



PUMP APPLICATION QUESTIONNAIRE

Salesman: _____ Date: _____

CUSTOMER DATA

Customer Name: _____ Site Address: _____

Site Contact: _____ City: _____

Phone: _____ State: _____

Email: _____ Industry: _____

APPLICATION QUESTIONS

TDH: _____ Flow Rate: _____

Percent Solids: _____ Average Particle Size (D50): _____

Liquid pH: _____ Max Particle Size: _____

Pressure Drop (cyclone / nozzle): _____ Dry SG: _____

Operating Temp: _____ Suction Head: _____

PIPELINE DATA

Pipeline Material: _____ Pipe Dia.: _____

Pipeline Length: _____ No. of Elbows: _____

No. of Valves: _____ Type of Valves: _____

Reducers: _____ Static Elevation Change: _____

Comments: _____