

COMPANY NAME: _____ CONTACT: _____

ADDRESS: _____ CITY / STATE / ZIP: _____

PHONE: _____ FAX: _____

DESCRIPTION OF YOUR APPLICATION: _____

WHAT PUMP IS BEING USED NOW? _____

LIQUID

LIQUID(S): _____ % _____ % _____ %

ARE THERE SOLIDS? YES NO _____ %

TYPE / SIZE _____

TEMPERATURE: _____ F° C° FLAMMABLE: YES NO VISCOSITY: _____ SSU CPS (If different from water)

SPECIFIC GRAVITY: _____ (If different from water)

PERFORMANCEFLOW (GPM): _____ HEAD (discharge pressure) _____ PSI FEET SUCTION LIFT (is liquid source below suction port?): _____ YES NO BRIEFLY DESCRIBE SUCTION AND DISCHARGE PIPING, INCLUDING DIAMETER, LENGTH, ETC.) _____

_____DUTY: CONTINUOUS INTERMITTENT HOURS PER DAY _____**POWER**MOTOR VOLTAGE: _____ (1Ø, 3Ø) ENCLOSURE: ODP TEFC EXPLOSION PROOF OTHER DRIVES? AIR ENGINE (gas/diesel) HYDRAULIC SHAFT