMERGENCY Service Available

Emergency Phone: 1-800-839-6374