Polyethylene Tank Questionnaire

CONTACT INFORMATION

Company Name: _____ Phone: (____) _____-_____ Fax: (____) _____-_____
Contact: _____ Email: _____
Address: _____
_____

Service Conditions;

- Chemical Name: _____
_____
_____
_____
- Attach MSDS Yes_____ No_____
- Weight/gal: _____
- pH: _____
- Service Temp. _____
- Bulk Storage ____ Day Tank ____ Mixing Vessel ____ Neutralizing Tank ____
  Scrubber ____ Industrial ____ Diluting & Repackaging ____ Food/FDA ____

Tank Configuration

- Vertical _____
- Conical _____
- Horizontal _____
- Open Top _____
- Threaded Connections _____
- Flanged Connections _____
- Standard Cover _____
- Bolted Cover _____
- Heater _____
- Insulation _____
- Maintenance Temp. _____
- Lowest Outside Temp. _____
- Agitator Support _____

Response

Required Fittings

Size	Ftg. Name	Location