



PO BOX 338 KENDALLVILLE, IN 46755
 PHONE: 800-348-2514 FAX: 800-348-1514
 EMAIL: QUOTE@QUICKTANKS.COM

Tank Size All Tanks are Carbon Steel

Tank Diameter _____
 Side Shell Length _____ (Not Tangent-to-Tangent)
 Max. Overall Height _____ (If Required)

Head Shape

Flanged & Dished (Standard for Non-Code)
 2:1 Semi-Elliptical (Standard for ASME Code)

Design Pressure

100-PSI 150-PSI Full Vacuum
 125-PSI Other _____

Code Requirements

ASME Code Non-Code
 Non-Code w/ Hydro Test

Tank Lining (Interior)

Standard Epoxy
 Prep. for Rubber NSF Lining Req'd. Yes No
 Prep for Vinyl Ester
 Other _____

Tank Coating (Exterior)

Standard Primer Urethane
 Standard Epoxy Other _____

Tank Legs & Support Skid

Strap Leg Jack Saddles
 Angle Leg Jack Saddles w/ Stands
 Beam Leg
 Pipe Leg Skid - W-Beam _____
 Ring Base Skid - Other _____

Seismic Requirements Yes No

If Seismic Calculations are required, please complete the Seismic Data Request Form. [Click Below to Download](#)

Support Clips

Internal - Qty. Carbon _____ Stainless _____
 External - Qty. Carbon _____ Stainless _____

Special Requirements

Lift Lugs _____ Differential Pressure
 False Bottom _____ Qty. of Holes
 Distributor Plate _____ Size of Holes

Installation of Customer Supplied Materials

Internals _____ Must Provide Detailed Prints
 External Piping & Valves _____ to be Included in Quote

CRN (Canadian Registration Number) Province _____

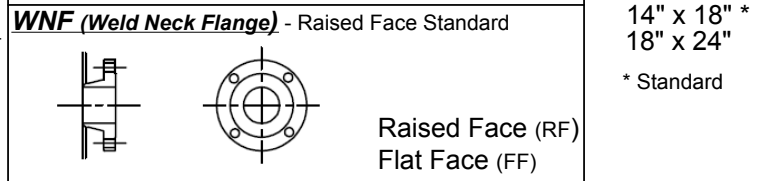
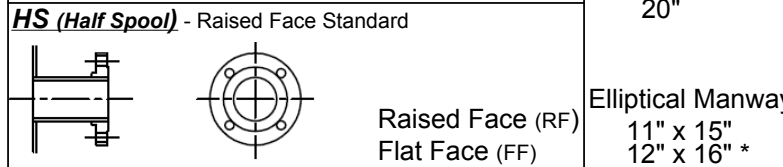
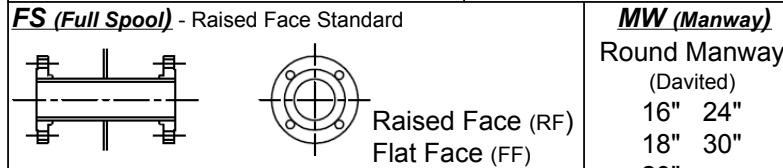
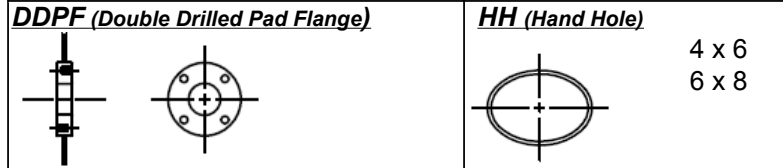
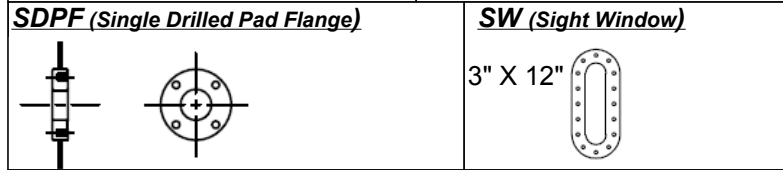
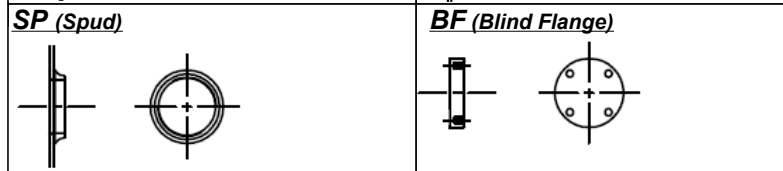
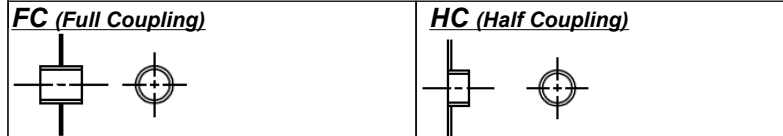
American Iron & Steel Act (Federal EPA \$) Yes

Document Package (U-1A is Included with All ASME Tanks)

Price shown is for up to 3 Tanks

_____ _____
 _____ _____

All fittings are Carbon Steel unless noted as Stainless Steel

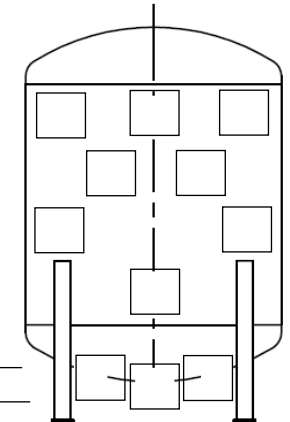
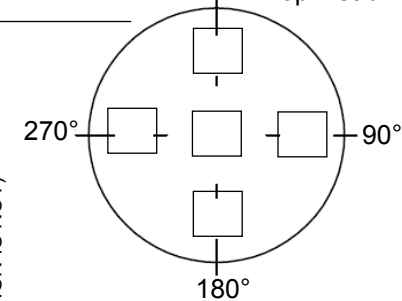


Customer Notes (Include any In-Shop Inspection Visits)

- STRAP LEGS MAY ONLY BE USED THROUGH Ø 42". WHEN SEISMIC IS REQUIRED, STRUCTURAL LEGS WILL BE USED.
- FILL IN THE SCHEDULE OF OPENINGS AND MARK THEIR APPROXIMATE LOCATION ON THE DRAWING.
- ALL REQUIRED SPECIFICATIONS MUST BE PROVIDED AS ATTACHMENTS.

Date _____
 Company _____
 Contact _____
 Phone _____
 Quantity _____
 Left Hand / Right Hand Yes No
 Service Type _____ 0° Top Head
 If Other Type _____

SHOW LETTER IN APPROPRIATE BOX FOR FITTINGS LISTED IN "SCHEDULE" LOCATION IN HEAD OR SHELL IS IMPORTANT (EXACT POSITION IS NOT)



Price (ea) \$ _____
 Skid/Wrap (ea) \$ _____
 Weight (ea) _____
 Ship In _____ Weeks After Drawing Approval
 Schedule of Openings - Please Note "SS" for Stainless Fittings

Mark	Type	Size	Service
A			
B			
C			
D			
E			
F			
G			
H			