



NEED A QUOTE FOR SERVICE?

Turn to the Turnkey Experts to Solve Your Silo Cleaning Problem.

Our objective is to quickly get you the information you need to solve your silo cleaning problem.

We have created the following detailed questionnaire designed to help us understand your specific situation and then develop an action plan and estimate for involved services.

Upon receipt of your completed questionnaire, we will provide you with our recommendation for the specialty service or equipment that will solve your problem in the fastest, safest, and most economical way possible.

Note: Please fill out a separate questionnaire for each silo/vessel requiring service.

Don't have time to complete a questionnaire? No problem. Simply call 1.800.322.6653 (U.S.A. only) or 740.374.6726 and you will speak with a person ready to help solve your problem.

I. CONTACT INFORMATION (Required fields are in bold, red, and marked by asterisk.)

Date* _____

Company Name*

Job Title

Facility Name

Contact Name* (First) (Last)

(For international Phone, Mobile/Cell, and Fax, please include all country and dialing codes.)

Mailing Address*

() Extension

Mailing City*

Phone Main*

()

Mailing State/Zip/Country*

Mobile/Cell

()

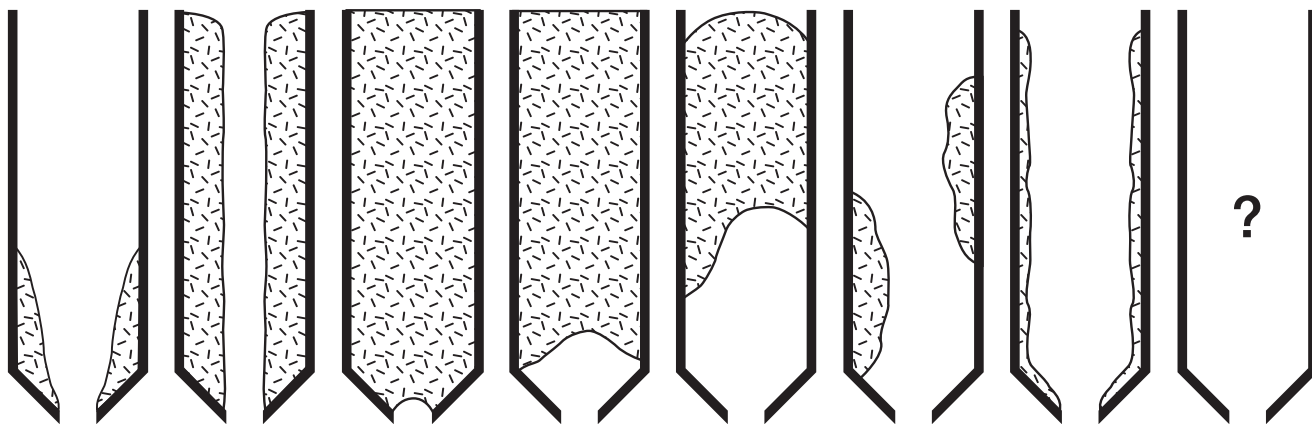
Shipping Address*

Fax

Shipping City/State/Zip*

Email

II. PROBLEM DESCRIPTION Typical Vessel Problems



FUNNELING

RATHOLING

PLUGGING

DOMING

BRIDGING

CAKING

WALL
BUILD-UP/SCALE

UNKNOWN

☐
☐
☐
☐
☐
☐
☐
☐

Duration of Build-Up _____ Weeks _____ Months _____ Years Date of Last Cleaning _____ mm / dd / yy

Cleaning Method Used _____

Describe the Problem _____

III. MATERIAL DETAILS Name and Description _____

Description of the Material (Check all that apply)

- ☐ Wet ☐ Dry ☐ Burnt ☐ Hot ☐ Jackhammer Hard ☐ Contaminated ☐ Pick Hard
☐ Frozen ☐ Compacted ☐ Explosive ☐ Toxic ☐ Food Grade ☐ Shovel Hard

Other (please describe): _____

Planned Storage Capacity _____ Tons _____ lbs. _____ Bushels ☐ Don't Know

Amount of Built-Up Material to be Removed _____ Tons _____ lbs. _____ Bushels ☐ Don't Know

How High Does Non-Flowing Material Extend Up the Walls?

