



100 Park Street • Putnam, CT 06260  
800-745-6551 • Fax: 860-928-9450

# Airsweep Systems® and AcoustiClean™ Sonic Horn Application Data Sheet

(Please answer all applicable questions)

COMPANY NAME \_\_\_\_\_

CONTACT NAME & TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP or POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

EMAIL \_\_\_\_\_

## 1. DESCRIPTION OF APPLICATION / PROBLEM

\_\_\_\_\_

## 2. DESCRIPTION OF MATERIAL IN BIN / HOPPER / BOILER

\_\_\_\_\_

(A) MOISTURE CONTENT \_\_\_\_\_ % Min \_\_\_\_\_ % Max

(B) RANGE OF PARTICLE SIZE Min \_\_\_\_\_ Inches or \_\_\_\_\_ Mesh

Max \_\_\_\_\_ Inches or \_\_\_\_\_ Mesh

% Under 60 Mesh \_\_\_\_\_ % / Under 200 Mesh \_\_\_\_\_ %

(C) TEMPERATURE (Max) \_\_\_\_\_ Please Check One:  °F or  °C

(D) DENSITY \_\_\_\_\_ LBS/FT<sup>3</sup>

(E) SPECIAL CHARACTERISTICS

\_\_\_\_\_

## 3. DESCRIPTION OF VESSEL (Please submit a drawing)

\_\_\_\_\_

(A) VESSEL CONSTRUCTION  Carbon Steel  SS 304  SS 316  Concrete  Other \_\_\_\_\_

(B) CAPACITY \_\_\_\_\_ Tons or Cubic Ft (C) WALL THICKNESS \_\_\_\_\_

(D) SLOPE OF WALL \_\_\_\_\_ ° From Horizontal (E) SIZE OF DISCHARGE OPENING \_\_\_\_\_

(F) SIZE OF BIN BEFORE SLOPE (Diameter or H x W x D) \_\_\_\_\_

(G) TYPE OF GATE \_\_\_\_\_ (H) NUMBER OF VESSELS LIKE THIS \_\_\_\_\_

Mesh	Micron	Inches
4	4760	.185
6	3360	.131
8	2380	.093
12	1680	.065
16	1190	.046
20	840	.0328
30	590	.0232
40	420	.0164
50	297	.0116
60	250	.0097
70	210	.0082
80	177	.0069
100	149	.0058
140	105	.0041
200	74	.0029
230	62	.0023
270	53	.0021
325	44	.0017
400	37	.0015
625	20	.0008
1250	10	.0004
2500	5	.0002

**4. FLOW OF MATERIAL**

(A) LEVEL OF MATERIAL IS TYPICALLY \_\_\_\_\_ To \_\_\_\_\_ Feet Above Bottom Discharge

(B) BIN IS FILLED BY	AND	DISCHARGES ONTO
<input type="checkbox"/> CONVEYOR		<input type="checkbox"/> CONVEYOR
<input type="checkbox"/> FEEDER		<input type="checkbox"/> FEEDER
<input type="checkbox"/> BUCKET		<input type="checkbox"/> TRUCK
<input type="checkbox"/> OTHER _____		<input type="checkbox"/> OTHER _____

(C) REQUIRED FLOW FROM BIN IS  CONTINUOUS  INTERMITTENT

(D) CURRENT DISCHARGE IS  AIR  GRAVITY

(E) REQUIRED RATE OF FLOW IS \_\_\_\_\_ Tons / Hour

**5. SYSTEM CONTROL**

(A) IS STAND-ALONE CONTROL REQUIRED  YES  NO

(B) WILL MANUAL OVERRIDE BY NEEDED  YES  NO

(C) VOLTAGE REQUIREMENT  110  220  24  OTHER \_\_\_\_\_

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

**6. AIR SUPPLY**

(A) AIR SUPPLY AVAILABLE AT BIN \_\_\_\_\_ PSI and \_\_\_\_\_ CFM

(B) AIR SUPPLY PIPE SIZE \_\_\_\_\_ Diameter

**7. PLEASE INDICATE ANY OTHER FLOW AIDS THAT HAVE BEEN TRIED WITH THIS APPLICATION**

PLEASE PRINT AND FAX COMPLETED DATA SHEET.  
ENGINEERING DRAWINGS OR A SKETCH WITH DIMENSIONS CAN BE SENT  
IF AVAILABLE VIA EMAIL -- MOST CAD FILE FORMATS ARE ACCEPTABLE

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