

DATE: _____

REPLACEMENT WHEEL PROJECTS

The following information will assist Airxchange in developing the most accurate estimate for your particular replacement or retrofit project. Detailed photo's of the unit, wheel access and the wheel include close-up of the media, motor, belt and seals if possible. Contact us on-site for assistance in gathering this information.

Name: _____

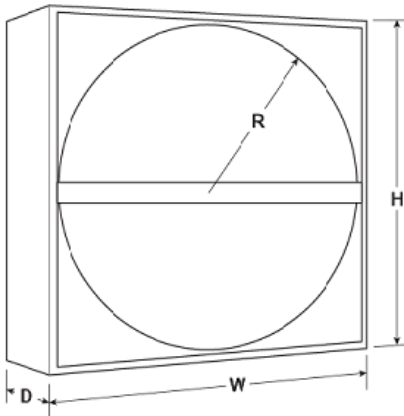
Project: _____

Company: _____

City/State: _____

Phone: _____ Cell: _____

Email: _____

Wheel Casing

Air Handling Unit Description:

Unit Manufacturer/Model No.

Unit Description:

Unit Location:

For More Information Phone: 781-871-4816
 Fax: 781-871-3029
 www.airxchange.com

Wheel Manufacturer: _____

Model # : _____

Serial # _____

Casing Dimensions:

Width: _____ Height: _____ Depth: _____

Radius: (Sheet Metal Opening) _____

Casing Construction:

Sheet Metal _____ Plate Steel _____ Tube Steel _____

Wheel Dimension:

Diameter: _____ Depth: _____

Wheel Material: _____

Wheel Bearing:

Pillow Block _____ Flanged _____ Internal _____

Motor Speed: Constant _____ Variable _____

Performance Specification:

Outside Airflow (cfm): _____

Exhaust Airflow (cfm): _____