



APPLICATION DATA FOR VRU VAPOR RECOVERY COMPRESSOR

COMPANY NAME _____

ADDRESS _____ **CITY** _____

PROVINCE / STATE _____ **COUNTRY** _____

CONTACT NAME _____

PHONE NUMBER _____ **EMAIL** _____

INSTALL LOCATION (LSD or Other) _____

FIELD CONTACT NAME _____

PHONE NUMBER _____ **EMAIL** _____

PROJECT OBJECTIVE AND GOALS _____

CURRENT PROCESS / EQUIPMENT BEING USED (If Any) _____

ISSUES WITH APPLICATION / CURRENT EQUIPMENT LOOKING TO BE REMEDIED

VAPOR COMING OFF OF: STORAGE TANKS _____ **VAPOR RECOVERY TANKS** _____

OTHER: _____

VAPOR DISCHARGING INTO: _____

TANK PRESSURE RATING: _____ PSI / kPa / Oz/in2

DESIRED TANK PRESSURE: _____ PSI / kPa / Oz/in2

DISCHARGE LINE PRESSURE: _____ PSI / kPa

ANTICIPATED VAPOR VOLUME: _____ e3m3/d / Mcfd

VAPOR INLET TEMP: _____ °C / °F (Please provide gas analysis if there is a max flowline temperature restriction)

MAX DISCHARGE FLOWLINE TEMP: _____ °C / °F (If applicable, i.e. yellow jacket, poly, fibre lines)

MAX AMBIENT TEMPERATURE: _____ °C / °F

ELECTRIC POWER AVAILABLE ON LOCATION: _____ V _____ PHASE _____ AMPS

POWER SOURCE: _____ GRID _____ GENERATOR

FUEL SOURCE AVAILABLE ON LOCATION: PROPANE _____ NG _____ DIESEL _____

CELLULAR SIGNAL AT LOCATION: _____ YES _____ NO

SPECIAL REQUIREMENTS / ADDITIONAL INFORMATION: _____
