

CONVEYING REQUIREMENTS SURVEY

Please return by email to webinquiry@macawber.com



1829 Clydesdale Street
Maryville, TN 37801
Phone 865 984 5286
Fax 865 977 4131
www.macawber.com
sales@macawber.com

1. GENERAL INFORMATION

PROJECT

Proposal Type Full Budget Date Required: _____

Company _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ Attn. _____

PROJECT NUMBER

internal use only

2. MATERIAL DESCRIPTION (for conveying)

Material Name _____ Use _____

Bulk Density kg/m³ lb/ft³ Aerated _____ Packed _____

Particle Size Max _____ Min _____ Units _____

Particle Size Distribution _____

Moisture Content % Max _____

Temperature °C °F Max _____ Range _____

Flowability Free Flow Good Moderate Poor Does Not Flow

Hygroscopicity Yes No Corrosive Caustic

Explosive Yes No Angle of Repose _____

Abrasiveness Nonabrasive Mild Moderate High Very High

3. SITE CONDITIONS (general environment)

Elevation m ft _____ Max Humidity, % _____

Ambient Temp °C °F Max _____ Min _____

System/Equipment Location Indoor Outdoor Both

Compressed Air Availability Yes No _____ Nm³/min scfm

Area Classification (NEC) _____

Operational Location (city, state) _____

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Total Dist
0

4. PROCESS REQUIREMENTS (actual conveying needs)

System Rate Req'd kg/hr t/hr (x2000lbs) _____

System Distance m ft Horizontal _____ Vertical _____

Vertical Runs _____ # Bends _____

Feed Arrangement _____ Material Degradation a concern? Yes No

Feed Conditions Pressure Vacuum _____ Units _____

Feed Headroom m ft _____ Reception Arrangement _____

Discharge Conditions Pressure Vacuum _____ Units _____

Batch Weighing Required Yes No Size _____ Time _____

Materials of Construction Carbon Steel 304 SS 316 SS

Explosive Atmosphere Yes No Standard NEMA 7X ATEX

Please check the three (or more) most important considerations a proposed system needs to address check any or all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Maintenance/Repair Cost | <input type="checkbox"/> Pipe & Bend Wear |
| <input type="checkbox"/> Equipment Downtime | <input type="checkbox"/> Plugging |
| <input type="checkbox"/> Material Degredation | <input type="checkbox"/> Dust Emissions |
| <input type="checkbox"/> Air Consumption | <input type="checkbox"/> Material Spillage |
| <input type="checkbox"/> Electrical Consumption | <input type="checkbox"/> Material Segregation |
| <input type="checkbox"/> Quality | |

5. SCOPE OF SUPPLY (please check all that apply and provide quantities)

<input type="checkbox"/> Transporter _____	<input type="checkbox"/> Reception Bin _____	<input type="checkbox"/> Level Probes _____
<input type="checkbox"/> Weigh System _____	<input type="checkbox"/> Filters _____	<input type="checkbox"/> Compressor _____
<input type="checkbox"/> Distribution Valves _____	<input type="checkbox"/> Bends _____	<input type="checkbox"/> Terminal Box _____
<input type="checkbox"/> Feed Hopper _____	<input type="checkbox"/> Pipe _____	<input type="checkbox"/> Electrical Controls _____
<input type="checkbox"/> Other (specify) _____		