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Photocopy, fill out, and fax your application for a quick response with our recommendation including price, delivery, and potential alternatives. (See opposite page for assistance with this form.)

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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)

PERFORMANCE

FLOW (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