



SUPERIOR FABRICATION, INC.

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EVAC (BTEX UNIT) SPECIFICATION SHEET (Emmissions, Volatiles & Aromatics Control)

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 BTU rating & 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

Specific Information about the Dehy :

What type of Glycol Pump(s) are on the Dehy? KIMRAY ELECTRIC _____ gpm

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

Is the Flash Gas captured or vented? CAPTURED VENTED

If Captured, where & how? _____

Reboiler size, BTU/hr ? _____

Size & Type of Still Column Vent Connection? _____
NPT, flanged etc.

Distance & Elevation from EVAC to Slop Tank? _____

Is instrument air available? YES NO _____ PSIG

If electric power is available, what type & voltage? _____

Does your permit require a Combustion Device for the non-condensable vapors? YES NO

What type is required or preferred? Internal, *(Thermal Oxidizer or Incinerator)* External. *(Flare)*

What are other specific requirements of your permit? _____

Other _____

