

JET MIXING QUESTIONNAIRE

Date _____ Date proposal required by _____
Name _____ Title _____
Company _____ Telephone _____
Address _____ Fax _____
City _____ E-mail _____
State _____ Country _____ Postal / Zip Code _____

PROCESS CHARACTERISTICS *(For example; Blending, Solids Suspension, Gas Dispersion, etc.)*

WASTE CHARACTERISTICS *(Please specify units of measure)*

Material Name _____
Viscosity (Specify Units) _____ Maximum Particle Size _____
Liquid Temperature (Specify Units) _____ pH _____
Solids Specific Gravity _____ Solids Concentration _____

BASIN CHARACTERISTICS

Number of Basin _____ Operating Liquid Level _____
Basin Dimensions at bottom (Attach sketch, if available) _____
Slope of sides (if applicable) _____ Tank Above or Below grade? _____
Tank material of construction _____ Tank Covered or Uncoverd? _____
HP/RPM of existing mixers, if any _____
If mixers are existing in tank, do you require more or less mixing? _____

OTHER REQUIREMENTS AND INFORMATION



PLEASE FAX OR E-MAIL TO:
MASS TRANSFER SYSTEMS
Walpole, Massachusetts 02780 USA
T: 001 (508) 660-9150 F: 001 (508) 660-9151
E-Mail: mts.sales@mtsjets.com