

DATA SHEET №	DATE
HORIZONTAL STORAGE TANK DESIGN	

1. CUSTOMER DATA:	
1.1. CUSTOMER	
1.2. REGION	
1.3. PHONE	
1.4. E-MAIL	
1.5. NAME	
1.6. POST	

2. GENERAL INFORMATION:	
2.1. NOMINAL CAPACITY	<input type="checkbox"/> CUBIC METER
2.2. TYPE	<input type="checkbox"/> ABOVE-GROUND <input type="checkbox"/> UNDERGROUND
2.3. PRODUCT STORED	<input type="checkbox"/> PETROL <input type="checkbox"/> WATER <input type="checkbox"/> OTHER
2.4. ENVIRONMENT	<input type="checkbox"/> AGGRESSIVE <input type="checkbox"/> NON-AGGRESSIVE
2.5. NUMBER OF SHELLS	<input type="checkbox"/> SINGLE-SKINNED <input type="checkbox"/> DOUBLE-SKINNED
2.6. MANHOLE HEIGHT	<input type="text" value=""/> mm
2.7. SECTIONS	<input type="checkbox"/> ONE <input type="checkbox"/> TWO <input type="checkbox"/> THREE
2.8. SEPARATION WALL BETWEEN SECTIONS	<input type="checkbox"/> SINGLE-SKINNED <input type="checkbox"/> DOUBLE-SKINNED
2.9. CRADLE (LODGEMENT)	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> QTY.
2.10. CLAMPS (FOR UNDERGROUND)	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> QTY.
2.11. LADDER (FOR ABOVE-GROUND)	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> QTY.
2.12. SERVICE PLATFORM (FOR ABOVE-GROUND)	<input type="checkbox"/> NO <input type="checkbox"/> YES
2.13. BETWEEN-SHELLS SPACE FILLING (FOR DOUBLE-SKINNED)	<input type="checkbox"/> ANTIFREEZE <input type="checkbox"/> NITROGEN <input type="checkbox"/> NO
2.14. INTERNAL COATING	<input type="checkbox"/> NO <input type="checkbox"/> YES, TYPE: <input type="text" value=""/>
2.15. EXTERNAL COATING	<input type="checkbox"/> NO <input type="checkbox"/> YES, TYPE: <input type="text" value=""/>
2.16. HEAT INSULATION	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> THICKNESS, mm
2.17. EXTERNAL COVER (ALUMINIUM / ZINC SHEET)	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> THICKNESS, mm
2.18. MIN. AIR TEMPERATURE	<input type="text" value=""/> °C

3. OPTIONAL EQUIPMENT	
3.1. HEATER	<input type="checkbox"/> NO <input type="checkbox"/> WATER <input type="checkbox"/> ELECTRIC
3.2. DELIVERY LINE	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> d,mm
3.3. FILLING LINE	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> d,mm
3.4. BREATHING LINE	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> d,mm
3.5. SLUDGE CLEANOUT LINE	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> d,mm
3.6. MEASURING PIPE	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> d,mm
3.7. MEASURING DEVICE	<input type="checkbox"/> NO <input type="checkbox"/> YES

OTHER EQUIPMENT (breather valves, clap valves, level sensor, pressure gauges, etc.), NAME AND QTY.:	
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CUSTOMER REPRESENTATIVE:

DATE	<input type="text" value=""/>	NAME	<input type="text" value=""/>	SIGNATURE	<input type="text" value=""/>
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