



MANUFACTURING HEAT EXCHANGERS SINCE 1969

IceStor™ Selection Data Form

To receive a FAFCO IceStor™ selection, please fill out this form and fax or mail to your local representative. Please make extra copies of this form for your use.

Part I: Project Information

Project Name: _____

Sales Representative: _____

Phone: _____ Fax: _____

Glycol % by Volume (25-35%): _____% Ethylene or _____% Propylene

Part II: Hourly Design Requirements

Hours	Thermal Storage System Load (tons)	Optional				Thermal Storage Refrigeration Equipment Allowed to Operate during this hour? (Yes / No)
		Supply Temperature to Load (°F)	Return Temperature from Load (°F)	Flow Rate to Storage System (gpm)	Heat Rejection Temperature (Wet Bulb or Dry Bulb) (°F)	
0-1						
1-2						
2-3						
3-4						
4-5						
5-6						
6-7						
7-8						
8-9						
9-10						
10-11						
11-12						
12-13						
13-14						
14-15						
15-16						
16-17						
17-18						
18-19						
19-20						
20-21						
21-22						
22-23						
23-0						
Totals						

Part III: Charge and Discharge Data

General: Maximum Allowable Pressure Drop Through Storage Tanks: _____ psi
 Is this a Constant Flow System? (Y/N): _____
 (If no, provide hourly schedule of system flow rates)

<u>Charge:</u> Temperature Difference (6-10): _____ °F Charge Period Available (1-16): _____ hrs System Flow: _____ gpm	<u>Discharge:</u> Entering Fluid Temp. (System): _____ °F Leaving Fluid Temp. (System): _____ °F System Flow: _____ gpm
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This data meets the minimum information requirements as outlined in Section 5, ARI Guideline T - 2002.