

Custom Pipetrain Survey Form

Updated 04/21/00

Requestor:

Name: _____

Date: _____

Date Required: _____

(ASAP is not a date and will be ignored)

Customer Information:

Company: _____

Final Destination: _____

Quote: _____ Order: _____

Pipetrain Requirements:

Type of Fuel: _____ Natural Gas _____ #2 Fuel Oil

Other (Describe): _____

Inlet Pressure: _____ Psig @ _____ Deg. F

Flow Rate _____ SCFH, GPH (circle one)

Pipetrain Special Requirements or Agency Approvals:

Fm _____ IRI _____ NFPA-86 _____ CGA _____

Other: _____

Piping Material: SA-53-B _____ SA-106-B _____

OTHER _____

Orientation of Pipetrain:

Straight _____ Serpentine _____ "L" Shaped _____

"C" Shaped _____ See attached Sketch _____

Inlet Section:

Size of Inlet Section: _____ NPT, _____ Flanged (150#)

Pipe Schedule _____ 40 _____ 80

Inlet Gas Valve Type:

Dez. Gas Cock _____ Hmstd Lube Cock _____

Ball Valve W/Lock _____ Std. Ball Valve _____

Other Type or Maxon Part No. _____

Drip Leg: _____ yes _____ no

Strainer: _____ yes _____ no

Maxon Part No. _____

Inlet Pressure Gauge: _____ yes _____ no

Range _____ Maxon Part No. _____

High Pressure Regulator:

Maxon Part No. _____

Orifice Size _____ Spring Range _____

Low Pressure Regulator:

Maxon Part No. _____

Orifice Size _____ Spring Range _____

Relief Valve Required: _____ yes _____ no

Outlet Section:

Size of Outlet Section: _____ NPT, _____ Flanged (150#)

Pipe Schedule _____ 40 _____ 80

Low Gas Pressure Switch: Range _____

Voltage _____ Nema Rating _____

Maxon Part No. _____

Safety Shut-Off Valve:

Maxon _____ Switch Kit _____

Trim _____ Nema _____ 4 _____ 4X

Blocking Valve:

Maxon _____ Switch Kit _____

Trim _____ Nema _____ 4 _____ 4X

Vent Valve Option: _____ yes _____ no

_____ STO-M, _____ STO-A, _____

Maxon Part No. _____

Solenoid Type: ASCO Part No. _____

Outlet Pressure Gauge: _____ yes _____ no

Range _____

Maxon Part No. _____

High Gas Pressure Switch: Range _____

Voltage _____ Nema Rating _____

Maxon Part No. _____

Outlet Pressure Gauge: _____ yes _____ no

Range _____

Maxon Part No. _____

Outlet Gas Valve Type: _____ yes _____ no

Other Type or Same as Inlet _____

Control Valve Option: _____ yes _____ no

Specify: _____

(Pipetrain survey continued on page 2)

Pilot Section:

Pilot Required: yes no

Pilot Size: _____ NPT,

Pipe Schedule _____ 40 _____ 80

Pilot Type:

Std. HP: _____ Std. LP: _____ CGA HP: _____

CGA LP: _____ Double Block: _____ HP _____ LP

Attached Sketch: _____

Inlet Valve: (# _____) yes no

Outlet valve: (# _____) yes no

High _____ Low _____ Pressure Regulator:

Maxon Part No. _____

Orifice Size _____ Spring Range _____

Safety Shut-Off Valve _____ & Blocking Valve _____

Maxon Part No. _____ Asco Part No. _____

Vent Valve Option: yes no

_____ STO-M, _____ STO-A, _____

Maxon Part No. _____

Solenoid Type: ASCO Part No. _____

Outlet Pressure Gauge: yes no

Maxon Part No. _____

Range _____

Atomizing Air/Steam Section:

(used when fuel is oil)

Required: yes no

Size: _____ NPT,

Pipe Schedule _____ 40 _____ 80

Inlet Manual Shut-off Valve:

Maxon Part No. _____

Pressure Regulator:

Maxon Part No. _____

Orifice Size _____ Spring Range _____

Inlet Pressure Gauge: yes no

Range _____

Maxon Part No. _____

Low Gas Pressure Switch: Range _____

Voltage _____ Nema Rating _____

Safety Shut-Off Valve:

Maxon Part No. _____

Asco Part No. _____

Additional Requirements:

Special Piping Codes: _____

Special Paint: _____

Pre-Wire Specification (If Required): _____

Customer Specifications Attached: _____

Special Remarks: _____
