

Application Data Form

Date _____

For: SEAL-PAC Professional Services, Inc.

Fax 281-838-0888

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Drawing attached Yes No

From _____

Title _____

Company _____

Address _____

Fax No. _____

Phone No. _____

E-mail Address _____

Application

- Pipe Flange
- Heat Exchanger
- Manway
- Compressor

- Pumps – centrifugal / horizontal split case
- Flue Duct
- Valve Bonnet
- Other _____

Service Conditions

Maximum Temperature _____ °F/°C

Continuous Operating Temperature _____ °F/°C

Internal Pressure _____ psig / bar

PSIG / bar Continuous Intermittent

Thermal Cycling _____ / 24 hours

Vibration Yes No

Other (specify) _____

Bolts

Grade _____

Diameter _____

Length _____

Number _____

Chemical Compatibility

Media _____

pH _____

Concentration _____

Liquid or Gas _____

Flange

Standard

Material _____

Size _____ Rating _____

Surface Finish _____ RMS

Phonographic Concentric

Face (raised, flat, tongue & groove, etc.) _____

Non-Standard

Material _____

I.D. / O.D. _____

Flange Thickness _____

Bolt Circle Diameter _____

Surface Finish _____ RMS

Phonographic Concentric

Face (raised, flat, tongue & groove, etc.) _____

Comments: _____