_____ Inches _____ Feet _____ Centimeters _____ Meters ☐ Don't Know

IV. VESSEL DETAILS - EXTERIOR

A. Vessel Information

_____ Vessel Name _____ Vessel Number _____ Date of Construction (year)

B. Vessel Construction

- Concrete ☐ Slip Form ☐ Jump ☐ Stave
 Steel (check all that apply) ☐ Welded ☐ Bolted ☐ Corrugated

Other (please describe): _____

C. Cone Construction ☐ Concrete ☐ Steel

Other (please describe): _____

D. Vessel Type Type of Vessel – Please Select From Images as Shown to the Below Right

- ☐ Round ☐ Square ☐ Rectangle ☐ Divided/Segmented ☐ Divided/Silo Within Silo

Other (please describe): _____

E. Top View Dimensions

A: _____ ☐ Feet ☐ Meters H: _____ ☐ Feet ☐ Meters

B: _____ ☐ Feet ☐ Meters I: _____ ☐ Feet ☐ Meters

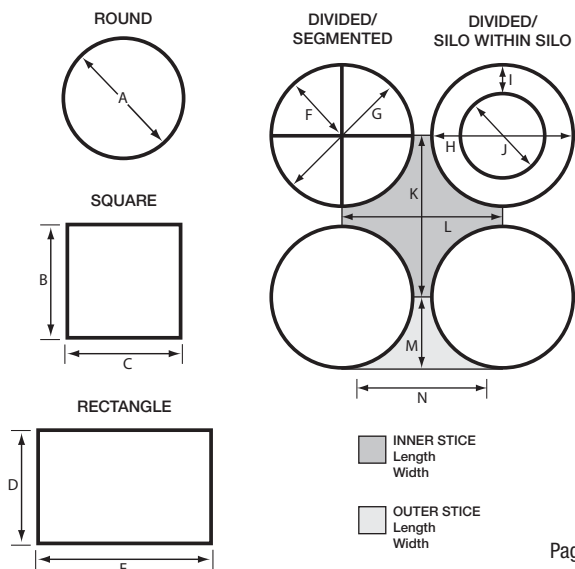
C: _____ ☐ Feet ☐ Meters J: _____ ☐ Feet ☐ Meters

D: _____ ☐ Feet ☐ Meters K: _____ ☐ Feet ☐ Meters

E: _____ ☐ Feet ☐ Meters L: _____ ☐ Feet ☐ Meters

F: _____ ☐ Feet ☐ Meters M: _____ ☐ Feet ☐ Meters

G: _____ ☐ Feet ☐ Meters N: _____ ☐ Feet ☐ Meters



E. Top View Dimensions (Continued)

Is it divided?: ☐ Yes ☐ No

If divided, please describe: _____

F. Side View Type

- ☐ Side Sloped ☐ Flat Bottom
☐ Center Sloped ☐ Cone Bottom
☐ Side With Live Shelf

- ☐ Pre-Fab ☐ Tunnels
☐ Tunnel ☐ Drive-Thru
 Elevated Floors

- ☐ Trough ☐ Elevated Cone
☐ Elevated Flat Bottom ☐ Pantleg

- ☐ Concrete Cone ☐ Bunker

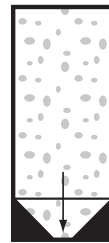
- ☐ Inverted Cone I ☐ Inverted Cone Live
 Bottom

