



HOSE PUMP APPLICATION INFORMATION

Page Number	011-004
Effective	Feb. 2005
Replaces	new
Section	011

From: _____ Country: _____
 Company: _____ Date: _____
 Phone: _____ Fax / E-mail: _____
 End User Name: _____

NOTES: - * **Bold / Italic items indicate minimum required information for pump application and quotation.**
¹ Customer or Distributor are responsible to qualify adequate suction conditions for the specific fluid /system conditions.

CONDITIONS OF SERVICE

Name of Product: _____ Discharge (PSI) _____
(Please provide description of contents, ingredients, or chemical makeup)

Volume/Capacity Desired (GPM): _____
(Please state constant speed flow or variable flow range, from XXX to XXX)

Differential Pressure (PSI): _____

Viscosity (CPS/SSU): _____

Liquid Temperature: (F° /C°) _____

Abrasive / Particle description: _____

NPSH Available (Ft.): _____

Specific Gravity: _____

pH Level: _____

Duty Cycle, hrs/day / Start-stop or continuous: _____

GENERAL

New application or replacing a current pump?
 Type of Pump?
 Hose material preference? Natural Rubber _____ NBR Buna _____ EPDM _____
 Why is a peristaltic pump being considered?:

SPECIFICS

Briefly describe suction & discharge pipe diameters, lengths, elevations, fittings, meters, filters, etc. _____

Attach a diagram if possible

MOTOR INFORMATION

If VFD is required, please specify voltage: _____

Electric Power available and specific environmental requirements: _____