

CODE OPTIONS

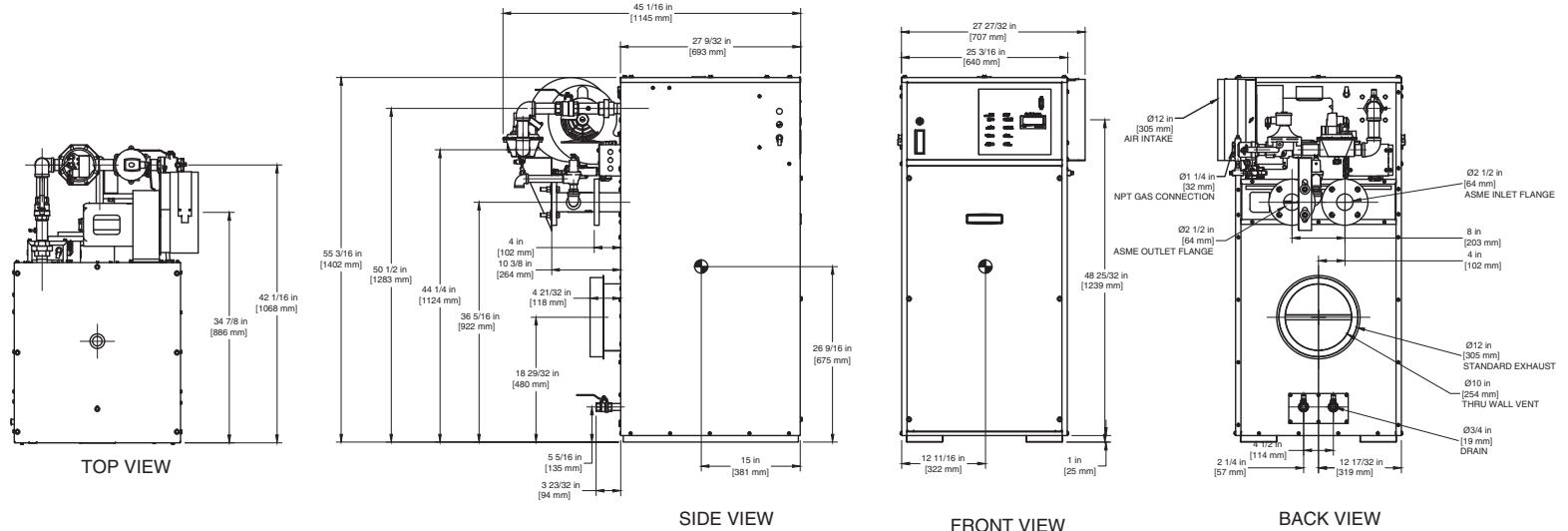
CSD-1	Manual Reset LWCO
Kentucky	200° F Maximum Operating Control and High Limit

NOTE: Dimensions are approximate and should not be used to "rough-in" equipment.

* Add circulator amps.

**For incoming gas pressures lower than 5" W.C. natural or 11" W.C. propane, consult factory.

INDOOR UNIT



NOTE: DIMENSIONS ARE SUBJECT TO CHANGE WITHOUT NOTICE

A.G.A. CERTIFIED RATINGS & CAPACITIES

Fuel Type	Natural/Propane Gas	Boiler FLA	9.9*
Input BTU/hr.	1,500,000 / 440 kW	Min. Gas Pressure Required	5" W.C.**
Output BTU/hr.	1,275,000 / 374 kW	Max. Gas Pressure Allowed	14" W.C.
Electrical Requirements	120VAC/ 1 ph/ 60 hz/ 10 amp	Operating Weight	732 lbs. / 332 kg.

TEMPERATURE RISE / PRESSURE DROP

20° F / 11.1° C				25° F / 13.9° C				30° F / 16.7° C				35° F / 19.4° C			
Flow Rate		Pressure Drop		Flow Rate		Pressure Drop		Flow Rate		Pressure Drop		Flow Rate		Pressure Drop	
GPM	L/s	Ft	kPa	GPM	L/s	Ft	kPa	GPM	L/s	Ft	kPa	GPM	L/s	Ft	kPa
127.5	8.1	3.57	10.5	102.0	6.4	2.36	7.0	85.0	5.4	1.70	5.0	72.9	4.6	1.30	3.7

BOILER TRIM & CONTROLS

Main Gas Valve	V4944B	Main Ball Valve	1 1/4 "
Firing Valve	1 1/4"	Solenoid Valve w/ Reg	CV100
Safety Valve	ASCO L8214G 1 1/4"	Air Switch	HUBA
Ignition Control	Honeywell RM7897C	Blower Motor	Fasco 1/2 hp - FLA 8.2
Operating Control (FB/FW)	Jumo	Relief Valve - FB	1" x 1 1/4" set @ 50 psi
High Limit	Honeywell L4008E	Relief Valve - FW	3/4" x 3/4" set @ 125 psi
		Flow Switch	TACO IFS-1

RECOVERY CAPACITY

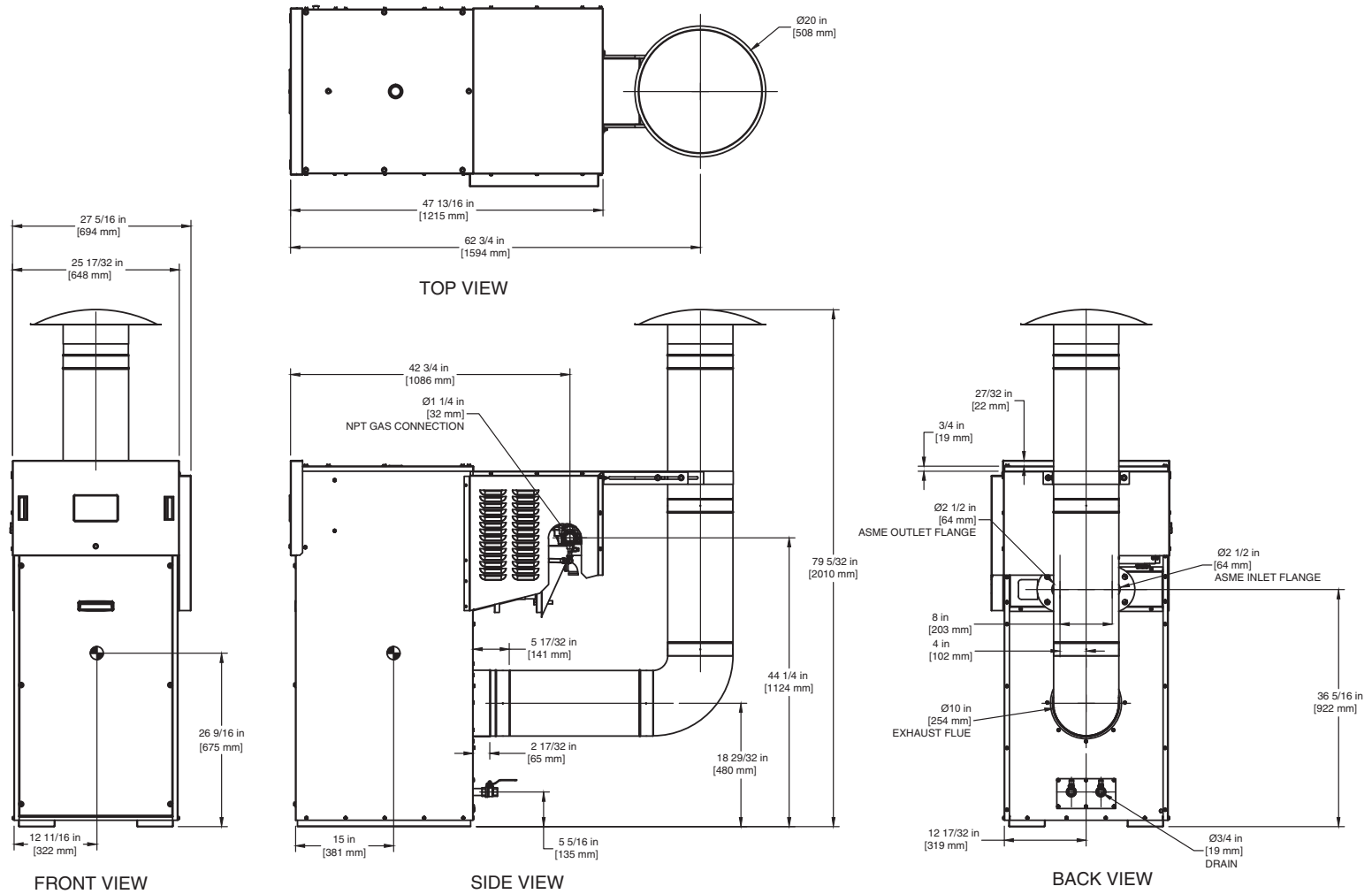
40°F	22° C	60°F	33° C	80°F	44° C	100°F	56° C	120°F	67° C	140°F	78° C
3827	14485	2551	9657	1913	7243	1531	5794	1276	4828	1093	4139

A.S.M.E.

ASME Sect IV Htg Surface	161.16 Sq. Ft. / 14.97 Sq. M.	Design Data	Max. 160 psig & 250° F
Water Volume	5.0 gal / 18.9 l (liters)		

REP FIRM	_____	<p>FUTERA II 1500</p> <p>Category I or Category III Appliance</p> <p>(see Installation and Operation Manual for venting information)</p>  <p>A Division of Mestek, Inc. Westfield, MA 01085 (413) 568-9571</p>
SUBMITTED BY	_____	
JOB NAME	_____	
ARCHITECT	_____	
ENGINEER	_____	
CONTRACTOR	_____	
DATE	_____	

OUTDOOR UNIT



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