



BETE Fog Nozzle Inc.
Applications Engineering Department



Phone: 413-772-0846
Fax: 413-772-6729
E-Mail: appeng@bete.com

Tank Cleaning Inquiry Sheet

Thank you for your inquiry for Tank Cleaning Nozzles. By taking a few minutes to fill out this sheet, you will allow us to recommend the most applicable configuration for your application in the shortest amount of time possible. Please fill out the form as completely as possible. For variables that are not yet determined, please indicate a range of acceptable values.

Company Information:

Company Name:	
Contact Name:	
Telephone:	Fax:
Project / Reference:	

Process Conditions:

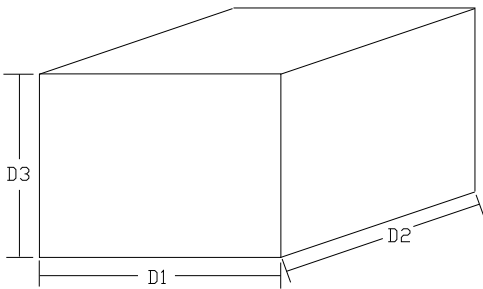
Process Material To be Cleaned:	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid
% of Walls Covered by Dirt:	<input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Other: _____
Temperature:	<input type="checkbox"/> °F <input type="checkbox"/> °C
Density:	<input type="checkbox"/> S.G. (liquid) <input type="checkbox"/> kg/m ³ <input type="checkbox"/> lb/ft ³
State:	<input type="checkbox"/> Hardened <input type="checkbox"/> Residue <input type="checkbox"/> Dust <input type="checkbox"/> Viscous
Please list any potential hazards that the fluid may pose to the nozzle (chemical or abrasive):	

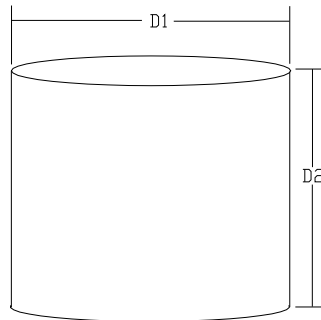
Cleaning Fluid Conditions:

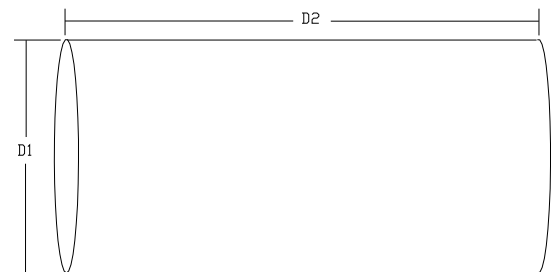
Cleaning Fluid(s):	
Pressure:	<input type="checkbox"/> psi <input type="checkbox"/> bar <input type="checkbox"/> kPa <input type="checkbox"/> kg/cm ² (<input type="checkbox"/> Gauge or <input type="checkbox"/> Absolute)
Temperature:	<input type="checkbox"/> °F <input type="checkbox"/> °C
Fluid density:	<input type="checkbox"/> S.G. (liquid) <input type="checkbox"/> kg/m ³ <input type="checkbox"/> lb/ft ³
Flow Rate:	<input type="checkbox"/> GPM <input type="checkbox"/> L/min (<input type="checkbox"/> Current Flow or <input type="checkbox"/> Anticipated Flow)
Please list any potential hazards that the fluid may pose to the nozzle (chemical or abrasive):	

Tank Information:

D1:	<input type="checkbox"/> Inches <input type="checkbox"/> mm <input type="checkbox"/> Other: _____
D2:	<input type="checkbox"/> Inches <input type="checkbox"/> mm <input type="checkbox"/> Other: _____
D3:	<input type="checkbox"/> Inches <input type="checkbox"/> mm <input type="checkbox"/> Other: _____
Operating Fluid Level 1:	<input type="checkbox"/> Inches <input type="checkbox"/> mm From <input type="checkbox"/> Top <input type="checkbox"/> Bottom
Operating Fluid Level 2:	<input type="checkbox"/> Inches <input type="checkbox"/> mm From <input type="checkbox"/> Top <input type="checkbox"/> Bottom







Current Cleaning Device Information:

Type:	<input type="checkbox"/> Stationary <input type="checkbox"/> Rotating <input type="checkbox"/> Motor/Gear Driven
Material:	<input type="checkbox"/> Stainless Steel <input type="checkbox"/> Teflon <input type="checkbox"/> Other: _____
Nozzles per Tank:	
Cycle Time:	<input type="checkbox"/> Hours <input type="checkbox"/> Minutes <input type="checkbox"/> Seconds
Connection Size/Type:	<input type="checkbox"/> Threaded <input type="checkbox"/> Weld On <input type="checkbox"/> Clip On



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Sketch Sheet

Please provide a basic sketch of the Tank. Please include the following in the sketch:

- Basic dimensions
- Liquid levels
- Locations and dimensions of flanges
- Interior obstructions
- Any other information you think will assist us in selecting the best arrangement for your application