



Memphis Office
 Air Solutions, Inc.
 40 Avebury Cove
 Eads, TN 38028

Nashville Office
 Air Solutions, Inc.
 1923 Churchill Downs
 Lebanon, TN 37087

Jackson Office
 Air Solutions, Inc.
 P. O. Box 1019
 Terry, MS 39170

Direct questions regarding this correspondence to: Memphis Office Nashville Office Jackson Office

APPLICATION DATA SHEET

Information that follows submitted by _____ Date _____

Company _____ Ph _____ Email _____

GENERAL APPLICATION CONTACT INFORMATION

Contact Name _____ Ph _____ Fax _____

Title _____ Email _____

Company _____

Address _____ City/State/Zip _____

DATA AT SITE OF APPLICATION

Location (if different than above) _____

Elevation _____ Ft. ASL Ambient Temp _____ °F Relative Humidity _____%

Available Electrical Power _____ Volts _____ Phase _____ Hertz

Installation ___ Indoors ___ Outdoors ___ Indoor/Outdoor

Area Classification If Applicable Class _____ Division _____ Group _____

Earthquake Zone _____ Wind Load _____ MPH

PROJECT SCHEDULE

Proposal Due Date _____ Est. Order Date _____ Est. Start-Up Date _____

Proposal Status ___ Budget ___ Firm Project Status ___ Funded ___ Feasibility

APPLICATION

___ Dust ___ Fume ___ Mist Contaminant _____

Is MSDS Sheet Available ___ Yes ___ No If yes, attach a copy with Application Data Sheet.

APPLICATION DATA SHEET PAGE 2

Describe the process _____

How is the contaminant generated _____

How is the contaminant to be captured (before being transported to filtration device) _____

Operating Hours _____ (hrs/day) _____ (days/week) _____ (weeks/year)

Inlet Volume _____ ACFM External Static Pressure _____ In. WG

Operating Temp. _____ ° F Inlet Loading _____

Contaminant Characteristics

Free Flowing ___ Yes ___ No Note _____

Sticky ___ Yes ___ No Note _____

Abrasive ___ Yes ___ No Note _____

Corrosive ___ Yes ___ No Note _____

Toxic ___ Yes ___ No Note _____

Hygroscopic ___ Yes ___ No Note _____

Explosive ___ Yes ___ No Note _____

_____ ___ Yes ___ No Note _____

Has contaminant been tested ___ Yes ___ No Is sample available ___ Yes ___ No

Emission requirements _____

Special equipment requirements (materials of constr'n, paint, electrical, mechanical, accessories, etc.) _____

Any special space limitations, headroom available, etc. _____

Will air from the filtration device be ___ re-circulated to space ___ exhausted to atmosphere

For dust collection applications, is clean, dry compressed air at 90 psi available ___ Yes ___ No

Will hood or enclosure design assistance be required? Duct design/layout? ___ Yes ___ No

Additional notes _____

