MUELLER®

REFRIGERATION PRODUCTS

For Company Use Only
Date Received:
Date Quoted:
Territory Code:
Quote No.:

Constant Flow Chilling Fax Sheet

Send this fax for *"The Chilling Solution."*

Attention: Refrigeration Products Department • Fax: 888-446-8265 • Phone: 1-800-MUELLER

From: Company:

Mailing Address:

City: State: Zip:

Telephone No.: Facsimile No.:

Constant Flow Chilling

Type of Chiller Required: ❑ Potable Water ❑ Non-Potable Water ❑ Other:

❑ Propylene Glycol % ❑ Ethylene Glycol % *If Glycol, note percentages.*

Future Expansion Required: ❑ Yes ❑ No ❑ If Yes, 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

❑ Others:

❑ Flooded ❑ Recirculated ❑ DX

Condenser Type & Voltage Requirements

❑ Air Cooled ❑ Indoor ❑ Outdoor ❑ Remote

❑ Water Cooled ❑ City Water ❑ Tower Water

Condenser Water Temperature: Voltage:

Special Requirements or Comments:

Note: Please see reverse side for Batch Cooling Applications.