



**Engineering and
Manufacturing Facility**

Dust Control and Loading Systems, Inc.

**Sales, Research and
Development**

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AERATION APPLICATION DATA SHEET

DATE: ____/____/____ DCL ORDER #: _____

COMPANY: _____ FAX #: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____

SHIP TO: _____

CONTACT: _____ PHONE #: _____ EXT: _____

END USER: _____ DCL REP: _____ SALESPERSON: _____

REFERENCE/TAG #: _____

MATERIAL PHYSICAL PROPERTIES

PRODUCT HANDLED: _____ AMBIENT TEMP: _____ MAX TEMP: _____

HYGROSCOPIC: ☐ CONTAMINABLE: ☐ CORROSIVE: ☐ ABRASIVE: ☐

PARTICLE SIZE RANGE: _____ BULK DENSITY: _____

LOADING CAPACITY RANGE: _____

PRODUCT IS: NON DUSTY: ☐ FAIRLY DUSTY: ☐ EXTREMELY DUSTY: ☐

TYPE OF AERATION

CONVEYOR: ☐ TROUGH: ☐ BIN BOTTOM: ☐ SILO/DOME FLOOR: ☐

OTHER/SPECIFY: _____

POWER SUPPLY AVAILABLE

VOLTS: _____ CYCLE: _____ PHASE: _____

ELECTRICAL COMPONENTS: X PROOF: ☐ NEMA 4: ☐ NEMA 4X: ☐ NEMA 12: ☐ CLASS: I: ☐ II: ☐ DIV: I: ☐ II: ☐ GROUP: _____

CONTROL VOLTAGE: _____ 115AC STANDARD: ☐ OTHER: _____

CONSTRUCTION

ABRASIVE RESISTANT: ☐ STAINLESS STEEL: ☐ SPECIAL PAINT: ☐ OTHER/SPECIFY: _____

PLEASE PROVIDE ACCURATE DIMENSIONS WITH DRAWINGS, SKETCHES, OR PHOTOGRAPHS OF PROPOSED INSTALLATION.

1. CONVEYANCE ANGLE: _____ OVERALL LENGTH: _____

2. SIDE DISCHARGE: _____

3. INLET/OUTLET: _____

4. SPECIAL BUILD: _____

NOTES: _____

QUOTE: BUDGET: ☐ BUY: ☐ QUOTE REQUIRED: ____/____/____ PO #: _____ PO DATE: ____/____/____

DELIVERY REQUIRED: ____/____/____ CUSTOMER SIGNATURE: _____