

# Evaporator Questionnaire

Company	Street	City, State	Zip, Country
Contact Name	Telephone	Fax	E-mail
Interested in: Evaporator <input type="checkbox"/> Crystallizer <input type="checkbox"/> Other <input type="checkbox"/> _____	Project Status: New Production <input type="checkbox"/> Production Increase <input type="checkbox"/> Research & Development <input type="checkbox"/> Other <input type="checkbox"/> _____	Location of Installation	
		Delivery Date of Equip. Required	

## SYSTEM DESIGN DATA

Description of Application: _____ _____		Feed Description / Components in Feed _____ _____	
Composition: _____	Feed Rate _____	Final Product Rate _____	Evaporation Rate: _____
	Feed Concentration _____	Final Product Conc. _____	Max. Operating Temperature _____
Fouling? _____	Feed Temperature _____	Final Product Temp. _____	
Concentrate Viscosity (at various temps) _____		Concentrate Boiling Point Elevation _____ at _____ Temp:	
Required Operating Time: _____Hrs/Day _____Days/Wk _____Hrs/Yr			Sample available for testing? _____
Material of Construction: _____		Product Contact Material: _____	

## UTILITIES

Utility Cost: _____	Electrical Power _____
Steam, Pressure: _____	Water, Temperature _____
Quantity Available: _____	Quantity Available _____

## WASTE GAS

Source: _____	Temperature: Dry Bulb _____
Flow (SCFM or lb/hr): _____	Wet Bulb _____
Composition: _____	Special Characteristics _____

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_