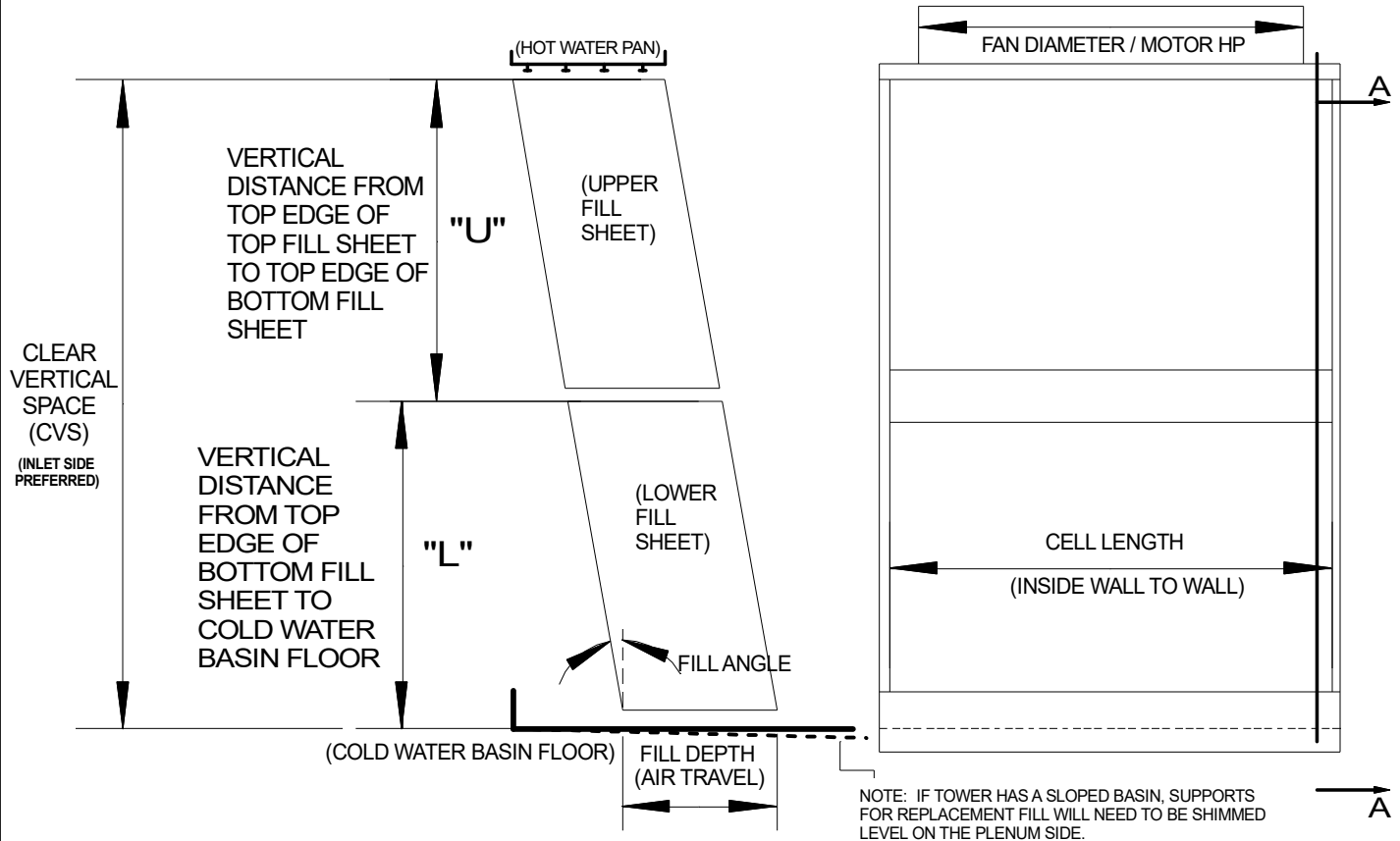


COMPANY: _____ **PROJECT:** _____
MEASURED BY: _____ **TOWER MAKE/MODEL#** _____
DATE: _____ **SINGLE / DOUBLE FLOW** _____
NUMBER OF CELLS: _____

REQUIRED INFO:

CVS = _____ "U" = _____ FILL DEPTH = _____ FAN DIA. = _____
 FILL ANGLE = _____ "L" = _____ CELL LENGTH = _____ FAN POWER = _____



**Partial End View of Tower
(Section A-A)**

**Side View
of Tower**

TYPE OF LOUVER: SLAT OR CELLULAR OR IL ? TYPE OF DE: SEPARATE OR ID ?
 -IF ID: A/T D = _____
 -IF IL: A/T D = _____ -IF SEP DE: DE LENGTH = _____
 DIST FILL TO DE = _____

THE REQUESTED DATA IS REQUIRED IN ORDER TO PROPERLY ESTIMATE THE ITEMS NEEDED TO REPACK THE TOWER.



P.O. Box 261 East Earl, PA 17519-0261 Phone: (717) 351-3933 info@biofilters.com

Drawing No. LSE0002 Job Ref No. Rev 0

Title Double-Stack XF Tower Dimension Worksheet

Drawn By WCM Date 03/12/2020

Approved NTS Scale

03/12/20	Initial release	
Date	Record of Changes	By

TOLERANCE UNLESS OTHERWISE NOTED						
Surface	0.0	0.00	0.000	FRAC	ANG	

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