



APPLICATION DATA SHEET

CUSTOMER INFORMATION:

Contact Name: _____ Phone: _____
 Company: _____ Fax: _____
 Address: _____
 City: _____ State: _____ Zip: _____

MATERIAL:

Pump Duty: _____ Number of units: _____
 Material: _____ % Solids: _____ Max Particle Size: _____ Specific Gravity: _____
 Max Temp: _____ Running hrs/day: _____
 Viscosity (cps) Max: _____ Nom: _____ Min: _____
 Capacity (GPM) Max: _____ Nom: _____ Min: _____
 New Application: Yes _____ No _____ If no, please provide the following:
 Existing pump model: _____
 Design Flow Rate: _____ Actual Flow Rate: _____
 Reason for change: _____

SUCTION CONDITIONS:

Pipe Size (in): _____ Line length (ft): _____ Suction Head: Flooded (ft): _____
 Lift (ft) : _____
 If existing, actual gauge reading: _____
 Components in suction line (i.e. elbows, valves, etc.) _____

DISCHARGE CONDITIONS:

Pipe Size (in): _____ Line length (ft): _____ Discharge Head (ft): Positive _____
 Neg _____
 If existing, actual gauge reading: _____
 Components in discharge line (i.e. elbows, valves, etc.) _____

MOTOR OPTIONS: (circle one)

Explosion proof Inverter Ready Inverter Duty Existing (provide details) Other

ADDITIONAL COMMENTS: (If possible, please attach a rough sketch on page 2):



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Sketch Your Application Here