

Wood Grinder Questionnaire

Date: _____

Company: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Scrap Type: *(indicate percentage of each)*

___ Hardwood

___ Softwood

___ Particleboard

___ Plywood

___ MDF

___ Hardboard

___ Pallets

___ Paper / Cardbd.

___ Veneer / Lamin.

Scrap Form: *(indicate percentages, max. size / weight / thickness)*

___ Blocks

___ Edgings

___ Panels

___ Mixed-Dry

___ Green Slabs

___ Bark

Type of Feed: *(Max. dims. generated in substantial amounts)*

___ Batch *(For central service of entire plant. Dumped from boxes)*

___ Continuous *(Automated grinding as scrap is generated)*

Dimension of Scrap:

_____ Length *Width Thickness* _____

Volume of Scrap

_____ Cubic Yards per Week _____ LBS./HR.

Particle Size Requirements:

Particle Size: _____ Use of Re grind: _____

Miscellaneous Information:

Voltage: _____ Conveyance / Collection Req'd: _____

Fax to (336) 861-4329 for a prompt response

Vecoplan, LLC

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