

## *Airsweep*<sup>®</sup> *Systems* Application Data Sheet

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| COMPANY NAME                      |                              |  |                                  |          |  |                               |  |  |  |
|-----------------------------------|------------------------------|--|----------------------------------|----------|--|-------------------------------|--|--|--|
| ADDRESS                           |                              |  |                                  |          |  |                               |  |  |  |
| CITY / STATE / ZIP or POSTAL CODE |                              |  |                                  |          |  |                               |  |  |  |
| CC                                | UNTF                         |  |                                  |          |  |                               |  |  |  |
| YOUR NAME AND TITLE               |                              |  |                                  |          |  |                               |  |  |  |
| ΤE                                | ELEPHONE # FAX #             |  |                                  |          |  |                               |  |  |  |
| ΕN                                | EMAIL ADDRESS                |  |                                  |          |  |                               |  |  |  |
| 1.                                | DES                          | DESCRIPTION OF MATERIAL IN BIN             |                                  |          |  |                               |  |  |  |
|                                   | (A)                          | MATERIAL                                   |                                  |          |  |                               |  |  |  |
|                                   | (B)                          | MOISTURE CONTENT%                          | MIN                              | _ % MAX. |  |                               |  |  |  |
|                                   | (C)                          | RANGE OF PARTICLE SIZE                     |                                  |          |  |                               |  |  |  |
|                                   |                              | MINIMUM IN. OR ME                          | SH                               |          |  |                               |  |  |  |
|                                   |                              | MAXIMUMIN. ORME                            | SH                               |          |  |                               |  |  |  |
|                                   |                              | PER CENT UNDER 60 MESH % UNDER             | 200 MESH %                       |          |  |                               |  |  |  |
|                                   | (D)                          | MATERIAL TEMPERATURE (MAX) °F / °C         |                                  |          |  |                               |  |  |  |
|                                   | (E)                          | DENSITY LBS/FT <sup>3</sup>                |                                  |          |  |                               |  |  |  |
|                                   | (F) SPECIAL CHARACTERISTICS? |  |                                  |          |  |                               |  |  |  |
| 2.                                | DES                          | SCRIPTION OF BIN (PLEASE SUBMIT A DRAWING) |                                  |          |  |                               |  |  |  |
|                                   | (A)                          | CAPACITYTONS OR                            | FT <sup>3</sup> / M <sup>3</sup> |          |  |                               |  |  |  |
|                                   | (B)                          | BIN WALL MATERIAL                          |                                  |          |  |                               |  |  |  |
| (C) BIN WALL THICKNESS            |                              |  |                                  |          |  |                               |  |  |  |
|                                   |                              |  |                                  |          |  | (E) SIZE OF DISCHARGE OPENING |  |  |  |
|                                   | (F)                          | SLOPE OF BIN WALL OF F                     | FROM HORIZONTAL                  |          |  |                               |  |  |  |
|                                   | (G)                          | TYPE OF GATE                               |                                  |          |  |                               |  |  |  |
|                                   | (H)                          | NUMBER OF RINS OF THIS TYPE                |                                  |          |  |                               |  |  |  |

| 3. | FLC                  | W OF MATERIAL   |                  |     |                     |    |                   |  |  |  |
|----|----------------------|---|------------------|-----|---------------------|----|-------------------|--|--|--|
|    | (A)                  | LEVEL OF MATER  | RIAL             | TO  |                     | FT | / M ABOVE OPENING |  |  |  |
|    | (B) BIN IS FILLED BY |   |                  |     | AND DISCHARGES ONTO |    |                   |  |  |  |
|    |                      | CONVEYOR  |                  |     | CONVEYOR            |    |                   |  |  |  |
|    |                      | FEEDER  |                  |     | FEEDER              |    |                   |  |  |  |
|    |                      | BUCKET  |                  |     | TRUCK               |    |                   |  |  |  |
|    | (C)                  | REQUIRED FLOW   |                  |     |                     |    |                   |  |  |  |
|    |                      | CONTINUOUS  |                  |     |                     |    |                   |  |  |  |
|    |                      | INTERMITTENT  |                  |     |                     |    |                   |  |  |  |
|    | (D)                  | REQUIRED RATE   | OF FLOW IS       |     | TPH                 |    |                   |  |  |  |
|    |                      |   |                  |     |                     |    |                   |  |  |  |
| 4. | SYSTEM CONTROL       |   |                  |     |                     |    |                   |  |  |  |
|    | (A)                  | IS STAND-ALONE  | CONTROL REQUIRED | YES |                     | NO |                   |  |  |  |
|    | (B)                  | WILL MANUAL OV  | ERRIDE BE NEEDED | YES |                     | NO |                   |  |  |  |
|    | (C)                  | IS 110 VOLT - 60 F  | IZ AVAILABLE     | YES |                     | NO |                   |  |  |  |
|    | IF N                 | IF NO, SPECIFY AVAILABLE VOLTAGE                                  |                  |     |                     |    |                   |  |  |  |
|    | (D)                  | D) PLEASE SPECIFY ANY SPECIAL FEATURE REQUIRED FOR SYSTEM CONTROL |                  |     |                     |    |                   |  |  |  |
|    |                      |   |                  |     |                     |    |                   |  |  |  |
| 5. | AIR SUPPLY           |   |                  |     |                     |    |                   |  |  |  |
|    | (A)                  | AIR SUPPLY AVA  | ILABLE AT BIN    |     |                     |    |                   |  |  |  |
|    |                      | PSI/BAR ANDCFM  |                  |     |                     |    |                   |  |  |  |
|    | (B)                  | PIPE SIZE   |                  |     | DIA.                |    |                   |  |  |  |
| CC | MME                  | NTS:  |                  |     |                     |    |                   |  |  |  |
|    |                      |   |                  |     |                     |    |                   |  |  |  |
|    |                      |   |                  |     |                     |    |                   |  |  |  |

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

> To submit the completed form please fax to 866-247-7538 or email to:

Solutions@ChiVib.com