

CONVEYING REQUIREMENTS SURVEY

Macawber

Please return by email to: macawber@macawber.com, or fax/mail to address shown.

1829 Clydesdale Street
Maryville, TN 37801
Phone 865 984 5286
Fax 865 977 4131
www.macawber.com
sales@macawber.com
macawber@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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4. PROCESS REQUIREMENTS (actual conveying needs)

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Total Dist
0

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

Description and Sketch (please provide as much detail as possible)

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) _____ | | |