

Date Received:

Date Quoted:

Territory Code:

Quote No.:

Constant Flow Chilling

Please email this form to rwilliams@paulmueller.com with *"The Chilling Solution"* in the subject line.

From: _____ Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Email: _____

CONSTANT FLOW CHILLING

Type of Chiller Required: Potable Water Non-Potable Water Other: _____ Propylene Glycol: _____ % Ethylene Glycol _____ % *(If Glycol, notate percentages.)***Future Expansion Required:** Yes: _____ % No *(If Yes, notate percentage.)*

CHILLING REQUIREMENTS

Highest Required Flow Rate: _____ Lowest Required Flow Rate: _____

Entering Temperature: _____ Required Temperature: _____

Note: *If more than one flow rate is used, please enter both the highest and lowest flow rates required.*

REFRIGERANT

 R-22 R-717 R-404A R-134A Flooded Recirculated DX Other: _____

CONDENSER TYPE AND VOLTAGE REQUIREMENTS

 Air Cooled Indoor Outdoor Remote Water Cooled City Water Tower Water

Condenser Water Temperature: _____ Voltage: _____

Special Requirements or Comments: _____
