

Gas Booster Application Sheet

EFE-459
11/3/2010

Customer P.O. _____

Eclipse S.O. _____

Customer _____

Eclipse Rep _____

Customer Signature _____

Eclipse Rep Signature _____

Date _____

Date _____

Section A

- New Installation
- Replacement (Please explain in Notes Section on page 2.)

Section B

Application Data

Booster Model Number _____

Voltage / Phase _____

Minimum Flow _____

Maximum Flow _____

Nominal Inlet Pressure _____

Minimum Inlet Pressure _____

Desired Outlet Pressure _____

Gas Type _____

Specific Gravity _____

Corrosives / H2S% _____

Maximum Gas °F (°C) _____

Maximum Ambient °F (°C) _____

Maximum # Starts / Time _____

Greater than 10% VAC Variation Yes No

Greater than 1% Phase V Variation Yes No

Exposed to Direct Sunlight Yes No

Altitude greater than 3000ft (0.9km) Yes No

Enclosed Area / No Convection Yes No

Section C

Connected Appliances / BTU Rating

Section D

Job Site Information

Name _____

Address _____

City _____

State _____ Zip _____

Contact _____

Phone _____

Designing Engineer / Architect Information

Name _____

Address _____

City _____

State _____ Zip _____

Contact _____

Phone _____

Please attach the following documentation with your application.

- **Piping layout of the installation**
- **Wiring diagram**
- **Booster bid specification section**

Notes:

Approval

Engineer _____ Date _____

Approved

Changes Required _____