

Bucket Elevator Inquiry Form

Company: _____
Contact: _____
Title: _____
Address: _____
Town/State/ZIP: _____
Phone: _____
Fax: _____
E-mail: _____



Date: _____

Please check where appropriate!

1. All top fed conveyors require a metered feed (e.g. vibratory feeder, rotary valve, or similar device). Please describe your proposed method of feeding:

2. Material Conveyed: _____
3. Is the material abrasive: ___ Yes ___ No
4. Capacity: _____ lbs/h or _____ T/h
5. Bulk Density: _____ lbs/cu ft
6. Particle Size: ___ <1/8"; ___ <1/2"; ___ <1"; ___ <2"
 Other: _____
7. Dynamic Angle of Repose: ___ under 10°; ___ 10 to 20°
 ___ more than 20°
8. Is the material difficult to discharge: ___ Yes ___ No
9. Does the material compact: ___ Yes ___ No
10. Temperature in and around Elevator: _____ °F
11. Temperature of Conveyed Goods: _____ °F
12. Maximum Temperature: _____ °F
13. Location: ___ Indoors ___ Outdoors
14. Operating Hours per Day: ___ Less than 10; ___ more than 20
15. Electrical Supply: _____ V; _____ Ph; _____ Hz
16. Motor Type: ___ TEFC; ___ TENV;
 ___ Wash Down Duty; ___ Chemical Duty; ___ Inverter Duty
X-Proof: Class: _____ Group: _____ Div: _____
17. Casing:
Sheet Metal Casing:
 ___ Enclosed w/drawers; ___ Dust Free (closed bottom);
 ___ Sealed welded inside; ___ Sealed welded outside;
Vacuum/Pressure: _____ PSI ___ mmH2O ___ mmHg
Tubular Steel Casing: ___ full cladding; ___ partial cladding
18. Casing Material: ___ Carbon Steel; ___ 304SS; ___ 316SS;
 ___ 304L SS; ___ 316L SS; ___ Aluminum
19. Bearings: ___ Standard; ___ Sealed;
 ___ Pressurized (Compression Glands)
20. Paint: ___ Powder Coating; ___ Anti Corrosion Epoxy;
 ___ Enamel; ___ No Paint (e.g. Stainless Steel);
Color: RAL _____ Other: _____
21. Options:
 ___ Zero Speed Switch; ___ Bucket Belt Monitor;
 ___ Safety Alarm Systems: ___ Control Panel;
 ___ Feed Section Level Sensor; ___ Discharge Level Sensor
 ___ Discharge Transition(s)*; ___ Feed Transition(s)*;
 ___ Anti Static Systems; ___ Vents;
 ___ Clean in Place Bucket Wash;
 ___ Clean in Place Conveyor Wash;
*Please provide design requirements, Material, Opening dimensions and heights.
22. Additional Information: _____

23. Please complete the Bucket Conveyor Inquiry Sketch on the next page for the dimensions and style of the Elevator.
24. We will send you a proposal in PDF or Office XP format. The drawing will be AutoCAD. Please tell us your AutoCAD Version _____



NERAK Systems, Inc.
4 Stagedoor Road
Fishkill
New York, 12524

Phone: 914-763-8259
Fax: 845-896-1925
E-mail: info@nerak-systems.com
Website: www.nerak-systems.com

Bucket Elevator Inquiry Sketch

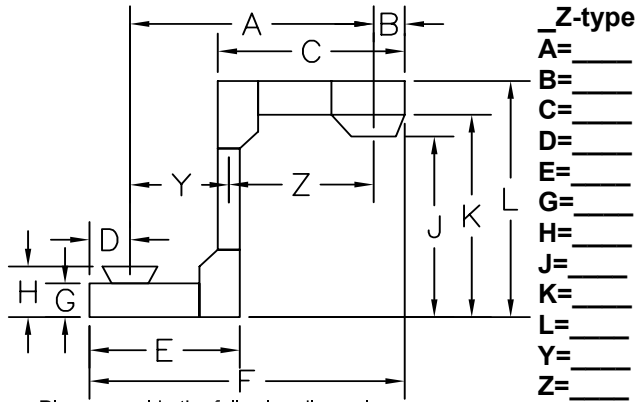
Continuous Bucket Elevator (WB)
Pendulum Bucket Elevator (PB)

Company: _____



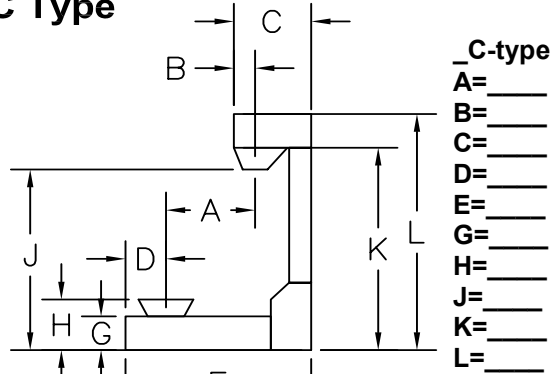
Please fill out the dimensional information where appropriate!

