

PUMP APPLICATION FORM

COMPANY NAME: _____ DATE: _____

ADDRESS: _____ CONTACT: _____

_____ PHONE: _____

1. Liquid to be pumped: _____

2. Capacity: GPM _____ or GPH _____

3. Discharge pressure: PSI _____ or Feet _____ (PSI=FT. x S.G. x .433)

4. Temperature: _____ °F or _____ °C

5. Viscosity: _____SSU or _____CPS

6. Corrosive: _____ Yes _____ No _____ Type

7. Specific gravity: _____

8. Abrasive: _____ Yes _____ No If yes, _____ % particles

_____ size particles type _____

9. Suction line flooded: _____ Yes _____ No If no, _____ ft. lift

_____ " line size

10. Motor required: Voltage _____ Phase _____ Cycle _____

Enclosure: O.D.P. _____ TEFC _____ XP _____

11. Duty cycle: Continuous _____ Intermittent _____

12. Accessories: Base type _____ Coupling _____

V-belts & pulley _____

13. Pump selected: Manufacturer _____

Model _____

14. Quoted price: _____

Delivery: _____

NOTES:

