

**CHEMICAL FEED PUMP PACKAGE SPECIFICATIONS**

Date: \_\_\_\_\_

SHT \_\_\_\_\_ OF \_\_\_\_\_

CLIENT: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
PROJECT: \_\_\_\_\_ ITEM NO.: \_\_\_\_\_  
SITE: \_\_\_\_\_ SERVICE: \_\_\_\_\_

**PUMP OPERATING CONDITIONS**

FLUID _____	ABRASIVE: <input type="radio"/> YES <input type="radio"/> NO	SHEAR SENSITIVE: <input type="radio"/> YES <input type="radio"/> NO
OPERATING TEMP, T <input type="radio"/> °F <input type="radio"/> °C	FLOW RATE DESIGN: _____ <input type="radio"/> gpm <input type="radio"/> gph <input type="radio"/> L/min <input type="radio"/> cc/min	
DESIGN TEMP (MAX) <input type="radio"/> °F <input type="radio"/> °C	FLOW RATE (MIN): _____ <input type="radio"/> gpm <input type="radio"/> gph <input type="radio"/> L/min <input type="radio"/> cc/min	
SPECIFIC GRAVITY _____ <input type="radio"/> lb/gal <input type="radio"/> g/m3	FLOW RATE (MAX): _____ <input type="radio"/> gpm <input type="radio"/> gph <input type="radio"/> L/min <input type="radio"/> cc/min	
VISCOSITY @ T _____ <input type="radio"/> cPs <input type="radio"/> cstokes <input type="radio"/> SSU	DISCHARGE PRESSURE: _____ <input type="radio"/> psi(g) <input type="radio"/> ft <input type="radio"/> bar(g) <input type="radio"/> kPa(g)	
pH _____	SUCTION PRESSURE: _____ <input type="radio"/> psi(g) <input type="radio"/> ft <input type="radio"/> bar(g) <input type="radio"/> kPa(g)	
SOLIDS % _____	SETTLES: <input type="radio"/> YES <input type="radio"/> NO	

**OTHER CONDITIONS**

**PUMP CONSTRUCTION**

<b>TYPE OF PUMP</b>	NO. OF SKIDS: _____	NO. OF PUMPS PER SKID/PACKAGE: _____
<input type="radio"/> DIAPHRAGM <input type="radio"/> PROGRESSIVE CAVITY	PUMP MANUFACTURER: _____	
<input type="radio"/> AIR DIAPHRAGM <input type="radio"/> PERISTALTIC	MODEL: _____	
<input type="radio"/> INTERNAL GEAR <input type="radio"/> WCB PD PUMP	MATERIALS LIQUID END: _____	
<input type="radio"/> EXTERNAL GEAR <input type="radio"/> SANITARY	SEAL: <input type="radio"/> PACKING <input type="radio"/> SINGLE MECH <input type="radio"/> DOUBLE MECH <input type="radio"/> MAG DRIVE	
<input type="radio"/> ROTARY LOBE <input type="radio"/> SELF PRIMING/TRASH	FLUSH: <input type="radio"/> YES <input type="radio"/> NO	
<input type="radio"/> PISTON <input type="radio"/> CENTRIFUGAL	ELASTOMERS: <input type="radio"/> TEFLON <input type="radio"/> VITON <input type="radio"/> EPDM <input type="radio"/> OTHER _____	
	COUPLING: <input type="radio"/> CLOSE <input type="radio"/> FLEX <input type="radio"/> MAG <input type="radio"/> OTHER _____	
	BASEPLATE: <input type="radio"/> SS <input type="radio"/> CS <input type="radio"/> NONE <input type="radio"/> OTHER _____	

**STROKE / SPEED ADJUSTMENT**

MAX: \_\_\_\_\_  RPM  SPM

DIAPHRAGM  PLUNGER

MANUAL  AUTOMATIC  NONE

WHILE RUNNING  STOPPED  ALARM

**CONNECTIONS FOR UNIT**

SUCTION:  FLANGE  WELD  NPT  CAMLOK  SANITARY

NUMBER OF INLET CONNECTIONS REQUIRED \_\_\_\_\_

SIZE / DIAMETER \_\_\_\_\_  INCHES  mm

DISCHARGE:  FLANGE  WELD  NPT  CAMLOK  SANITARY

NUMBER OF INLET CONNECTIONS REQUIRED \_\_\_\_\_

SIZE / DIAMETER \_\_\_\_\_  INCHES,  mm

**CONTROL**

LOCAL  REMOTE  PLC

AC DRIVE  DC DRIVE

PNEUMATIC  ELECTRICAL  HYDRAULIC

PANEL  NEMA4

**RELIEF VALVE**  EXTERNAL  BUILT IN Mfr/MODEL \_\_\_\_\_

RELIEF TO PUMP SUCTION  RELIEF TO TANK / DRAIN

**MOTOR /DRIVE**

VOLTS \_\_\_\_\_ PHASE \_\_\_\_\_ HZ \_\_\_\_\_ HORSEPOWER \_\_\_\_\_ RPM \_\_\_\_\_ Mfr/MODEL \_\_\_\_\_

EXPLOSION PROOF  TEFC  TENV  GEAR REDUCER  GEAR MOTOR GEAR RATIO \_\_\_\_\_

**INSTRUMENTATION AND FITTINGS**

**FLOW MEASUREMENT**

DRAWDOWN CC  MAG FLOW METER FLOW RANGE \_\_\_\_\_ NO. OF METERS PER SYSTEM: \_\_\_\_\_

BURKETT PADDLE  MASS FLOW METER MANUFACTURER: \_\_\_\_\_

ROTAMETER  HEDLAND METER MODEL: \_\_\_\_\_

**FITTINGS**

CHECK VALVE  DRAIN/VALVE  ISOLATION VALVE  STATIC MIXER  SIMPLEX STRAINER  BAG/ CARTRIDGE FILTER

FLUSH LINES  PRESS GAUGE  MIXING QUILL  Y-STRAINER  DUPLEX STRAINER  BYPASS PIPING

FLANGED  BUTT WELDED  SOCKET WELDED  NPT  CAMLOK  SANITARY

316 SS  PVC  CPVC

OTHER \_\_\_\_\_

**COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete the form, date and return to FAX: 905-336-9443 - Attn: Applications Specialist / Sales