QUOTE REQUEST **CHIP DISC FILTRATION**

Please complete this form and email to info@hennig-inc.com or fax to your nearest location.
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COMPANY *(complete address)*

_____

_____

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Name _____

Title _____

E-mail _____

Phone _____ Fax _____ Date ____/____/_____

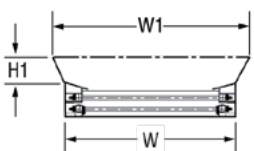## EXISTING CONVEYOR *(If you have the conveyor part number, disregard the sections below)*

Brand ○ Hennig ○ Enomoto ○ Hennig-France (formerly Sermeto) ○ Cobsen ○ Other _____

Part # _____ **Serial #** _____ **Belt Type** ○ Hinge (○ Plain ○ Perf ○ Dimple) ○ Scraper ○ Magnetic

MACHINE INFORMATION

Make _____ **Model** _____ **Available References** ☐ Photos ☐ Drawings

Type ○ Lathe ○ Milling ○ Drilling ○ Tapping ○ Other _____ **Chip Volume** _____ in³/min

Spindle Horse Power _____ hp   **Available Power** ○ 440 ○ 220 ○ 110 ○ 24 VDC ○ Other _____

Chip Material ☐ Soft Steel ☐ Hard Steel ☐ Stainless Steel ☐ Brass/Copper ☐ Cast Iron ☐ Aluminum ☐ Cast Aluminum ☐ Other_____

Kind of Chips ☐ Fine ☐ Broken ☐ Large Broken ☐ Lg Bushy ☐ Tight Bushy
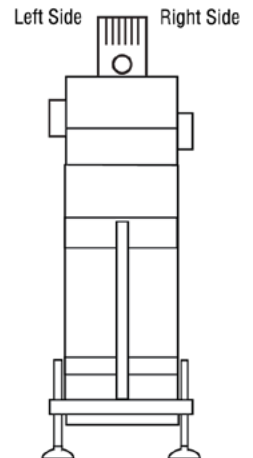
CONVEYOR TECHNICAL DATA

Intake Length	L1	_____ mm		
Max Length	L	_____ mm		
Discharge Height	H	_____ mm		
Max Width	W	_____ mm		
Angle (45°, 60°)	A	_____ deg.		
Width of Chip Chute	W1	_____ mm		
Height of Chip Chute	H1	_____ mm		

Inlet Height (minimum) H2 (1.5" pitch belt) 120 mm

H2 (2.5" pitch belt) 200 mm

Belt Width B _____ mm

Foot Location (choose one) ○ B ○ C _____ mm

Casters ○ Yes ○ No

Coolant Tank Required ○ Yes ○ No (if yes, use data sheet on page 22)

Coolant Flow Rate _____ gal/min (total machine)

Coolant Type ○ Water Soluble ○ Synthetic ○ Oil _____ ssu ○ Other _____

Filtration Level ○ 25-30 micron ○ 35-40 micron ○ 40-45 micron ○ Other _____

Conveyor Speed (m/min) ○ 2.2 ○ 1.6 ○ Other _____

Overload Protection ○ Current Sensor (standard) ○ Mech. Torque Limiter ○ None

○ Other_____

Installed Location ○ On Floor ○ Inside Machine ○ Inside Pit ○ Inside Tank

Motor Location ○ Left ○ Right

Power Requirements V_____ Ph_____ Hz_____

Control Box ○ Yes ○ No

○ Variable Speed (standard) ○ 3 button box (fwd, rev, e–stop) ○ Auto/Manual Selector Switch

○ Electrical Plug (if yes, please specify) _____

Control Box Location ○ Top Front ○ Top Left ○ Top Right

○ Left Side ○ Right Side ○ Stand Alone

Paint (texture powder coated) ○ RAL # _____ ○ Other _____
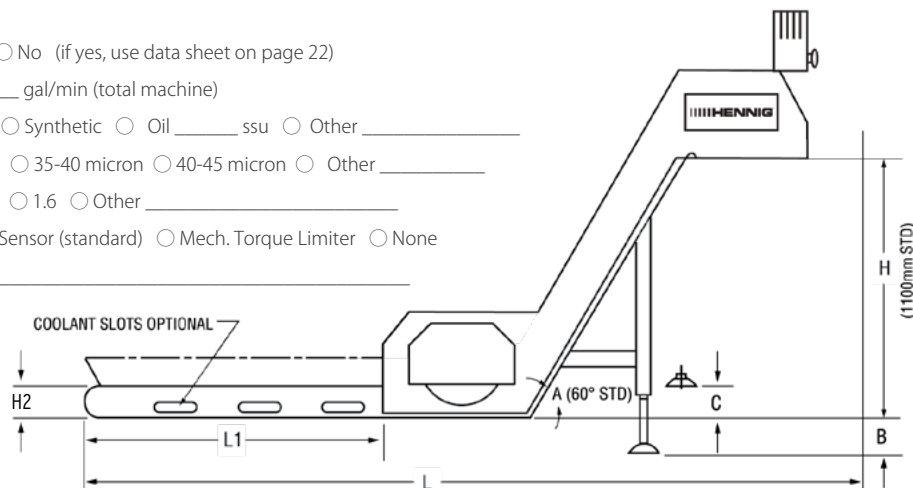
INLET CROSS SECTION   LEFT SIDE PROFILE VIEW   FRONT VIEW