



377 RICHARDSON RD. ~ SUITE 7 ~ CALHOUN, GA 30701 ~ PH 706-629-6655 FAX 706-629-6071

PUMP APPLICATION DATA

Material Data

MATERIAL TO BE PUMPED _____ Tech. Data Sheet _____ MSDS _____

PUMPING TEMPERATURE _____ °F TO _____ °F

VISCOSITY @ PUMPING TEMPERATURE _____ °F to _____ °F

<input type="checkbox"/>	Poises
<input type="checkbox"/>	Centipoises
<input type="checkbox"/>	S.S.U.

SPECIFIC GRAVITY _____ Lbs. per Gallon _____ Lbs. per Ft.³ _____

PRIMARY INGREDIENT? CORROSIVE CHEMICAL CONTENT _____ pH _____

Concentration % _____

Does Liquid contain abrasive materials? No Yes _____ % of liquid by mass or volume

Particle Size _____ Minimum _____ Maximum Units in microns or inches

Capacity Required _____ GPM VARIATION REQUIRED _____ MIN / MAX _____ GPM

Service Cycle

INTERMITTENT Time per cycle: _____ Minutes _____ Cycles per Hour

CONTINUOUS _____ Hours per Day _____ Days per Week

Suction Line

FLOODED SUCTION: _____ Feet (Liquid above suction port) LEVEL VARIATION (ft.) _____ min / max _____

SUCTION LIFT: _____ Feet (Liquid below suction port of pump) VARIATION (ft.) _____ min / max _____

DIAMETER OF PIPE _____ Length _____ Vertical Feet _____ Horizontal Feet _____ Pipe Schedule _____

NUMBER OF ELBOWS _____ 90° _____ 45° Strainer _____ Valves _____ Strainer: _____

SUCTION DETAILS: _____

Discharge Line

DISCHARGE PRESSURE REQUIRED AT POINT OF USE: _____ PSIG

STATIC HEAD: _____ Feet (vertical distance from pump to point of use)

DIAMETER OF PIPE _____ Total Length _____ Vertical Run _____ Horizontal Run _____

PIPE SCHEDULE _____ NUMBER OF ELBOWS _____ 90° _____ 45° Valves _____

OTHER _____

PUMP DRIVE

ELECTRIC MOTOR _____ HP _____ RPM _____ VOLTAGE _____ PHASE _____ CYCLE

ENCLOSURE: Open Drip Proof TEFC Explosion Proof TENV

PUMP BASE REQUIRED YES NO CLOSE COUPLED

GEAR REDUCER V-Belts & Pulleys Guard

VARIABLE SPEED DRIVE _____ RATIO _____ MIN. OUTPUT SPEED _____ MAX. OUTPUT SPEED

GAS ENGINE AIR COOLED WATER COOLED AIR MOTOR AIR PRESSURE AVAILABLE: _____

SKETCH OF PROPOSED INSTALLATION

RETURN TO:

Fisher & Associates

**377 RICHARDSON ROAD SUITE 7
CALHOUN, GA 706-629-6655**

DATE: _____

SUBMITTED BY _____

COMPANY _____
AND _____
STREET _____
ADDRESS _____

CITY _____ STATE _____ ZIP _____