

For a detailed AcoustiClean® System proposal engineered specifically for your application, 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 Bin / Hopper / Boiler / Baghouse / Spray Dryer / ESP (Electrostatic Precipitator):

(A) Moisture content _____ % Min. _____ % Max.

(B) Range of particle size: Min. _____ inches mm, or _____ Mesh

Max. _____ inches mm, or _____ Mesh

Percent Under 60 Mesh _____ % / Under 200 Mesh _____ %

(C) Temperature (Max): _____ Please check one: ° F or ° C

(D) Density: _____ lb/ft.³ kg/m³

(E) Special characteristics:

| 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) Capacity: _____ tons metric tons, or _____ cubic feet cubic meter

(B) Wall Material: _____

(C) Wall thickness: _____ inches mm

(D) Slope of wall: _____ ° from Horizontal

(E) Size of vessel before slope: (Diameter or H x W x D. Please specify unit of measurement) _____

(F) Size of discharge opening (Please specify unit of measurement): _____

(G) Type of gate: _____

(H) Number of vessels like this one: _____

Continued on the next page.

4. Flow of Material:

(A) Level of material is typically _____ to _____ feet meter 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) Required rate of flow is _____ tons / 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 required for system control:

6. Air Supply(A) Air supply available at vessel: _____ PSI BAR and _____ CFM m³/min

(B) Air supply pipe size diameter: _____ inches mm

7. Additional comments:

For North America, South America, Europe, Africa

Save completed form and email to
Sales@ControlConceptsUSA.com

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



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