



System Location:  Stationary  
 Portable

What is the Distance from Blower location to Inlet of tank?

**Level of Filtration Required:**

10 Micron       5 Micron       HEPA (0.3 Micron)   
 ULPA (0.12 Micron)       Other

**What is the next process?**

Description

**What are you currently using for drying?**

Description

**What method do you use to determine the success of the drying?**

Description

**What are the problems and costs associated with the current method?**

Quality problems       Left over Heel/Liquid       Excessive labor costs   
 Excessive Drying Time       Excessive energy costs       Other

**What 3 phase electrical power is available?**

Volts       50 Hz       60 Hz

**What are the plant conditions?**

Altitude       feet       meters   
 Temperature       °F       °C   
 Maximum noise level of Sonic Dryer unit?

**How many tanks do you have?**

No. of lines   
 No. of shifts      1 Shift       2 Shifts       3 Shifts

**When do you plan to purchase this system?**

Purchase Date

**I can provide the following upon request**

Digital Photo       Drawing / Sketch       Nothing   
 CAD Solid       Other

**Additional Information.**

Please add any additional information in the space provided that may impact the design and subsequent quote from Sonic Air Systems.