



# Screw Plug Heater "Quick Quote"

Warren Electric Corporation 36 Franklin Street, PO Box 86, Warren, Rhode Island 02885-0086 U.S.A.  
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Date: \_\_\_\_\_

From: \_\_\_\_\_ Tel: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Company: \_\_\_\_\_ Location #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## APPLICATION *Please complete as much information as possible:*

Quantity _____	<input type="checkbox"/> New Application	<input type="checkbox"/> Horizontally Mounted	<input type="checkbox"/> Vertically Mounted
	<input type="checkbox"/> Replacement Model # _____		Manufacturer _____

## SCREW PLUG

<b>Size:</b>	<input type="checkbox"/> 1" <input type="checkbox"/> 1 1/4" <input type="checkbox"/> 1 1/2" <input type="checkbox"/> 2" <input type="checkbox"/> 2 1/2" <input type="checkbox"/> 3" <input type="checkbox"/> NPT	Other: _____ " Size may be determined by application
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<b>Material:</b>	<input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Brass/Bronze <input type="checkbox"/> Other: _____
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## ELEMENT SHEATH

<b>Material:</b>	<input type="checkbox"/> Copper <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Incoloy <input type="checkbox"/> Other: _____
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## TECHNICAL REQUIREMENTS

<b>Voltage:</b> _____	<b>Phase:</b> <input type="checkbox"/> Single <input type="checkbox"/> Three	<b>KW Required (IF KNOWN):</b> _____
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<b>Immersion Length:</b> Min _____" Max _____"	<b>Operating Temperature:</b> _____° F or _____° C
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<b>Fluid/Gas to be Heated:</b> _____	<b>Watt Density:</b> _____ WSI
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## CONTROLS

<b>Thermostat:</b>	<input type="checkbox"/> None	<input type="checkbox"/> Other: _____° F	<b>Thermocouple:</b> Type "____"
	<input type="checkbox"/> 0° -- 100° F (-18° -- 38° C)	or _____° C	
<input type="checkbox"/> 60° -- 250° F (16° -- 121° C)	Helmet Head will not accommodate integral thermostats.		<b>RTD:</b> Resistance _____ Ω <input type="checkbox"/> Grounded
<input type="checkbox"/> 175° -- 550° F (79° -- 288° C)			

## TERMINAL ENCLOSURE

<b>Type:</b>	<input type="checkbox"/> General Purpose	<input type="checkbox"/> Explosion-Resistant	<input type="checkbox"/> Economy
	<input type="checkbox"/> Weather-Resistant	<input type="checkbox"/> Explosion/Weather-Resistant	<input type="checkbox"/> Helmet Head

## *Please complete the following for sizing recommendations:*

<b>Volume of Fluid to be Heated:</b> _____ Gallons	<b>Tank Size:</b> _____" Length x _____" Width x _____" Height or _____" Diameter x _____" Height or Length	<b>Tank Top:</b> <input type="checkbox"/> Open <input type="checkbox"/> Closed
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<b>Desired Temperature to Maintain:</b> _____° F or _____° C	<b>Tank Insulation:</b> <input type="checkbox"/> None <input type="checkbox"/> 1" <input type="checkbox"/> 2" <input type="checkbox"/> Other _____"
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<b>Outside Ambient Temperature:</b> (worst case): _____° F or _____° C	Recommendation will be provided using the above parameters assuming fluid is in a static state. <b>If the fluid is continuously circulating out of the tank and returned, provide a flow rate in gallons per hour or gallons per minute.</b>	
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<b>Initial Heat Up Time (if required):</b> _____ Hours	<b>Flow rate:</b> _____ GPH   <b>Inlet Temperature:</b> _____° F or _____° C
	<b>or</b> _____ GPM   <b>Outlet Temperature:</b> _____° F or _____° C

**Other Requirements and Additional Heat Loss Considerations:** Please attach sheet for additional information

## "AB" FLANGED HEATER *Please complete this section to receive a quote for a flanged heater to replace your current screw plug application.*

<b>Replaces Screw Plug Size:</b> <input type="checkbox"/> 2" NPT <input type="checkbox"/> 2 1/2" NPT <input type="checkbox"/> 3" NPT	<b>Compact Required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Flange Material:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel	<b>Pressure Rating:</b> <input type="checkbox"/> 150 PSI <input type="checkbox"/> 300 PSI <input type="checkbox"/> Other: _____
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<b>Tank Adaptor:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Material:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel	<b>Length:</b> _____"
	<input type="checkbox"/> Fixed <input type="checkbox"/> Swivelling	<input type="checkbox"/> Square Cut <input type="checkbox"/> Threaded