

APPLICATION FORM FOR PROCESSING (Filtration)

* Please fill in the bold-framed area.

		Date			, 2018			
Company name			Address	〒				
Name			Position					
TEL			FAX					
E-Mail								
Details of material	total quantity:		Type of report		Measured data only			
			Please put check mark		Measured data + report			
			Reg. No.			P.O. No.		
Arrival date to Makino				, 2018		Order		
Expected date of report				, 2018		Return of material	Necessary / Not necessary	

Requested processing type						
Name/type of material	Name/Type of material				Weight	
					kg	
Characteristics of material	Density	Size		Gravity	pH	Property change
	wt%	Max. Ave.	μm Mm			No/Yes ()
	Toxicity	Collected date		Necessity of preprocessing		Others
	No/Yes ()			No/Yes ()		
Requested processing type	Cake weight	Cake water contents		Cake gravity	Filtrate gravity	Others
	kg	wt%			kg	
Filtration type	Simple feed	Squeeze		Air purge	Air blow	Cake thickness
	MPa	MPa		MPa	MPa	mm
Others	Address to return (if existed)			Supplied material		Remarks

Filterpress to select (Please put check mark on machine)						
	Type	No. of chambers	Filtration area (m ²)	Filtration volume (L)	Gap of chambers (mm)	
Squeeze	M14	1	0.132	2.0	30	
	MDF470	2	0.46	6.9	30	
Simple feed	M14	9	0.148	18.8	30	
	MDF470	4	0.92	13.8	30	

MAKINO CORPORATION

URL <http://www.makino-co.co.jp>

<Contact>

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 Sales department
 TEL:0569-36-0113 FAX:0569-34-7639

<Address to deliver>

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 Engineering department
 TEL:0569-36-0121 FAX:0569-35-0130