STOYSTOWN TANK & STEEL CO.

New Vessel Information Request

Please provide the following information:

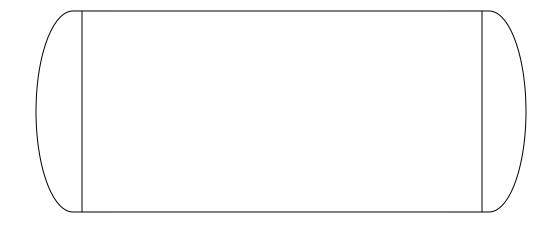
Contact Nar	ne / Comp	any:				
Phone:			E-m	nail Address:		
Does this ve	essel confo	rm to ASM	IE Code?		Yes	No
What is the	design pre	ssure?		PSIG		
What are the	e minimun	n and maxi	mum design	temperatures?		
Minimum:		• F	Maxir	num:	° F	
What is the diameter of the vessel? (Enter value in only one field)					d) OD:	ID:
What is the	over-the-h	eads lengtl	of the vesse	el?		
Is this vessel for corrosive service?					Yes	No
If yes, pleas	e provide	the require	d corrosion a	illowance.		
Does this vessel have telltale holes?					Yes	No
What size an	re the oper	nings and w	here are the	y located? (See Ho	rizontal or Verti	cal Tank Drawing)
Are lifting lugs required?			Yes	No		
Are supports required?			Yes	No		
If yes, pleas	e choose f	rom the fol	lowing:			
Angle Legs with Footpads			Number of Legs:			
Ring Stand			Number of Cutouts (if required):			
Saddle						
Other:						
Does this ve	essel requi	e interior of	or exterior pa	int?		
Interior:	Yes	No		Exterior:	Yes	No
Color / Type	e:			Color / Type:		

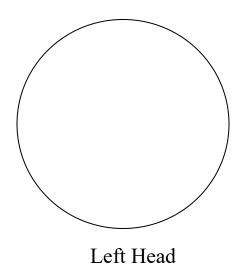
What are the normal contents under operating conditions?						
Please list any additional requirements.						

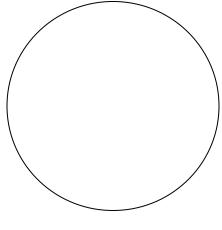
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Horizontal Tank Drawing

Please note the location and size of any openings, lifting lugs, brackets, baffles or supports.







Right Head

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Vertical Tank Drawing

Please note the location and size of any openings, lifting lugs, brackets, baffles or supports.

