

Filtration Application Sheet

Form 89-0004 Rev 4, 10-24-2018



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Please furnish all or as much information that is available in order to properly size the filter

Name:	Date:	
Company:	Tel:	
Address:	Fax:	
Project Reference:	Email:	
Flow Data (Fill Out As Much As Known)	Mass Flow:	
	Elevation or Atmospheric Pressure:	
	SCFM:	
	ACFM:	
	Temperature:	
Filtration Application	Equipment (Blower, Compressor, Fan, Etc.):	
	Filter Model (CCS/FSH/ILFS, Etc.):	
	Filter Type (Paper, Felt, Wire):	
	Allowable Pressure Drop:	
	Inlet Treatment (Hoods/Louvers/Etc.):	
Silencing	Required (Y/N):	
	<i>Provide as much information as possible</i>	
Special Mounting Requirements	<i>Please describe and include sketch</i>	
Material Requirements	Shell:	
	Internals:	
Finish	Standard:	
	Special:	
Accessories (Gauges, Fittings, Etc.)		
Additional Comments or Standards		