

Filter Cartridge & Housing Selection

*Mandatory

[Email Form To: filtration@valin.com](mailto:filtration@valin.com)

Customer: _____ Today's Date: _____ Required Date: _____
Contact: _____ Phone: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____

Application Information

*Material to be Filtered: _____ Liquid Gas
Molecular Weight (if gas): _____ Solids Load (%: PPM): _____ Contaminant Type: _____
*Pressure Drop Required: PSI (kPa): Clean: _____ *Dirty: _____ *Micron Retention Required: _____
*Flow Rate: Specify GPM (L/min), SCFM (L/min), #/HR (kg/hr), ACFM (L/min), Design: _____ Actual: _____
Viscosity @ Temperature: _____ Specific Gravity @ Temperature: _____
*System Pressure & Temperature: _____ *System Material: _____

Filter Cartridge Information

Current Filter Part Number (if known): _____ Manufacturer (if known): _____

Vessel Information

Housing Material: _____ Coating/Lining: _____ Gasket/O'ring: _____
*ASME Code: Yes No *Lethal Service: Yes No

Required Connection - Size & Type

Inlet: _____ Outlet: _____ Vent: _____
Drain: _____ Gauge: _____ Optional: _____

Describe Special Requirements:

Account Manager: _____

For Technical Assistance Call: (855) 737-4717