



Thermal degassing checklist

Project name: _____

Customer:

Name _____

Street _____ Post code, City _____

Phone _____ Fax _____

E-mail _____ Internet _____

Project management:

Name _____

Street _____ Post code, City _____

Phone _____ Fax _____

E-mail _____ Internet _____

Water analysis:

Chemical/physical analysis: yes, see appendix Biological analysis: yes, see appendix

Design data:

Pre-treatment existent: no
 yes, which _____

Required degassing output: _____ m³/h Boiler type/Manufacturer: _____

Steam output of boiler system: _____ kg/h _____

Heating steam: Pressure _____ bar (g) Temp. _____ °C

Condensate: Pressure _____ bar (g) Temp. _____ °C

Supplementary water: Pressure _____ bar (g) Temp. _____ °C

Operating time per day: _____ h _____

Installation place available: no
 yes, Length _____ Depth _____ Height _____

Remarks: _____
