

SABARMATI GAS LIMITED
LOAD CALCULATION SHEET

Name of Unit _____

Date _____

EQUIUPMENT DETAILS

Type of Equipment				
Brand and Make of Equipment				
Capacity or Rating of Equipment				
Working Hrs. of Equipment	Daily			
	Monthly			
	Yearly			
Replacement Fuel				
Mode of Operation e.g. batch, continuous				
Consumption Details	Daily			
	Monthly			
	Yearly			
Maximum / Minimum Flow (SM ³ /Hr.)				
Natural Gas (Expected/Planned)				
Mode of Operation e.g. batch, continuous				
Consumption Details	Daily			
	Monthly			
	Yearly			
Pressure Requirement (Kg/cm ² g)		Min.		
		Max.		
Maximum / Minimum Flow (SM ³ /Hr.)				
Peak Load HOURLY BASIS (SM ³ /Hr.)				
Nature of Gas Requirement :-				
Regular basis (24 hrs.)				
Intermittent basis (Hrs. run, Hrs. Stop)				
Temperature requirement for consumer				
Facility envisaged by consumer at their end (eg. Filters, Regulators, Metering systems, redundancy)				
Dust content requirement for consumer				
Flow diagram of customer equipment		Can be made on separate sheet of paper		
Future 5 yrs.gas requirement SCMD				
Likely date of Switchover to gas				
Remarks				

Name:

Stamp & Sign

Contact No.
