



UNIVERSAL

Filtration Application Sheet

1925 Hwy 51 & 138 West, Stoughton, WI, 53589 U.S.A.

1.608.873.4272

<http://www.universalaet.com/>

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

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:	70 °F			
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):				
	Provide As Much Information As Possible				
Special Mounting Requirements	Please describe and include sketch				
Material Requirements	Shell:				
	Internals:				
Finish	Standard:				
	Special:				
Accessories (Gauges,Fittings, Etc.)					
Additional Comments or Standards					