











## ELECTRIC HYDROPULSE® EHP AUTOMATIC SPRAY NOZZLE 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 complete the form by filling out as much information as possible to assist in the nozzle selection process.

| Date:  |   | Name:                |                                     |
|--|---|----------------------|-------------------------------------|
| Telephone:   |   | Company:             |                                     |
| Email:   |   | Address:             |                                     |
|  |   |                      |                                     |
| Draw a sketch of the application belo  | ow:   |                      |                                     |
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| Project Details:   |   | Decision Malana      |                                     |
| Budget:  |   | Decision Makers:     |                                     |
| Budget: Timeline for Project:  |   |                      |                                     |
| Budget: Timeline for Project: Please identify what goals are most i                          |   | Reduce misting/overs |                                     |
| Budget: Timeline for Project: Please identify what goals are most i                          | important for this project: prove coverage/uniformity |                      | pray<br>Reduce material consumption |
| Budget: Timeline for Project: Please identify what goals are most i                          | prove coverage/uniformity                             | Reduce misting/overs |                                     |
| Budget: Timeline for Project:  Please identify what goals are most i  Increase production Im | prove coverage/uniformity                             | Reduce misting/overs |                                     |
| Budget: Timeline for Project:  Please identify what goals are most i  Increase production Im | prove coverage/uniformity                             | Reduce misting/overs |                                     |
| Budget: Timeline for Project:  Please identify what goals are most i  Increase production Im | prove coverage/uniformity                             | Reduce misting/overs |                                     |









Spray Systems





What is BETE's scope of supply? Are nozzles and controls, fluid delivery systems, or spray headers required for the project?

| What liquid is being sprayed, and what is the viscosity/density of the fluid property?  |
|---|
| What is the required flow rate or application rate on the product being sprayed?  |
| Please describe the fluid delivery system that should be used. Is it existing or needs to be installed?   |
| What are the dimensions of conveyor/product being sprayed? Are there any clearance restrictions? Can photos be provided to give reference to provided dimensions/clearances? Is the conveyor speed fixed or variable? |
| What are the temperature and pressure outside the nozzle?   |
| How often would the system run? Are nozzles and controls, fluid delivery systems, or spray headers required for the project?  |
| Are there any safety requirements that need to be met? I.E. OSHA, corporate policies or sensitive electrical parameters/codes:  |
| Are there any specific hygienic requirements for the EHP application? I.E. Tri-clamp connections:   |