

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:

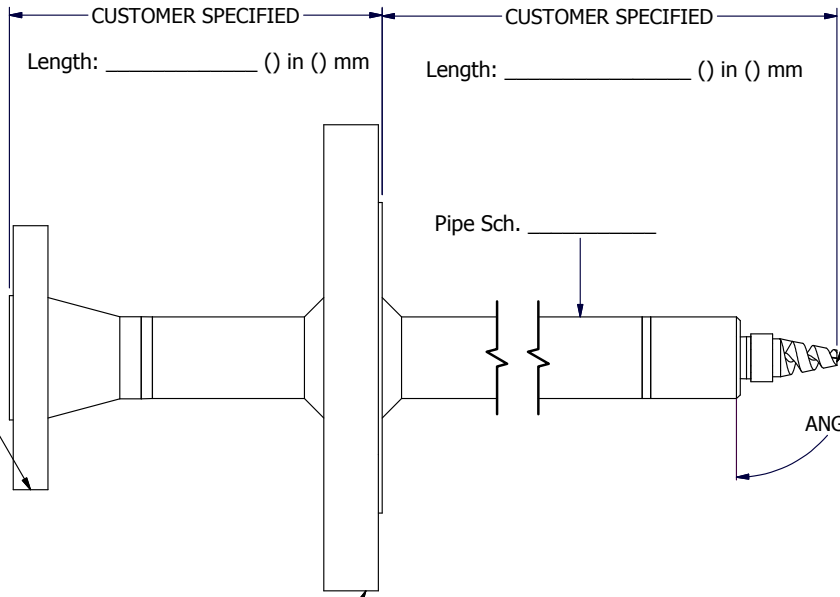
NDE Type		Extent of NDE and on what components
Dye Penetrant	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Radiographic Test	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ultrasonic Test	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hardness	<input type="checkbox"/>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

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
THIS PRINT CONTAINS PROPRIETARY INFORMATION WHICH MUST NOT BE USED FOR COMPETITIVE PURPOSES OR IN ANY WAY DETRIMENTAL TO BETE FOG NOZZLE INC. PRINT MUST BE RETURNED UPON REQUEST		

TOLERANCES: (EXCEPT AS NOTED)

MACHINED DIMENSIONS: ANGLES:±1/2°
 FRACTIONAL:±1/32"
 TWO PLACE DECIMAL:±.01"
 THREE PLACE DECIMAL:±.005"
 CAST DIMENSIONS: UP TO 1"±.010"
 FOR EACH INCH AFTER ADD ±.003" PER IN.

METRIC: WHOLE NUMBER±1mm
 ONE PLACE DECIMAL±.4mm
 TWO PLACE DECIMAL±.14mm

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