

Airsweep® Systems Application Data Sheet

COMPANY NAME _____

ADDRESS _____

CITY / STATE / ZIP or POSTAL CODE _____

COUNTRY _____

YOUR NAME AND TITLE _____

TELEPHONE # _____ FAX # _____

EMAIL ADDRESS _____

1. DESCRIPTION OF MATERIAL IN BIN

(A) MATERIAL _____

(B) MOISTURE CONTENT _____ % MIN. _____ % MAX.

(C) RANGE OF PARTICLE SIZE

MINIMUM _____ IN. OR _____ MESH

MAXIMUM _____ IN. OR _____ MESH

PER CENT UNDER 60 MESH _____ % UNDER 200 MESH _____ %

(D) MATERIAL TEMPERATURE (MAX) _____ °F / °C

(E) DENSITY _____ LBS/FT³

(F) SPECIAL CHARACTERISTICS? _____

2. DESCRIPTION OF BIN (PLEASE SUBMIT A DRAWING)

(A) CAPACITY _____ TONS OR _____ FT³ / M³

(B) BIN WALL MATERIAL _____

(C) BIN WALL THICKNESS _____

(D) SIZE OF BIN BEFORE SLOPE (MAJOR DIAMETER or L x W x D) _____

(E) SIZE OF DISCHARGE OPENING _____

(F) SLOPE OF BIN WALL _____ ° FROM HORIZONTAL

(G) TYPE OF GATE _____

(H) NUMBER OF BINS OF THIS TYPE _____

3. **FLOW OF MATERIAL**

(A) LEVEL OF MATERIAL _____ TO _____ FT / M ABOVE OPENING

(B) BIN IS FILLED BY _____ AND DISCHARGES ONTO _____

- | | | | |
|----------|--------------------------|----------|--------------------------|
| CONVEYOR | <input type="checkbox"/> | CONVEYOR | <input type="checkbox"/> |
| FEEDER | <input type="checkbox"/> | FEEDER | <input type="checkbox"/> |
| BUCKET | <input type="checkbox"/> | TRUCK | <input type="checkbox"/> |

(C) REQUIRED FLOW FROM BIN IS

- CONTINUOUS
INTERMITTENT

(D) REQUIRED RATE OF FLOW IS _____ TPH

4. **SYSTEM CONTROL**

- | | | | | |
|-------------------------------------|-----|--------------------------|----|--------------------------|
| (A) IS STAND-ALONE CONTROL REQUIRED | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| (B) WILL MANUAL OVERRIDE BE NEEDED | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| (C) IS 110 VOLT - 60 HZ AVAILABLE | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

IF NO, SPECIFY AVAILABLE VOLTAGE

(D) PLEASE SPECIFY ANY SPECIAL FEATURE REQUIRED FOR SYSTEM CONTROL

5. **AIR SUPPLY**

(A) AIR SUPPLY AVAILABLE AT BIN

_____ PSI / BAR AND _____ CFM

(B) PIPE SIZE _____ DIA.

COMMENTS:

PLEASE INCLUDE ENGINEERING DRAWING, IF AVAILABLE
MOST CAD / DOC / PDF FILES ACCEPTABLE VIA EMAIL
OTHERWISE PLEASE INCLUDE A SKETCH WITH DIMENSIONS