

CUSTOM LANCE

APPLICATION INFORMATION REQUEST FORM

All completed forms should be emailed back to: **sysfab@bete.com**

For more information, you can contact us at 413-772-0846.

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"/> B31.1 <input type="checkbox"/> CRN <input type="checkbox"/> None <input type="checkbox"/> PED <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 Injector Pressure:	<input type="checkbox"/> psi <input type="checkbox"/> bar	Design Temperature:	<input type="checkbox"/> °F <input type="checkbox"/> °C
Corrosion Allowance:	<input type="checkbox"/> in <input type="checkbox"/> mm	Corrosion (optional):	MR0175 MR0103 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	
PMI 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 Will Be Provided	Material Origin Restrictions/AML	<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: Full Cone Hollow Cone 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: _____

BETE STD TAG

SXXXXXX - LN-XXXX

Special Tagging/Markings:

CUSTOMER SPECIFIED
Length: _____ () in () mm

CUSTOMER SPECIFIED
Length: _____ () in () mm

Pipe Size: _____

Pipe Sch. _____

NOZZLE SERIES TO BE DETERMINED BY CUSTOMER

Nozzle Series: _____

ANGLE ! BcmY CfYbHhcb

CLEARANCE DIAMETER

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..... $\pm 1/2^\circ$
FRACTIONAL..... $\pm 1/32$
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..... ± 1 mm
ONE PLACE DECIMAL..... ± 4 mm
TWO PLACE DECIMAL..... ± 14 mm

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