



SUPERIOR FABRICATION, INC.

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DEHYDRATOR SPECIFICATION SHEET

Company name _____

Project location _____ Date required _____

Contact name _____

Phone _____ Fax. _____ E-mail _____

Conditions :

Gas flow rate _____ MMSCFD

Operating Pressure _____ PSIG at _____ deg F

(Note: If a range is given in these conditions, the worst case will be used for sizing and pricing)

Inlet Water Content lb./MMSCF _____ *(If unknown, gas will be assumed to be saturated)*

Gas Specific Gravity _____ *(Attach gas analysis if available)*

Outlet Water Content lb./MMSCF _____ *(Assumed to be 7 lb./MMSCF if not completed)*

(Note: Answer the following if the Dehy will be installed downstream of a compressor.)

Compressor Suction Pressure _____ PSIG at _____ deg F

Is there a Filter Separator after the Compressor? YES NO

If not, would you like a quote for one? YES NO

Specific Design Requirements and Options :

Desired Contactor MAWP *(design)* _____ PSIG at _____ deg F

What type of Glycol Pump(s) is preferred? KIMRAY ELECTRIC

If electric, what type & voltage is available? _____

What type of Flash Separator is preferred? NONE 2-Phase 3-Phase

Is instrument air available? YES NO _____ PSIG

Is a Charcoal Filter required? YES NO

If so, does it need to be full flow? YES NO

Tray Cleanouts in Contactor? YES NO

OSHA Ladder for Contactor? YES NO

Contactor mounted on skid? YES NO

Drip Pan on Skid? YES NO

True-Lite Igniter on the Burner? YES NO

Superior Fabrication, Inc. can provide any type or arrangement of Dehydrator and will quote the best for conditions stated above. However, if you prefer a specific type of dehydrator or specific brand of controls and instruments, please note as such here. _____

