



60 PARK PLACE
SUITE 1106
NEWARK, NJ 07102
1-800-297-3550

Vacuum Systems Design Questionnaire

Name:					
Address:					
City/State/Zip:					
Telephone:		Fax		Email	
Company:					
Address:					
City/State/Zip:					
Telephone:		Fax		Email	

1. What is the maximum vacuum level do you need to achieve? [in Hg]	
2. What is the maximum flow rate you require? [CFM]	
3. Are you replacing an existing system or specifying something new?	
4. If you are replacing an existing system please provide model#, HP, CFM, material of construction etc	
5. What is the application (please provide as much detail as possible)?	
6. Is the application corrosive or do you need stainless steel or other special construction?	
7. What is the temperature of the inlet gas?	
8. Do you have access to water or have restrictions on water usage?	
9. Do you have access to centrally chilled water?	
10. Do you require a control panel? If yes provide details of operation, voltage, enclosure, etc.	
Additional Information:	

Please email a copy of the completed questionnaire to: info@nescompany.com