

STEAM COIL INQUIRY FORM

Company: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

Capacity

Airflow: _____ lb/hr or _____ SCFM (Standard Air) or _____ ACFM @ _____ °F & _____ psia
Entering Air Temp: _____ °F
Leaving Air Temp: _____ °F or _____ Capacity (Btu/hr) or Other: _____
Saturated Steam Pressure: _____ PSIG at coil inlet Steam Temperature: _____ °F
Condensate Flow Rate (if known): _____ lb/hr
Air Side Pressure Drop: _____ Inches W.C. (Maximum or Approximate Requested)

Airflow Direction

Airflow: Horizontal Vertical Tubes: Horizontal Vertical
 S - Standard Steam Coil with Feed & Return Connections on the Same End of the Coil
 SU - Standard Steam Coil with Feed & Return Connections on the Opposite End of the Coil
 DS - Steam Distributing Coil with Feed & Return Connections on the Same End of the Coil
 DO - Steam Distributing Coil with Feed & Return Connections on the Opposite End of the Coil

Construction Materials

Tube: _____ O.D. & _____ Wall Thickness Material: _____
Fin: _____ Fins per Inch Material: _____ Thickness: _____
Header Size: _____ Material: _____
Connections: _____ Feed Size & Type: _____ Return Size & Type: _____
Case Type: _____ Material: _____ Thickness: _____

Dimensional

Finned Face Size: _____ Fin Height (_____ Tubes High) X _____ Fin Length
_____ Rows Deep (in direction of Airflow)
Overall Area Available: _____ High X _____ Wide X _____ Deep in Airflow Direction
 Includes Area for Headers and U-Bends/Tube Ends (not including connections)
 Excludes Area for Headers and U-Bends/Tube Ends (not including connections)