


1														62-3085b		
2														rev 12/07		
3														GT&D		
4	Station Name Here															
5	DEHYDRATOR STATION INSPECTION FORM													20__		
6	LINE NO. _____															
7	DATE															
8	GAS DATA															
9	DESICCANT															
10	PRE - FILTER															
11	INITIALS															
12	MONTH	DAY	GAS TEMP (F)	GAS PRESS (PSIG)	INLET DEW PT TEMP (F)	INLET WATER CONTENT (LB/MM)	OUTLET WATER CONTENT (LB/MM)	WATER REMOVED (LB/MM)	AVERAGE GAS FLOW (MMSCFD)	MAXIMUM GAS FLOW (MMSCFD)	Add Desiccant (lb)	Type of Desiccant (manufacturer/type)	Stroke Dump Valve (check)	Change Filter? (yes/no)	Filter Element Rating (microns)	INITIALS
13	JAN															
14	FEB															
15	MAR															
16	APR															
17	MAY															
18	JUN															
19	JUL															
20	AUG															
21	SEPT															
22	OCT															
23	NOV															
24	DEC															
25																
26	EQUIPMENT/OPERATIONAL CHANGES:															
27	DATE OF LAST TOWER FLUSH: _____													JAN		
28	ANALYZER USED: _____													FEB		
29	FOOTNOTES:													MAR		
30	A. Maximum allowable = 7 lb/MM (unless variance obtained)													APR		
31	B. Inlet ^{to inlet stream}													MAY		
32	C. From Load Center Logs													JUN		
33	D. As required, at high outlet DP													JUL		
34	E. To prevent plugging of dump valve, stroke often.													AUG		
35														SEP		
36														OCT		
														NOV		
														DEC		

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