

ENQUIRY FORM

To ensure our technical staff can provide the best possible advice, please complete all sections of this form as comprehensively as possible.

Any additional information can be given on a separate sheet. Enquiries should be addressed to our Sales Office at the address overleaf.

Important: Please clearly state units of measurement.



1. APPLICATION

2. VESSEL

a. Existing or planned?

b. Diameter or size at mist eliminator location

c. Material

Note: Please enclose a copy of the vessel drawing if available otherwise please provide a sketch.

3. OPERATING DATA

Units

a. Operating conditions (pressure and temperature)

b. Vapour flow rate

c. Velocity of vapour at mist eliminator location

d. Vapour material and density (weight/volume) at operating conditions

e. Liquid material and density (weight/volume) at operating conditions

f. Amount of entrainment load (weight/hour)

g. Solids content (material, type and amount)

h. Droplet and/or particle size

i. Allowable pressure drop

j. Is pressure drop or efficiency the more important consideration?

k. Further information

4. MIST ELIMINATOR

Please give full reference if a test sample or previous installation is to be matched

a. Suggested material

b. If installation cannot be made as a single unit, please give manhole size

Quotation required by

Delivery required by

Name

Job title

Date of enquiry

Telephone

Facsimile

E-mail

Company

Address

Please forward completed form by fax. Alternatively, the form can be completed on our website and e-mailed directly to us.

I am also interested to know about other KnitMesh products (tick as appropriate):

Flame Arrestors Coalescers Column Packings Filters

Please arrange the following (tick as appropriate):

Further literature A visit from a representative A technical presentation

M I S T E L I M I N A T O R S