- ☐ Inverted Cone II

Other (please describe) _____



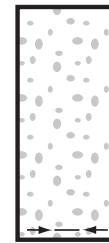
SIDE
SLOPED



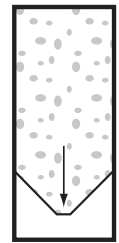
CENTER
SLOPED



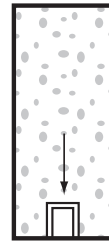
SIDE WITH
LIVE SHELF



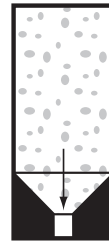
FLAT BOTTOM



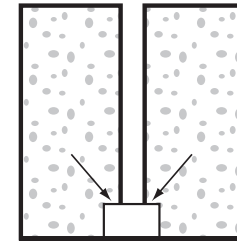
CONE
BOTTOM



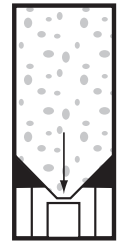
PRE-FAB
TUNNEL



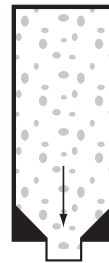
TUNNEL



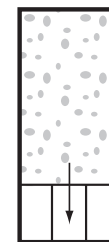
TUNNELS



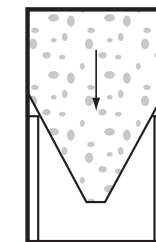
DRIVE-THRU
ELEVATED FLOORS



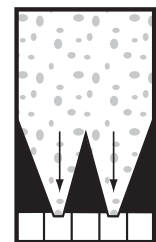
TROUGH



ELEVATED
FLAT BOTTOM



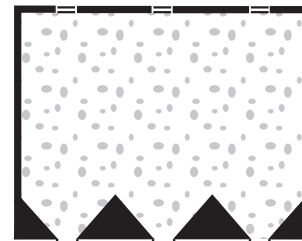
ELEVATED CONE



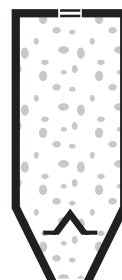
PANTLEG



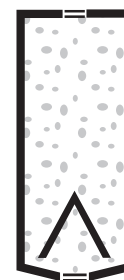
CONCRETE
CONE



BUNKER



INVERTED
CONE I



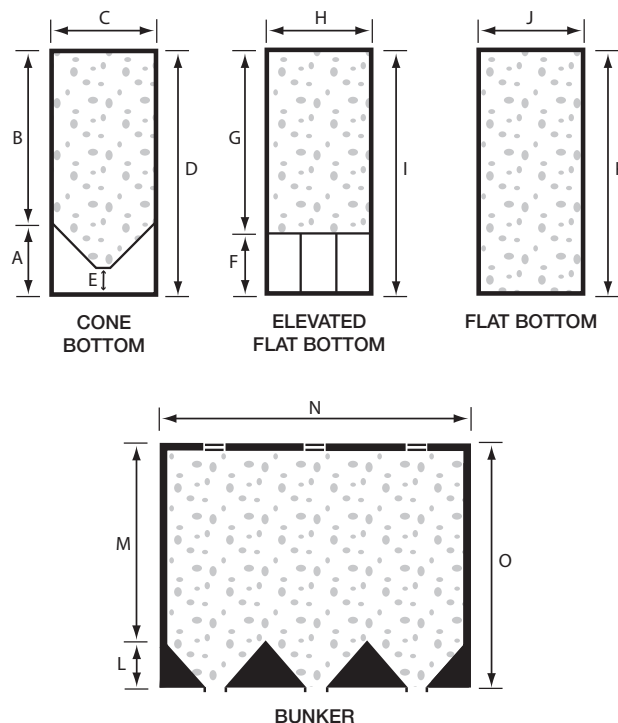
INVERTED
CONE II



INVERTED CONE
LIVE BOTTOM

G. Side View Dimensions

A: _____ ☐ Feet ☐ Meters I: _____ ☐ Feet ☐ Meters
 B: _____ ☐ Feet ☐ Meters J: _____ ☐ Feet ☐ Meters
 C: _____ ☐ Feet ☐ Meters K: _____ ☐ Feet ☐ Meters
 D: _____ ☐ Feet ☐ Meters L: _____ ☐ Feet ☐ Meters
 E: _____ ☐ Feet ☐ Meters M: _____ ☐ Feet ☐ Meters
 F: _____ ☐ Feet ☐ Meters N: _____ ☐ Feet ☐ Meters
 G: _____ ☐ Feet ☐ Meters O: _____ ☐ Feet ☐ Meters
 H: _____ ☐ Feet ☐ Meters



H. Roof Openings

Number of Openings (How Many Openings): _____

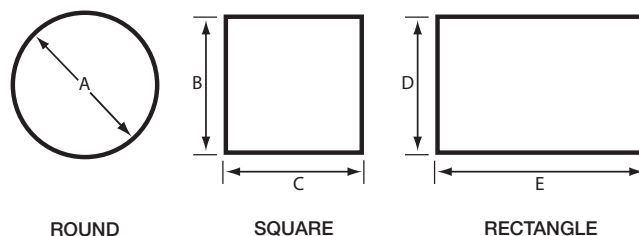
Shape of Openings: ☐ Round ☐ Square ☐ Rectangle

