

ULTRA TECH

APPLICATION REVIEW



Customer Name: _____

Contact Name: _____

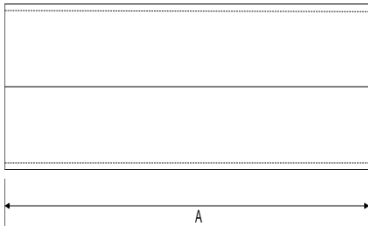
Phone # _____

Email: _____

APPLICATION DETAIL

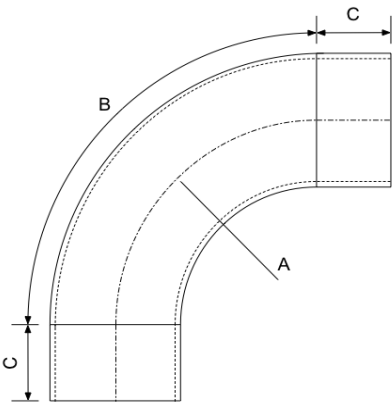
- What kind of pipe is currently being used? _____
- What product is being transported? _____
- What temperature does it run at? _____
- What velocity is the product traveling at? _____
- What is the products particle size? _____
- Is it a Gravity, Pneumatic or Hydraulic System? _____
- What is the system pressure? _____
- What size pump is being used? _____
- What type of pipe is desired? _____
- Anticipated wear type?(Impact or Sliding Abrasion) _____
- Current life span of pipe? _____

STRAIGHT PIPE REQUIREMENTS



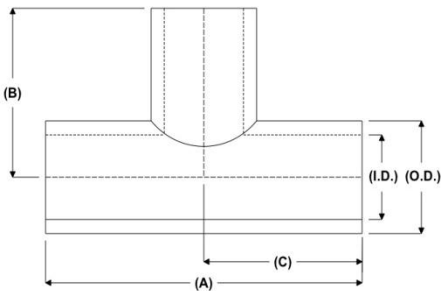
- Pipe Size (OD & wt.) _____
- Pipe Length (A) _____
- End Styles _____

BEND REQUIREMENTS



- Pipe Size (OD & wt.) _____
- CLR & Degree (A & B) _____
- Tangent Lengths (C) _____
- End Styles _____

LATERAL & TEE REQUIREMENTS



- Pipe Size (OD & wt.) _____
- Pipe Header Length (A) _____
- Pipe Branch Length (B) _____
- Branch Degree _____
- Placement of Branch (C) _____
- End Styles _____

