

Application Data Sheet

For a detailed AirSweep® System proposal engineered specifically for your application, please answer all applicable questions.

Company Name						
Contact Name and Title						
Address						
			in an Dootal Coda			
City		•				
Country	Phone		_ Fax			
Email						
1. Description of Application / Problem:						
				Mesh	Micron	Inches
2. Description of Material in Vessel:				4	4760	.185
- Docomption of material in Toolon				6	3360	.131
					2380	.093
				12	1680 1190	.065
(A) Moisture content % Min.	% Max.			20	840	.0328
				30	590	.0232
(B) Range of particle size: Min	_ inches r	mm, or	_ Mesn	40	420	.0164
Max	_ inches r	mm, or	_ Mesh	50 60	297 250	.0116
Paraont Un	der 60 Mesh	9/ / Under 20	OO Mach %		210	.0082
Percent on	uer ou mesn	_ % / Under 20	JU Westi 7	80	177	.0069
(C) Temperature (Max): Please	check one:	°F <u>or</u> °C		100	149	.0058
(D) Density: lb/ft.	3 kg/m ³			140	105	.0041
	Kg/III			200	74 62	.0029
(E) Special characteristics:				270	53	.0023
				325	44	.0017
				400	37	.0015
				625	20	.0008
3. Description of Vessel (Please submit a dr	awing)			1250 2500	_	.0004
0. 2000. p. 0. 10000. (1. 10000 000	g/			2500) 3	.0002
(A) Vessel construction: Carbon Stee		CC 216	Concrete Ot	hor		
	netric tons, or	Cubic le	et cubic met	er		
(C) Wall thickness: incl						
(D) Slope of wall:° from Horizo						
(E) Size of discharge opening (Please speci						
(F) Size of vessel before slope: (Diameter	r or H x W x D. Plea	ase specify unit of r	measurement)			
(G) Type of gate:						
(H) Number of vessels like this one:						
	Continued on the	next page.				





Application Data Sheet continued

4. Flow of Material:					
(A) Level of material is typically	to	feet	meter	above botto	om discharge.
(B) Vessel is filled by Conveyor	Feeder	Buc	ket	Other	
AND					
Discharges onto Conveyor	Feeder	Truc	ck	Other	
(C) Required flow from vessel is: Con	ntinuous	Intermitte	ent		
(D) Current discharge is: Air	Gravity				
(E) Required rate of flow is	tor	ns / hour	metric	tons / hour	
5. System Control					
(A) Is stand-alone control required?	Yes	No			
(B) Will manual override be needed?	Yes	No			
(C) Voltage requirement: 110	220	24	Other		
(D) Please specify any special features r	equired for s	ystem contr	ol:		
6. Air Supply					
(A) Air supply available at vessel:	PSI	BAR and _		CFM	m³/min
(B) Air supply pipe size diameter:			inches	mm	
7. Please indicate any other flow aids that h	nave been trie	ed with this	applicatio	n:	
8. Who is the end user?					
9. How did you hear about us?					

Save completed form and email to Solutions@ChiVib.com or Fax to 866-247-7538

Please include engineering drawings or a sketch with dimensions and email to Solutions@ChiVib.com. Include your company information on drawing. Most CAD/DOC/PDF file formats are acceptable.

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