

# Sulfuric Acid Specification Sheet (Metric Units)

## Contact Information

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Country \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_  
Your Reference No. \_\_\_\_\_

## End User Contact Information

End User Company \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Country \_\_\_\_\_  
Inquiry Date \_\_\_\_\_  
Date Quotation Required \_\_\_\_\_  
Date Equipment Required \_\_\_\_\_  
☐ Firm Price ☐ Budget Price

New or Existing Vessel?<sup>1</sup>    New    Existing  
Unit \_\_\_\_\_

Column No. \_\_\_\_\_  
Column Name \_\_\_\_\_  
Existing Column I.D.<sup>1</sup> (mm) \_\_\_\_\_  
Manhole / Column Access I.D. (mm) \_\_\_\_\_

Welding Permitted?	Weld To Tower Shell	Weld To Tower Attachments	No Welding Permitted
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## Application

### Tower

Drying (gas)  
Drying (air)  
Interpass  
Final  
SO<sub>2</sub> Scrubber  
Other

### Feed Stock

Bright S  
Dark S  
Ore Roaster  
Spent / Sludge Acid

### Oleum Production

None  
Bypass  
Full Flow  
Oleum Strength (mass%) \_\_\_\_\_

## Process Data

	Normal Operating Case	Maximum Operating Case	Minimum Operating Case
Pressure (bar abs)	_____	_____	_____
Temperature (°C)	_____	_____	_____
Gas Flow Rate (kg/h)	_____	_____	_____
Gas Density (kg/m <sup>3</sup> )	_____	_____	_____
Gas Viscosity (cP)	_____	_____	_____
Gas MW (kg/kmol)	_____	_____	_____
Liquid Flow Rate (kg/h)	_____	_____	_____
Liquid Density (kg/m <sup>3</sup> )	_____	_____	_____
Liquid Viscosity (cP)	_____	_____	_____
Liquid Surface Tension (dyne/cm)	_____	_____	_____
Liquid Composition	_____	_____	_____
Estimated Particle Size Distribution (micron)	_____	_____	_____

## Feed Characteristics

Are any solids present?    Yes    Dissolved (%) \_\_\_\_\_    Undissolved (%) \_\_\_\_\_  
   No    Size of solids \_\_\_\_\_

### Mist Eliminator Design

Upgrade Existing Mist Eliminator?    Yes    No  
Reason for Upgrade:

Is a Mist Eliminator currently installed in the vessel?    Yes    No  
Preferences for Proposed New Mist Eliminator:

Material of construction:

Mist Eliminator \_\_\_\_\_  
Supports & Tower \_\_\_\_\_  
Attachments \_\_\_\_\_

Preferences/Space Limitations for Proposed New Vessel:

### Equipment Type

DEMISTER® mist eliminator  
Scrubber Type “S”  
TYPE “D” SAFETY SCRUBBER mist eliminator housing  
FLEXICHEVRON® mist eliminator

FLEXIFIBER® Impaction Candle type mist eliminator  
FLEXIFIBER® Brownian Diffusion mist eliminator  
YORK-EVENFLOW® Vane Inlet Device  
OTHER \_\_\_\_\_

### Performance Objectives

Efficiency Required \_\_\_\_\_ % at \_\_\_\_\_ micron

<sup>1</sup> If vessel is existing, please provide vessel elevation, orientation drawing, and drawings of existing tower attachments (or Koch-Glitsch drawing number if applicable).

**Please provide any additional information that will help with your design and describe any documents you will send. Include relevant drawings of existing equipment so that we may design a compatible solution. Use more than one sheet if necessary.**

### Comments/Sketch