

Test Request

Date: _____

1. Who

Customer: _____ Will witness? Yes No

Contact Name: _____ Phone: _____

Cyclonaire Test Owner: _____ Will participate/execute? Yes No

2. What

Material*: _____ Amount (lbs): _____

Special notes or instructions on material:

Ship to: Cyclonaire Corp
Attn: Kevin Vaught / Test Lab
2922 N Division Ave York, NE 68467

- Landfill Disposal by Cyclonaire** (Paid for by Customer @ \$150/Ton)
- Return to Customer (Shipping method, address, etc. provided below)

*All material will require a SDS to enter the facility. Any material without proper documentation will be rejected and returned without expense to Cyclonaire.

**Hazardous materials do not qualify for landfill disposal

3. Why

Type of Test:

- Bench (Aeration, Sieve, Flow, Angle of Repose, Sliding Angle Test, Moisture Test)
- Full Scale Convey Test

Type:

- Dense Phase
- Semi-dense Phase
- Dilute – Pressure
- Dilute – Vacuum
- Other _____

Convey Size:

- 2.5" Convey Line
- 3" Convey Line
- 4" Convey Line
- 5" Convey Line
- 6" Convey Line
- 8" Convey Line

Convey Distance:

- 138 ft (5 elbows)
- 288 ft (5 elbows)
- 424 ft (9 elbows) (not 2.5")
- 569 ft (9 elbows) (not 2.5")
- 841 ft (13 elbows, stepped line) (not 2.5" or 8")

Special Notes: (Blending, Weigh Feeder, etc.)

4. When

Requested Start Date: _____ Requested Complete Date: _____

Projected Start Date: _____ Projected Complete Date: _____

(Test lab personnel to fill out projected dates.)