



# FGD Inquiry Sheet CONFIDENTIAL

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

<b>Prepared by:</b>	<b>Date:</b>
<b>Quotation due date:</b>	<b>Nozzle delivery date:</b>
<b>Customer:</b>	<b>Customer project:</b>
<b>BETE Quotation number:</b>	<b>BETE application number:</b>
<b>Item number:</b>	<b>Alternate item letter:</b>
<b>Revision number:</b>	<b>Revision date:</b>
<b>Nozzle Quantity:</b>	<b>Nozzle Design Type</b> (spiral, tangential, axial, air atomizing, etc.):
<b>Nozzle Service:</b> <input type="checkbox"/> Absorber <input type="checkbox"/> Quench <input type="checkbox"/> Mist eliminator <input type="checkbox"/> Other (specify):	<b>Free Passage:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Extra large <input type="checkbox"/> Other (specify):
<b>Dimensional Limitations:</b> <input type="checkbox"/> None <input type="checkbox"/> Other (specify):	<b>Connection Type, Size and Spec</b> (if flange, give complete spec or dimensions):
<b>Nozzle Material:</b>	<b>Connection Material:</b>
<b>Piping Material</b> (only needed for Victaulic connection):	<b>*Flow Rate:</b> _____ M3/hr OR _____ l/min OR _____ GPM *If nozzle type is Dual Outlet (DTH), specify percent of flow up and down.
<b>Flow Rate Tolerance:</b>	<b>Operating Pressure:</b> _____ bar OR _____ Mpa OR _____ PSI
<b>Spray Pattern Type:</b> <input type="checkbox"/> Hollow Cone <input type="checkbox"/> Full Cone	<b>Spray Angle</b> (in degrees):
<b>Spray Angle Tolerance:</b> OR Coverage Diameter: _____ mm, at _____ mm distance	<b>Coverage Tolerance:</b>
<b>Droplet Size:</b> _____ D32 or _____ DV0.5	<b>Slurry Properties:</b> Specific Gravity _____, pH _____ Chlorides (ppm) _____
<b>Documentation required with quote:</b> <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):	<b>Other Requirements:</b>