



FGD Inquiry Sheet CONFIDENTIAL

Please fax FGD Inquiry Sheet to **413-772-6729**, attn: **Technical Products Coordinator**

Prepared by:	Date:
Quotation due date:	Nozzle delivery date:
Customer:	Customer project:
BETE Quotation number:	BETE application number:
Item number:	Alternate item letter:
Revision number:	Revision date:
Nozzle Quantity:	Nozzle Design Type (spiral, tangential, axial, air atomizing, etc.):
Nozzle Service: <input type="checkbox"/> Absorber <input type="checkbox"/> Quench <input type="checkbox"/> Mist eliminator <input type="checkbox"/> Other (specify):	Free Passage: <input type="checkbox"/> Normal <input type="checkbox"/> Extra large <input type="checkbox"/> Other (specify):
Dimensional Limitations: <input type="checkbox"/> None <input type="checkbox"/> Other (specify):	Connection Type, Size and Spec (if flange, give complete spec or dimensions):
Nozzle Material:	Connection Material:
Piping Material (only needed for Victaulic connection):	*Flow Rate: _____M3/hr OR _____l/min OR _____GPM *If nozzle type is Dual Outlet (DTH), specify percent of flow up and down.
Flow Rate Tolerance:	Operating Pressure: _____bar OR _____Mpa OR _____PSI
Spray Pattern Type: <input type="checkbox"/> Hollow Cone <input type="checkbox"/> Full Cone	Spray Angle (in degrees):
Spray Angle Tolerance: OR Coverage Diameter: _____mm, at _____mm distance	Coverage Tolerance:
Droplet Size: _____D32 or _____DV0.5	Slurry Properties: Specific Gravity _____, pH _____ Chlorides (ppm) _____
Documentation required with quote: <input type="checkbox"/> Customer drawing <input type="checkbox"/> 4-way droplet size plot <input type="checkbox"/> Flow vs. pressure <input type="checkbox"/> D32 vs. pressure <input type="checkbox"/> Other (specify):	Other Requirements: