

# CUSTOM LANCE

## APPLICATION INFORMATION REQUEST FORM

All completed forms should be emailed back to: [appeng@bete.com](mailto:appeng@bete.com)  
 Please fill out the following form as completely as possible to assist in the nozzle selection 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

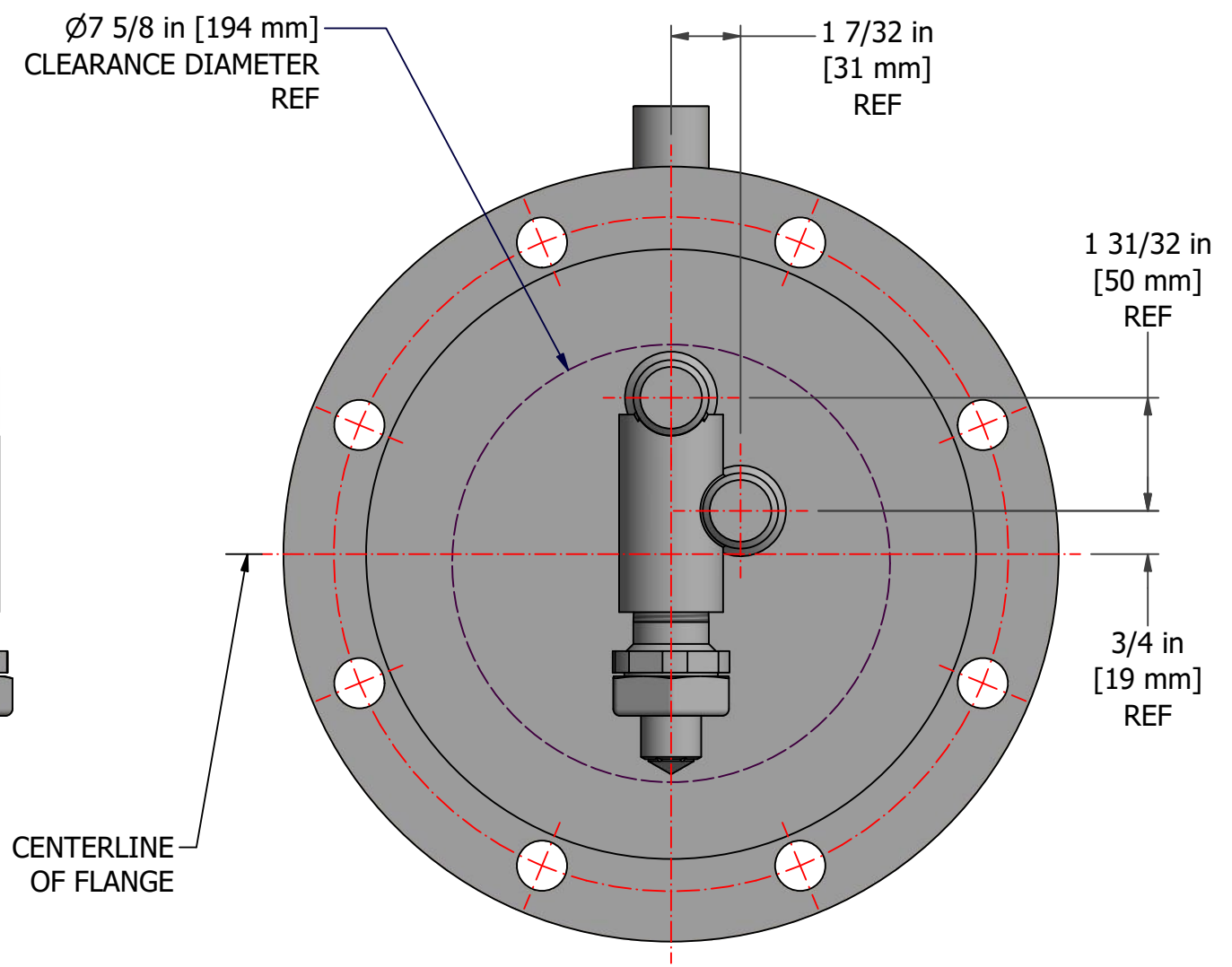
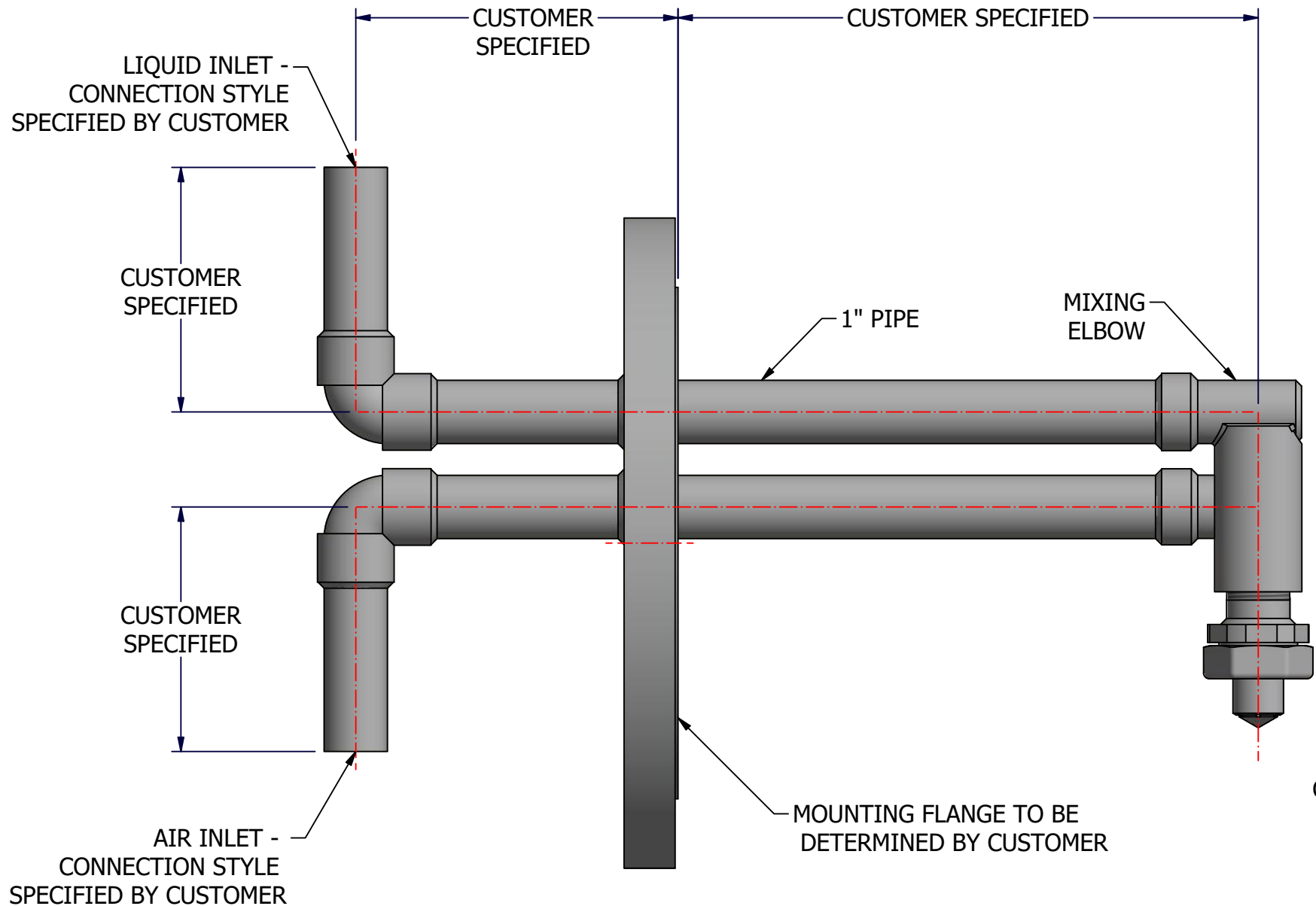
### Additional Testing/QC Requirements:

