

## SILO SOLUTIONS APPLICATION DATA SHEET

| CUSTOMER INFORMATION                                     |                          | PRINT | SUBMIT         |
|--|--------------------------|-------|----------------|
| Company:   | Date:                    |       |                |
| Contact:   | Ph:                      |       |                |
| Title:   | Ext:                     |       |                |
| Address:   | Em:                      |       |                |
| City, St, Zip:   | Cp:                      |       |                |
| . VESSEL INFORMATION                                     |                          |       |                |
| 1. Type of Vessel: Silo Bin Bunker                       | Railcars Tank            |       |                |
| 2. Vessel ID: (If prints are available, disregard)       | Roof Openings            |       |                |
| A:ft B:ft C:ft D:ft E:ft G:ft G:ft (Access Door, if any) | H<br>K                   | J:    | ft<br>ft<br>ft |
| 3. Number of Discharge Feeders: 4. Numb                  | er of Clogged Feeders: _ |       |                |
| <b>5. Discharge Type:</b> Slide Gate Rotary Valve        | ☐ Vibratory ☐ Ot         | her   |                |
| 6. Feed Rate: TPH  |                          |       |                |
| 7. Roof Opening(s): Square" Rectangle                    | " X" Rou                 | nd    | _ " Dia        |
| 8. Is Roof sloped?                                       | No Roof Load Rating?     |       |                |
| 9. Working dust collection system?    Yes    No          |                          |       |                |
| 10. Obstructions w/in 5' any direction Inside/Outside Ro | oof Opening?             |       |                |
|  |                          |       |                |



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## **II. VESSEL INFORMATION**

| <b>13. Type of bottom:</b> ☐ Flat ☐ Cone ☐ Side Slope ☐ Center slope   |
|--|
| <b>14. Instruments or structural supports inside?</b> ☐ Yes ☐ No   |
| <b>15. Liner or coatings inside Vessel?</b> ☐ Yes ☐ No <b>16. Inverted cones or baffles?</b> ☐ Yes ☐ No  |
| Describe:  |
| 17. Air Slides or fluidizing equipment? Yes No Vertical Horizontal None  |
| Other:   |
| 18. How long is Vessel available for cleaning? Days Hours Hours/Day  |
| 19. Elevator to top of the Vessel?   |
| <b>21. Electric Available:</b> 110V 220V 440V  |
| 22. Air Supply Available: PSI: CFM: 23. Quote Portable Compressor?:  Yes  No   |
|  |
| I. MATERIAL INFORMATION  |
| 1. Material:Tons   |
|  |
| 3. Estimate of Non-Flowing Material: Tons 4. Condition of Non-Flowing Material: Wet Dry  |
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|  |
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