Demister 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.

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 drav	wing if available otherwise please provide a sketch.		
3. OPERATING DATA		Units	
a. Operating conditions (pressure and tempe	rature)		
b. Vapour flow rate			
c. Velocity of vapour at mist eliminator locatio	n		
d. Vapour material and density (weight/volum	ne) at operating conditions		
e. Liquid material and density (weight/volume	e) 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 impo	ortant consideration?		
k. Further information			
4. MIST ELIMINATOR Please give full refer	rence if a test sample or previous installation is t	o be matched	
a. Material			
b. If installation cannot be made as a single un	it, please give manhole size		
Quotation required by	Delivery required by		
Name	Job title		
Date of enquiry	Telephone	Telephone	
Facsimile	E-mail		
Company			
Address			
Please forward completed form by email.			
I am also interested to know about other Knit	Mesh Technologies products (tick as appropriate):		
Flame Arrestors Coalescers Filter	rs 🗌 Vibration Isolators 🗌 Spark Arresters		