

Save completed form and email to [Sales@ControlConceptsUSA.com](mailto:Sales@ControlConceptsUSA.com)

*Please answer all applicable questions.*

Company Name \_\_\_\_\_

Contact Name and Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip or Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**1. Description of Application / Problem:**

\_\_\_\_\_  
 \_\_\_\_\_

**2. Description of Material in Vessel:**

\_\_\_\_\_  
 \_\_\_\_\_

(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:  
 \_\_\_\_\_

(F) Size of vessel before slope: (Diameter or H x W x D) \_\_\_\_\_

(G) Type of gate: \_\_\_\_\_

(H) Number of vessels like this one: \_\_\_\_\_

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

**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: \_\_\_\_\_

*Continued on the next page.*

**4. Flow of Material:**

(A) Level of material is typically \_\_\_\_\_ to \_\_\_\_\_ feet above bottom discharge.

(B) Vessel is filled by  Conveyor  Feeder  Bucket  Other \_\_\_\_\_**AND**Discharges onto  Conveyor  Feeder  Truck  Other \_\_\_\_\_(C) Required flow from vessel 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 be 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 vessel: \_\_\_\_\_ PSI and \_\_\_\_\_ CFM

(B) Air supply pipe size: \_\_\_\_\_ Diameter

**7. Please indicate any other flow aids that have been tried with this application:**

---

**Save completed form and email to [Sales@ControlConceptsUSA.com](mailto:Sales@ControlConceptsUSA.com),**

*Engineering drawings or a sketch with dimensions can be emailed to [Sales@ControlConceptsUSA.com](mailto:Sales@ControlConceptsUSA.com).  
Please include your company information on drawing. Most CAD file formats are acceptable.*