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?	



**NOTES**

- 1. STANDARD MATERIALS:  
 TIP & COVER - COBALT ALLOY 6  
 O-RING (LOCATED IN MIXING ELBOW) - VITON  
 REMAINING COMPONENTS - 316 STAINLESS STEEL
- \* ALTERNATE MATERIALS ARE AVAILABLE UPON REQUEST

D	4/5/2021	JF		34829
C	04/10/2012	KG	JF	26394
REV	DATE	BY	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..... $\pm 1/2^\circ$   
 FRACTIONAL..... $\pm 1/32"$   
 TWO PLACE DECIMAL..... $\pm 0.01"$   
 THREE PLACE DECIMAL..... $\pm 0.005"$

CAST DIMENSIONS: UP TO 1"..... $\pm 0.010"$   
 FOR EACH INCH AFTER ADD  $\pm 0.003"$  PER IN.

METRIC: WHOLE NUMBER..... $\pm 1$ mm  
 ONE PLACE DECIMAL..... $\pm 0.4$ mm  
 TWO PLACE DECIMAL..... $\pm 0.14$ mm

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

1" SA XXX-C-10

**GENERAL ARRANGEMENT DRAWING**

SCALE: 1:3	DRAWN: SL DATE: 3/19/2012	CHECKED: JF DATE: 3/26/2012	REV D
DRAWING NUMBER: LN - 18820			