

CUSTOMER DATA

Company: _____ Date: _____
 Contact: _____ Ph: _____
 Title: _____ Ext: _____
 Address: _____ Fax: _____
 City, St, Zip: _____ E-m: _____

DESCRIPTION OF MATERIAL OR TYPE OF PROBLEM

Material (Trade/Scientific): _____ Weight: _____ Lbs-Cu Ft

Condition:

- Granular, free-flowing Sluggish powders Coarse Corrosive
 Readily adhesive or easily fluidized Fibrous, flaky Fine Explosive

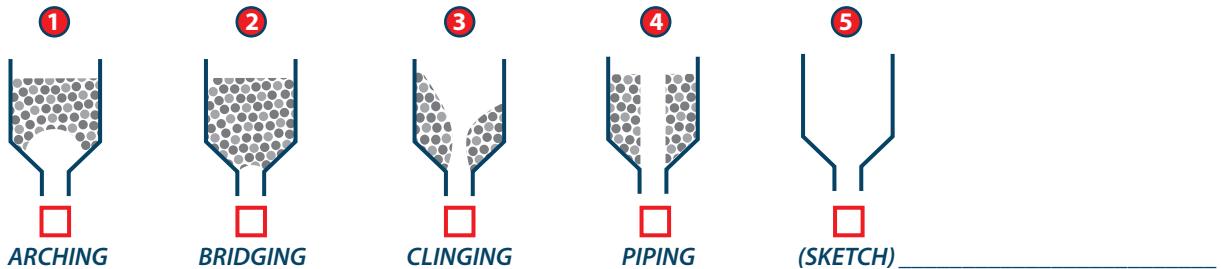
Compaction Level: Soft (shovel) Medium (pick) Hard (jackhammer)

Range of Particle Size: Min: _____ " or _____ Mesh % Max: _____ " or _____ Mesh %

Material Temp: _____ °F Moisture Content: Dry Wet Moisture: _____ %

Special Characteristics: _____

"" Type of problem; If other, indicate on **5**



Material Presently Built-Up? Yes No Thickness of Material Build-Up: _____ " or _____ '

Volume of Material Build-Up: _____ lbs How Long has Build-Up Existed: _____ months or _____ years

DESCRIPTION OF VESSEL

Vessel Material: Steel Stainless Concrete Wood Capacity: _____ Tons or _____ Ft

Wall Thickness: _____ " Vessel Currently Used: Yes No Vessel Lined: Yes No

Lining Material: _____ Lining Thickness: _____ " Vibrating Bottom: Yes No

DESCRIPTION OF VESSEL (CONT'D)

Vessel Filled By:

- Conveyor Bucket Feeder Other

And Discharged Onto:

- Conveyor Truck Feeder Other

Required Flow: Continuous Intermittent

Rate: _____ TPH

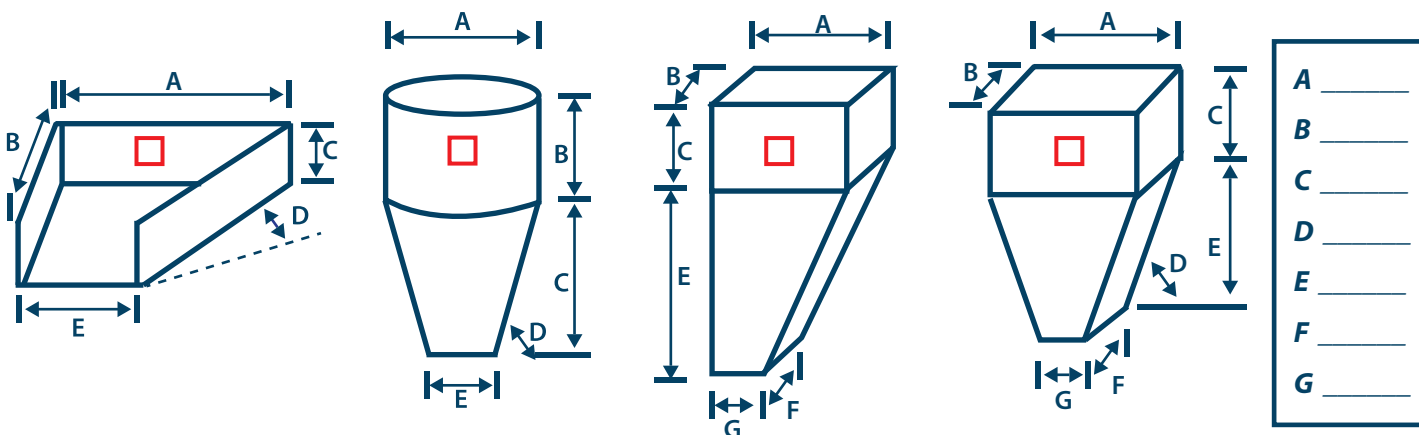
Current Solution (eg, hammer, poke, etc): _____

Type of Flow-Aid being used or used previously: _____

Frequency and duration current method used in 24-hours: _____

Effect current method has on material/problem: _____

"Vessel Design; Provide Dimensions of" "Vessel (or Supply Dwg)



POWER / CONTROL AVAILABILITY

Power Preference: Air Electric

Air Supply: _____ PSI _____ CFM **Pipe Dia:** _____ " **Filtered Air:** Yes No

Electric Supply: _____ V / Ph / Hz **Explosion Proof Equipment Needed:** Yes No

Method of Control: Timer PLC Solenoid Manual

Type of Cycle Used: Manual Timed Intervals Automatically During Discharge
 Automatically Under No-Flow Conditions

Comments: _____

Completed Form to:
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