

Generation Combustion Flare Systems Data Sheet

Company Name:		Date:
Address:		
Project Name:		
Project Location:		Date Equipment Required:
Contact Name:		Title:
Telephone:	E-mail:	
Mobile/Cell:	Fax:	
Type of Quotation: ☐ Firm Price ☐ Budget Price		Date Quotation Required:

Waste Stream	☐ Gas ☐ Liquid ☐ Gas & Liquid		
Type of Stream	☐ Continuous ☐ Intermittent ☐ Emergency		
Pilot Flame Control	☐ No ☐ Single Pilot ☐ All Pilots		
Pilot Ignition	☐ Flame Front ☐ Electronic ☐ Manual ☐ Automatic		
Area Classification for Control Panel	☐ Weatherproof ☐ Explosionproof Class ____ Div. ____ ATEX ____ ☐ Weatherproof/Explosionproof Class ____ Div. ____ ATEX ____		
Pilot Gas	☐ Natural Gas ☐ Propane Pressure ____ (psig, kg/cm ² , kPa) Chemical Composition (% vol, % weight):		
Compressed Air Available	☐ Yes – Dry/Wet ☐ No Pressure ____ (psig, kg/cm ² , kPa)		
Steam Available	☐ Yes – Dry/Wet ☐ No Pressure ____ (psig, kg/cm ² , kPa)		
Electricity Available	☐ Yes (____ Volts, ____ Hz, ____ Phase) ☐ No ☐ Solar ☐ Battery Pack		
Flare System Type	☐ Elevated ☐ Enclosed ☐ Pit ☐ Derrick ☐ Guyed ☐ Self-supported		
Flare Tip Type	☐ Non-assisted ☐ Steam assisted ☐ Air assisted ☐ Gas assisted ☐ Sonic		
Smoke Control Type	☐ Yes ☐ Flow ☐ Optical ☐ No		
Drum Type	☐ Vertical Knock-Out Drum ☐ Horizontal Knock-Out ☐ Water Seal		
Additional Scope of Supply	☐ Ladders/Platforms ☐ Flare Stack ☐ Aviation marking ☐ Utility piping ☐ Pilot gas lines ☐ Ignition lines ☐ Assist gas lines ☐ Steam lines ☐ Extension wires (____ ignition, ____ thermocouples, ____ power) ☐ Installation		

Flare Process Design Conditions (please indicate units in tables below)

	Maximum	Normal	Minimum	Smokeless (if applicable)
Flow Rate (scfm, lb/hr, Nm ³ /hr, kg/hr)				
Molecular Weight				
Temperature , (°F, °C)				
Available Pressure (at flare stack inlet, gage) (psig, MPa, kg/cm ² , in. WC)				
Chemical Composition (% volume, % weight):				

Note: *If more than one stream, all streams conditions to be indicated. Please also provide any available specifications, diagrams, P&IDs, and drawings relevant to your RFQ.*

Maximum allowable thermal radiation (excluding solar) kWatt/m ² (BTU/hr ft ²)	Work 1,58 (500)	Walk Clear 4.73 (1500)	Run Clear 6.31 (2000)	No Access 9.46 (3000)
at stack base (at grade)				
at distance of _____ (ft, m)				

Maximum Windspeed _____

Seismic Zone _____

Ambient Temperature,(°F, °C),:

max _____ min _____

Relative Humidity _____

Solar Radiation, (kWatt/m², BTU/hr ft²) _____

Equipment: () New () Replacement/ Modification of existing flare system

If replacement or modification of existing flare system, please provide sketch and describe experience and problems.

Comments/Special Requirements:
