

Nordfab Drawing Service Information Sheet

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Contact Name: _____ Email: _____

General System Information:

A. What kind of material is being collected? _____

B. What is the desired Velocity in the trunk line? _____

C. What is the desired Velocity in the drops? _____

D. What is your Dust Collector inlet size and height off floor? _____

E. Is the Dust Collector inlet Horizontal or Vertical? _____

F. What is your desired trunk line ducting height above the floor? _____

G. What is your desired Blast Gate height above the floor? _____

H. Are there any elevation changes in the trunk line? _____

I. Please indicate if you have a desired location for the Trunk Line on your drawing

J. Any other additional comments or notes? _____

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Ceiling Height ____ft.

Scale: 1 block = ____ft.