Z Type



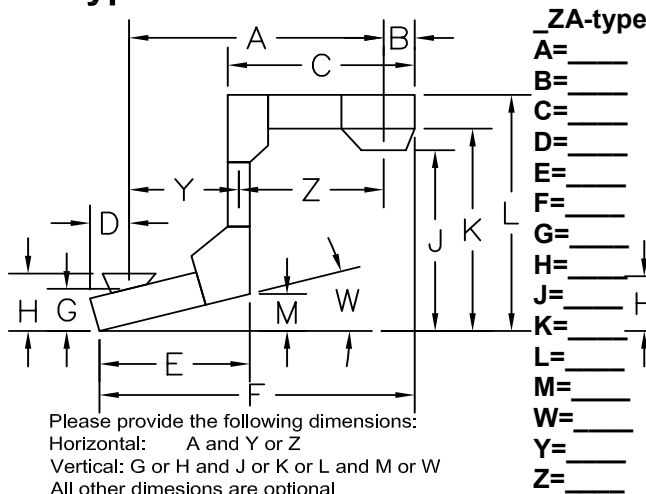
Please provide the following dimensions:
Horizontal: A and Y or Z
Vertical: G or H and J or K or L
All other dimensions are optional

C Type



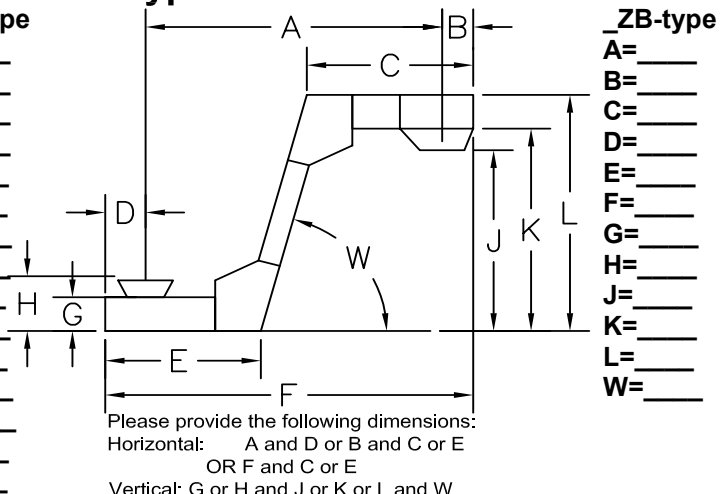
Please provide the following dimensions:
Horizontal: A
Vertical: G or H and J or K or L
C is a fixed dimension
All other dimensions are optional

ZA Type



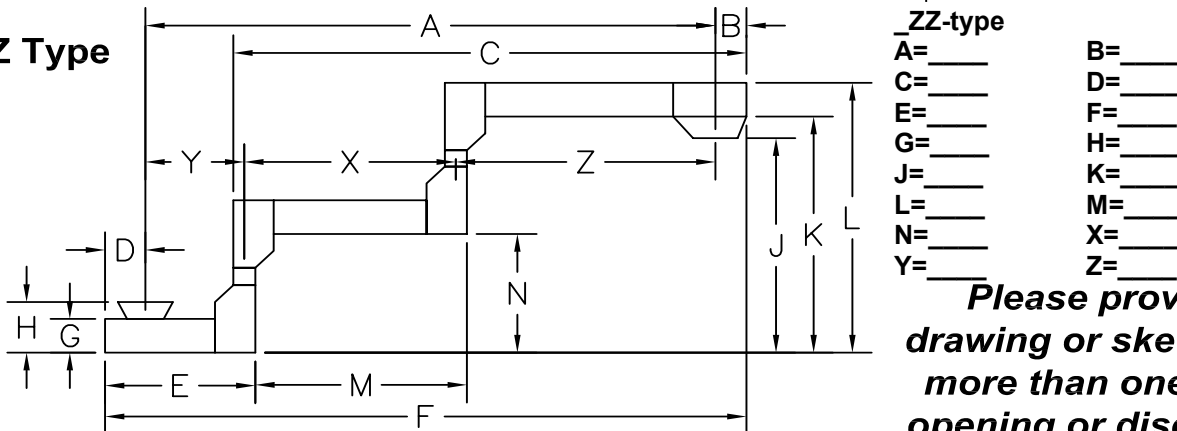
Please provide the following dimensions:
Horizontal: A and Y or Z
Vertical: G or H and J or K or L and M or W
All other dimensions are optional

ZB Type



Please provide the following dimensions:
Horizontal: A and D or B and C or E
OR F and C or E
Vertical: G or H and J or K or L and W
All other dimensions are optional

ZZ Type



Please provide the following dimensions:
Horizontal: A and Y and Z OR A and X and Z OR A and X and Y
Vertical: G or H and J or K or L and N
All other dimensions are optional

Please provide drawing or sketch for more than one feed opening or discharge and any other conveyor shape!

EXPERTS IN VERTICAL CONVEYING

