



Rubber, Inflatable & Ceramic Liner Application Information

End User: _____ Date: _____

Location: _____ Dealer: _____

Dealer Contact: _____

Equipment/Chute

Description of Application (feedbox, discharge lip, transfer point...):

Drawing of Chute or Liner arrangement required.

Material

Tons per hour: _____ Drop height: _____

Angle of impact: _____ Type of material: _____

Maximum size of material: _____ % of fines: _____

% of Moisture content: _____ Is there material buildup? Yes No

Existing Liners

What Liner material is currently used? : _____

What is the wear life? *in tons*: _____

What other problems exist with current lining system?: _____

Any additional information:

Please use the back of this form for any sketches

Note direction of flow on all pieces