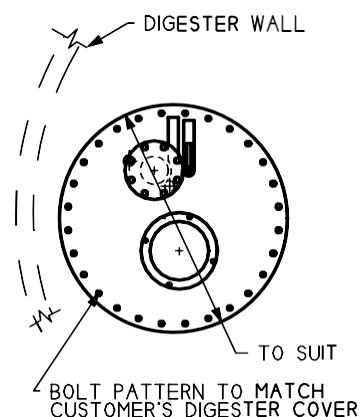


SCUMBUSTER INQUIRY FORM

PROJECT: _____	CONTACT: _____
DATE: _____	PHONE: _____
LOCATION: _____	FAX: _____

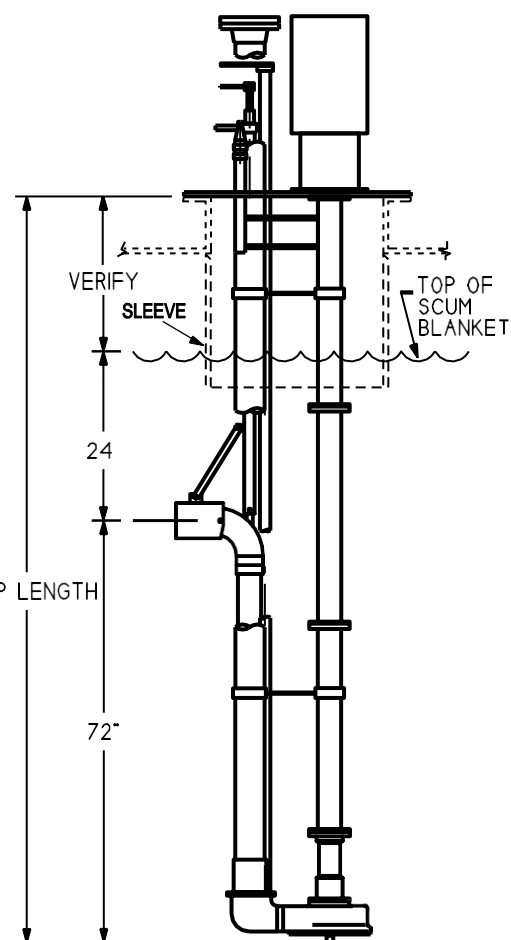
DIGESTER

NUMBER OF DIGESTERS: ____
 DIAMETER OF DIGESTER: ____ FT. ____ M
 DEPTH OF SCUM BLANKET: ____ FEET ____ M
 SCUM BLANKET DENSITY: ____ % SOLIDS
 COVER TYPE: ☐ FLOATING ☐ GASHOLDING ☐ FIXED



MANWAY

NUMBER OF MANWAYS AVAILABLE: ____
 TOP OF FLANGE TO TOP OF SCUM: ____ INCHES ____ mm
 INSIDE DIAMETER OF OPENING: ____ INCHES ____ mm
 DEPTH OF SLEEVE: ____ INCHES ____ mm
 FLANGE OUTSIDE DIAMETER: ____ INCHES ____ mm
 BOLT CIRCLE DIAMETER: ____ INCHES ____ mm
 NUMBER OF BOLTS: ____
 DIAMETER OF BOLT HOLES: ____ INCHES ____ mm



ELECTRICAL

AVAILABLE: ☐ 380 VOLTS ☐ 460 VOLTS ☐ 575 VOLTS
 MAX HP AVAILABLE ON ROOF: ____ HP ____ KW

OTHER

☐ _____

☐ _____