



AGRI / INDUSTRIAL DIVISION
of Chief Industries, Inc.

Featuring **Lemaco** Products
P.O. BOX 848, KEARNEY, NEBRASKA 68848
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DATE: _____
QUOTATION DUE DATE: _____
INQUIRY FROM: _____
PH: _____
FAX: _____
JOB REFERENCE: _____
QUOTE TO: _____

NOTE
IF THERE ARE ANY SPECIAL FABRICATION, STRUCTURE, ENGINEERING OR TESTING REQUIREMENTS, PLEASE ATTACH DATA TO THIS SHEET.

SILO INQUIRY FORM
 FIRM QUOTE
 BUDGET QUOTE

MATERIAL CHARACTERISTICS:
 FREE FLOWING
 ABRASIVE
 CORROSIVE
 EXPLOSIVE
 DRY LIQUID

SUPPORT STYLE :
 STRUCTURAL LEGS (4) SHORT SKIRT
 4-SHORT LEGS FULL SKIRT
 STRUCTURE TO BE QUOTED STRUCTURE BY OTHERS

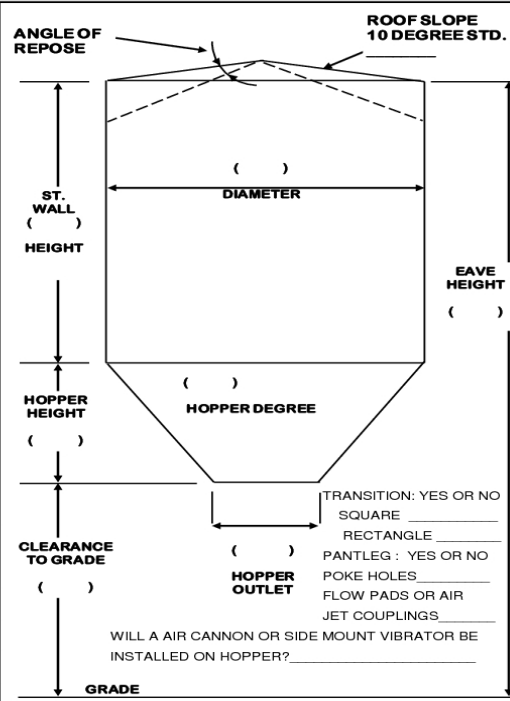
MATERIAL DATA :
MATERIAL TO BE STORED: _____
BULK DENSITY: _____ PCF ANGLE OF REPOSE: _____
COEFFICIENT OF FRICTION: _____ (30 DEGREE STD.)

SILO DATA: INTERNAL PRESSURE: _____ VACUUM RATING: _____ ROOF LOAD: 30# PSF STANDARD
QUANTITY: _____ CAPACITY: _____ USABLE LEVEL FULL IF OTHER: _____
CONSTRUCTED FROM: CARBON STEEL ALUMINUM STAINLESS (304 OR 316) WIND VELOCITY: _____
SEISMIC ZONE: _____ OR INSTALLATION SITE: _____ INSIDE / OUTSIDE

FEATURES AND OPTIONS
VENT:
QTY. _____ SIZE _____ SQUARE BIN VENT FLANGE _____ #
_____ ROUND BIN VENT FLANGE _____ #
(WIND BRACING MEMBERS NOT INCLUDED)
ACCESS :
_____ " DIA. MW/PVR/2.oz press/.5oz vac.
_____ " DIA. CENTER DOME W/ COVER PLATE
_____ " DIA. MANWAY DECK SW HOPPER
6' X 6' 8" DOUBLE DOOR, LOUVER _____ YES _____ NO
3' X 6' 8" SINGLE DOOR, LOUVER _____ YES _____ NO
EQUIPMENT PENTHOUSE _____
FILL :
STUB NOZZLES SIZES _____
TURBULENCE BOX SIZE _____
FILL LINE KIT SIZE _____ SINGLE OR DOUBLE
FILL LINE BRACKETS, SIZE _____
LEVEL INDICATORS:
TYPES _____ SIZES _____
SAFETY EQUIPMENT :
HANDRAILS _____ LADDER _____ CROSSOVER _____ LENGTH _____
(LADDER REST PLATFORM @ 30' PER OSHA)
OTHER :
FLANGED NOZZLES _____
ACTIVATOR ADAPTER RING BY CUSTOMER _____
SHOP MOUNT BIN ACTIVATOR _____

FINISH :	INTERIOR	EXTERIOR
WELD INTERIOR	<input type="checkbox"/> YES <input type="checkbox"/> NO	XXXXXXXXXX
GRIND SMOOTH	<input type="checkbox"/> YES <input type="checkbox"/> NO	XXXXXXXXXX
BLAST	SSPC-SP _____	SSPC-SP _____
PLAIN	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
EPOXY PRIMER (STD)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
POLYURETHANE(STD)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
FDA EPOXY	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

TOP COAT COLOR: WHITE STANDARD. IF PAINT IS OTHER, NOTE BELOW



TRANSITION: YES OR NO
SQUARE _____
RECTANGLE _____
PANTLEG: YES OR NO
POKE HOLES _____
FLOW PADS OR AIR _____
JET COUPLINGS _____
WILL A AIR CANNON OR SIDE MOUNT VIBRATOR BE INSTALLED ON HOPPER? _____