



PRINT



SUBMIT

I. CUSTOMER INFORMATION

Company: _____
 Contact: _____
 Title: _____
 Address: _____
 City, St, Zip: _____

Date: _____
 Ph: _____
 Ext: _____
 E-m: _____

II. DESCRIPTION OF MATERIAL AND TYPE OF PROBLEM

1. Material (Trade/Scientific): _____ Weight: _____ Lbs-Cu Ft

2. Characteristics:

- | | | | |
|---------------------------------------|---|--|------------------------------------|
| <input type="checkbox"/> Very Fine | <input type="checkbox"/> Fine | <input type="checkbox"/> Granular/Coarse | <input type="checkbox"/> Stringy |
| <input type="checkbox"/> Sticky | <input type="checkbox"/> Absorbs Moisture | <input type="checkbox"/> Corrosive | <input type="checkbox"/> Explosive |
| <input type="checkbox"/> Free Flowing | <input type="checkbox"/> Average Flowing | <input type="checkbox"/> Sluggish | |

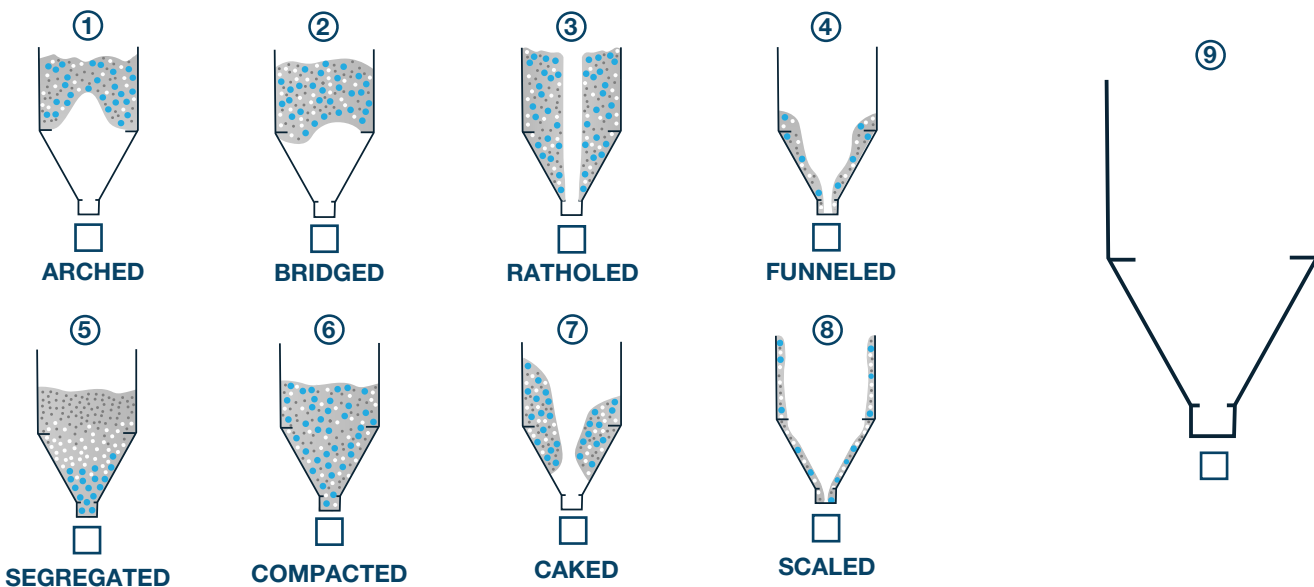
3. Compaction Level: Soft (shovel) Medium (pick) Hard (jackhammer)

4. Range of Particle Size: Min: _____ " or _____ Mesh % Max: _____ " or _____ Mesh %

5. Material Temp: _____ °F

6. Moisture Content: Dry Wet Moisture: _____ %

“” Type of problem; If other, sketch on ⑨



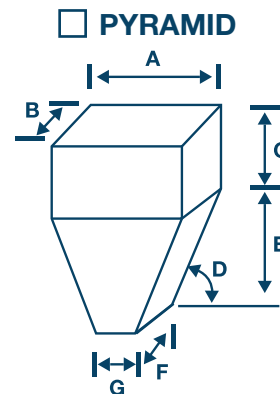
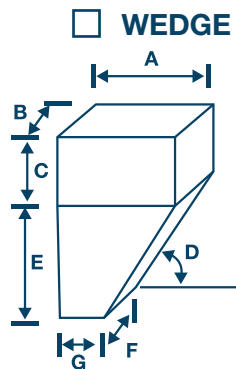
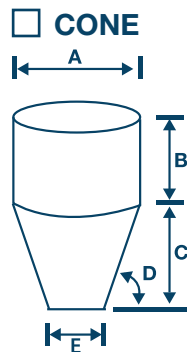
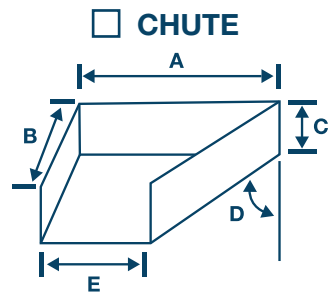
8. Material Presently Built-Up? Yes No 9. Thickness of Material Build-Up: _____ " or _____ '

10. Measure of Material Build-Up: _____ lbs (approx) 11. Build-Up has Existed: _____ months or _____ years

III. DESCRIPTION OF VESSEL

1. **Vessel Material:** Steel Stainless Concrete Wood 2. **Capacity:** _____ Tons or _____ Cu Ft
3. **Wall Thickness:** _____ " 4. **Vessel in Use:** Yes No 5. **Vessel Lined:** Yes No
6. **Lining Material:** _____ 7. **Lining Thickness:** _____ " 8. **Vibrating Bottom:** Yes No
9. **Vessel Filled By:** Conveyor Bucket Feeder
 Other: _____
10. **Discharged Onto:** Conveyor Truck Feeder
 Other: _____
11. **Required Flow:** Continuous Intermittent 12. **Rate:** _____ TPH or _____
13. **Current Solution:** Hammer Poke Vibrate Using (make/type): _____
14. **Frequency and duration Current Solution used in 24-hours:** _____
15. **Effect of Current Solution:** None Insufficient Other: _____

“” Vessel Design; Provide Dimensions of “” Vessel (or Supply Dwg)



A	_____
B	_____
C	_____
D	_____
E	_____
F	_____
G	_____

16. **Chute Mount:** Rigid Isolated

Notes: _____

IV. POWER / CONTROL AVAILABILITY

1. **Power Preference:** Air Electric
2. **Air Supply:** _____ PSI _____ CFM 3. **Pipe Dia:** _____ " 4. **Filtered Air:** Yes No
5. **Electric Supply:** _____ V/Ph/Hz 6. **Explosion Proof Equipment Needed:** Yes No
7. **Method of Control:** Timer VFD Solenoid Manual
8. **Type of Cycle Used:** Manual Timed Interval PLC Auto During Discharge Auto Under No-Flow

Comments: _____