

Form 636 EZP

Complete this form to get help in evaluating a propane standby system for your location!

Basic Information					
Contact Info	rmation for You				
Name					
Title					
Company					
Address					
City					
State/Prov.	Zip				
Email					
Phone					
Fax					
Other Contact for your Company's Peaking Needs					
Name					
Title					
Company					
Address					
City					
State/Prov.	Zip				
Email					
Phone					

Please tell us your requireme	nts. We'll respond right away.
Date	
Propane-air Plant Location	
What are your needs at this location	' (Select all that apply)
For an existing propane-air plant:	For a new propane-air plant:
Engineering / Review	Engineering
Remodel Plant Relocate / Dismantle Plant	☐ Budget Price☐ Design / Build Proposal
Other	
For more information, I want Standby	' to
O Call me	
O Call other contact shown above	
O I will send the information in the I	next section

Plant Data			
This data is for a	☐ New Plant ☐ Existing Plant		
If this data is for an e	xisting plant, please provide the year	it was built	
When - In-service dat	e for remodel or new plant		
Capacity - Natural ga	s replacement capacity per day		Please specify
MMBtud or Mcfd			
Min BTU/CF - MINIMU	Btu/cf		
If not specified, min. range Specify KNOY or WOBBE	e is assumed to be 1350 Btu/cf.		
			¬
Storage - IOTAL volu	ime of LPG storage (water gallons)		gallons
Pressure - Design dis	scharge pressure of propane-air mix	psig	
NG Pressure - High	psig		
NG Pressure - Low	psig		
LPG Delivery - How is	s propane delivered to the site?		
☐ Truck			
Rail			
☐ Pipeline to site			
Comments			

What specific requirements or information needs can we address?				
☐ Engineering ☐ Plant Control ☐ Training ☐ LNG ☐ TBS Equipment ☐ Turboexpanders				
For an end-user propane-air standby system				
O New				
○ Remodel				
O Remote Dispatch				
Please provide any additional information you believe may be of use in evaluating a propane standby system for this facility.				

