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## Airsweep® Systems Application Data Sheet

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP or POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

YOUR NAME AND TITLE \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### 1. DESCRIPTION OF MATERIAL IN BIN

(A) MATERIAL \_\_\_\_\_

(B) MOISTURE CONTENT \_\_\_\_\_ % MIN. \_\_\_\_\_ % MAX.

(C) RANGE OF PARTICLE SIZE

MINIMUM \_\_\_\_\_ IN. OR \_\_\_\_\_ MESH

MAXIMUM \_\_\_\_\_ IN. OR \_\_\_\_\_ MESH

PER CENT UNDER 60 MESH \_\_\_\_\_ % UNDER 200 MESH \_\_\_\_\_ %

(D) MATERIAL TEMPERATURE (MAX) \_\_\_\_\_ °F / °C

(E) DENSITY \_\_\_\_\_ LBS/FT<sup>3</sup>

(F) SPECIAL CHARACTERISTICS? \_\_\_\_\_

### 2. DESCRIPTION OF BIN (PLEASE SUBMIT A DRAWING)

(A) CAPACITY \_\_\_\_\_ TONS OR \_\_\_\_\_ FT<sup>3</sup> / M<sup>3</sup>

(B) BIN WALL MATERIAL \_\_\_\_\_

(C) BIN WALL THICKNESS \_\_\_\_\_

(D) SIZE OF BIN BEFORE SLOPE (MAJOR DIAMETER or L x W x D) \_\_\_\_\_

(E) SIZE OF DISCHARGE OPENING \_\_\_\_\_

(F) SLOPE OF BIN WALL \_\_\_\_\_ ° FROM HORIZONTAL

(G) TYPE OF GATE \_\_\_\_\_

(H) NUMBER OF BINS OF THIS TYPE \_\_\_\_\_

3. **FLOW OF MATERIAL**

(A) LEVEL OF MATERIAL \_\_\_\_\_ TO \_\_\_\_\_ FT / M ABOVE OPENING

(B) BIN IS FILLED BY \_\_\_\_\_ AND DISCHARGES ONTO \_\_\_\_\_

- |          |                          |          |                          |
|----------|--------------------------|----------|--------------------------|
| CONVEYOR | <input type="checkbox"/> | CONVEYOR | <input type="checkbox"/> |
| FEEDER   | <input type="checkbox"/> | FEEDER   | <input type="checkbox"/> |
| BUCKET   | <input type="checkbox"/> | TRUCK    | <input type="checkbox"/> |

(C) REQUIRED FLOW FROM BIN IS

- CONTINUOUS   
INTERMITTENT

(D) REQUIRED RATE OF FLOW IS \_\_\_\_\_ TPH

4. **SYSTEM CONTROL**

- |                                     |     |                          |    |                          |
|-------------------------------------|-----|--------------------------|----|--------------------------|
| (A) IS STAND-ALONE CONTROL REQUIRED | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| (B) WILL MANUAL OVERRIDE BE NEEDED  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| (C) IS 110 VOLT - 60 HZ AVAILABLE   | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

IF NO, SPECIFY AVAILABLE VOLTAGE

(D) PLEASE SPECIFY ANY SPECIAL FEATURE REQUIRED FOR SYSTEM CONTROL

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5. **AIR SUPPLY**

(A) AIR SUPPLY AVAILABLE AT BIN

\_\_\_\_\_ PSI / BAR AND \_\_\_\_\_ CFM

(B) PIPE SIZE \_\_\_\_\_ DIA.

COMMENTS:

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PLEASE INCLUDE ENGINEERING DRAWING, IF AVAILABLE  
MOST CAD / DOC / PDF FILES ACCEPTABLE VIA EMAIL  
OTHERWISE PLEASE INCLUDE A SKETCH WITH DIMENSIONS