

Custom Lance Intake Sheet

Please fill out the following form as completely as possible to assist in the lance design process.

Contact Information:

Date:	Name:
Telephone:	Company:
Fax:	Address:
Email:	Job/Reference #:
Industry:	Process Lance is Used in:

Codes:

Design Code/Registration: <input type="checkbox"/> ASME B31.3 <input type="checkbox"/> PED <input type="checkbox"/> CRN <input type="checkbox"/> None <input type="checkbox"/> Other _____			
Design Vessel Pressure:	<input type="checkbox"/> psi <input type="checkbox"/> bar	Design Vessel Temperature:	<input type="checkbox"/> °F <input type="checkbox"/> °C
Design Liquid Pressure:	<input type="checkbox"/> psi <input type="checkbox"/> bar	Design Liquid Temperature:	<input type="checkbox"/> °F <input type="checkbox"/> °C
Corrosion Allowance:	<input type="checkbox"/> in <input type="checkbox"/> mm	Corrosion:	<input type="checkbox"/> MR0175 <input type="checkbox"/> MR0103 <input type="checkbox"/> A262 Practice

Additional Testing/QC Requirements:

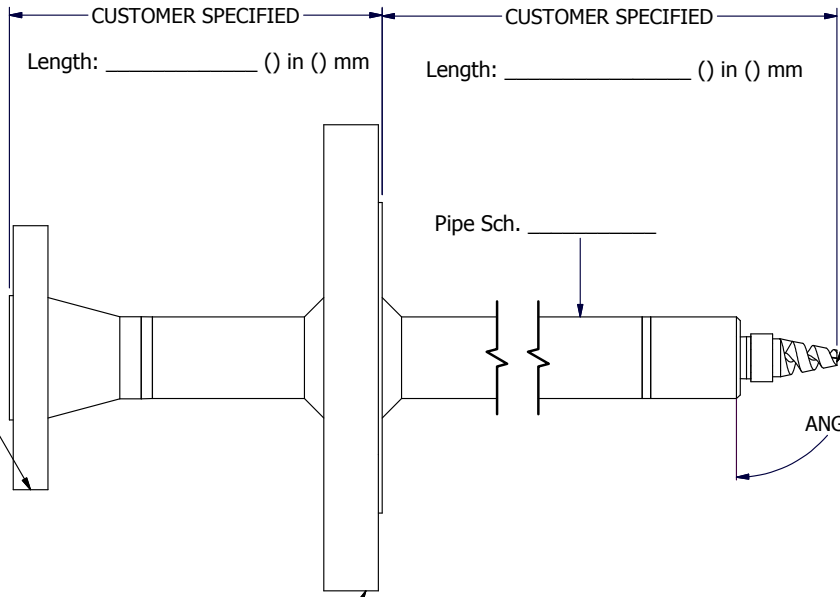
NDE Type		Extent of NDE and on what components
Dye Penetrant	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Radiographic Test	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ultrasonic Test	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hardness	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hydrotest	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify)		

Material Test Reports	<input type="checkbox"/> Yes <input type="checkbox"/> No	Weld Procedure Approval	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Spray Nozzle Selection:

What Liquid is being Sprayed:		Specific Gravity:	
Liquid Flow Rate:	<input type="checkbox"/> GPM <input type="checkbox"/> L/min	Liquid Pressure Drop:	<input type="checkbox"/> psi <input type="checkbox"/> bar
<input type="checkbox"/> Air/ <input type="checkbox"/> Steam Flow Rate:	<input type="checkbox"/> SCFM <input type="checkbox"/> m3/hr	Air/Steam Pressure Drop:	<input type="checkbox"/> psi <input type="checkbox"/> bar
Spray Pattern: <input type="checkbox"/> Full Cone <input type="checkbox"/> Hollow Cone <input type="checkbox"/> Fan		Nozzle Spray Angle:	
Nozzle Material:		Nozzle Connection Size:	
Specify any erosive or corrosive conditions present:		Nozzle Connection Style:	
Nozzle Model (if known):		Is a tack weld required for threaded nozzles?	

See next page for lance layout design



LIQUID INLET CONN TO BE DETERMINED BY CUSTOMER

Conn Size: _____ in mm

Conn Type: _____

Conn Rating: _____

Conn Material: _____

NOZZLE SERIES TO BE DETERMINED BY CUSTOMER

Nozzle Series: _____

Other: _____

MOUNTING FLANGE TO BE DETERMINED BY CUSTOMER

Flange Size: _____ in mm

Flange Type: _____

Flange Rating: _____

Flange Material: _____

BETE FOG NOZZLE, INC.
 50 GREENFIELD STREET GREENFIELD, MASSACHUSETTS 01301

REV	CHECKED	DCR
3RD ANGLE PROJECTION		UNLESS OTHERWISE NOTED, REMOVE ALL BURRS AND SHARP EDGES
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TOLERANCES: (EXCEPT AS NOTED)

MACHINED DIMENSIONS: ANGLES: ±1/2°
 FRACTIONAL: ±1/32"
 TWO PLACE DECIMAL: ±0.01"
 THREE PLACE DECIMAL: ±0.005"
 CAST DIMENSIONS: UP TO 1" ±0.010"
 FOR EACH INCH AFTER ADD ±0.003" PER IN.

METRIC: WHOLE NUMBER ±1mm
 ONE PLACE DECIMAL ±0.4mm
 TWO PLACE DECIMAL ±0.14mm

FOR:			
SCALE:	DRAWN:	CHECKED:	REV
DATE:	DATE:	DATE:	
DRAWING NUMBER:			