Measurements:

A: _____ ☐ Inches ☐ Feet ☐ Centimeters ☐ Meters
 B: _____ ☐ Inches ☐ Feet ☐ Centimeters ☐ Meters
 C: _____ ☐ Inches ☐ Feet ☐ Centimeters ☐ Meters
 D: _____ ☐ Inches ☐ Feet ☐ Centimeters ☐ Meters
 E: _____ ☐ Inches ☐ Feet ☐ Centimeters ☐ Meters

Describe Roof Openings _____

Lining or Coating Material _____



Air Slides or Other Fluidizing Equipment? ☐ Yes ☐ No

If Slides or Other Fluidizing Equipment Exists, Please Describe



Type of Roof: ☐ Flat ☐ Peaked ☐ Domed

If Peaked, Please Provide Degree of Slope: _____

Is There an In-Place Dust Collection System? ☐ Yes ☐ No

Please Describe: _____

I. Discharge

Number of Discharge Feeders: _____ Usable Discharge Rate: _____ Tons Per Hour _____ Bushels Per Hour _____ lbs. Per Hour

Number of Discharge Feeders Partially Clogged/Blocked _____ Number of Discharge Feeders Fully Clogged/Blocked _____

Type

- ☐ Rotary ☐ Slide Gate ☐ Screw ☐ Air Slide ☐ Clamshell
☐ Live Bottom ☐ Pneumatic Pump ☐ Sweep Auger ☐ Plow ☐ Butterfly

Other (please describe): _____

Shape

- ☐ Round ☐ Square ☐ Rectangle

Measurements:

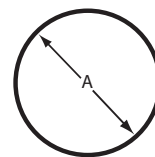
A: _____ ☐ Inches ☐ Feet ☐ Centimeters ☐ Meters

B: _____ ☐ Inches ☐ Feet ☐ Centimeters ☐ Meters

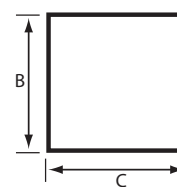
C: _____ ☐ Inches ☐ Feet ☐ Centimeters ☐ Meters

D: _____ ☐ Inches ☐ Feet ☐ Centimeters ☐ Meters

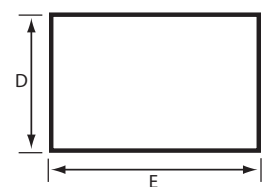
E: _____ ☐ Inches ☐ Feet ☐ Centimeters ☐ Meters



ROUND



SQUARE



RECTANGLE

J. Material Removal (check all that apply)

- ☐ Belt ☐ Screw ☐ Drag ☐ Truck/Railcar Load Out
☐ Air Slide ☐ Pneumatic Pump ☐ Vacuum Truck

☐ Other (please describe): _____

K. Lifting Equipment To The Top (check all that apply)

- ☐ Elevator ☐ Stiff Arm ☐ Hoist ☐ Crane

☐ Other (please describe): _____

L. Placement

How Close Can a 750 scfm @ 300 psi Truck or Trailer-Mounted Diesel Compressor be Located to Vessel Base? _____ ☐ Feet ☐ Meters

V. PROJECT SCHEDULE

Start Date _____ Anticipated Start Time _____ ☐ a.m. ☐ p.m.
mm / dd / yy hh:mm

How Long Will the Vessel be Available for Service? _____

Shift Preference (Mole•Master shifts are typically 12 hours) ☐ Single Shift ☐ Around-the-Clock

Is Vessel Available for Mole•Master to Work Weekends? ☐ Yes ☐ No

Please fax or email a copy of the MSDS material along with any prints, drawings, or photographs available which can be used to clarify the dimensions or help us better understand the facility and problem description.

Thank you for completing this questionnaire.

Your information will be analyzed by one of our project managers who will prepare a proposal for your review.

If you require immediate assistance, please call our Rapid Response emergency number **1.800.322.6653** (available 24/7 in U.S.A. only).

MOLE-MASTERTM
SERVICES CORPORATION

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