# **Metering Pump Application Data Sheet**

Your Equipment No.:	Date:	FLUID HANDLING INC
NAME	TITLE	Phone: 1-800-500-9311, or 1-864-573-9200
COMPANY	PHONE	Print or Save completed form
ADDRESS	FAX	and then Submit using either Email: sales@oecfh.com
CITY STATE ZIP	EMAIL	or Fax: 1-864-573-9299

## Use this form for Water and Wastewater Treatment

## LIQUID DATA

Liquid:
Concentration:
Pumping Temp:
Viscosity:
Specific Gravity:
Vapor Pressure:
Clear or Slurry:
If Slurry, Max Particle Size:

#### **FLOW AND PRESSURE**

<b>Treatment Plant Flow Rate:</b>	Max	Min	
Dosage Range (mg/l or ppm):	Max	Min	
Pump Flow Rate Required:	Max	Min	
Pump Discharge Pressure:	Max	Min	
Other than the Metering Pump, are there other			
pressure sources in the disch	arge line?	Yes	No
If yes, specify:			

## PUMP CAPACITY CONTROL

Local and/or Rer	note?	Local or	Remot	e
Automatic and/or	r Manual?	Autor	natic or	Manual
If Automatic,	Electronic	? or	Pneumatic	?
Specify Automatic Control Signal (mA, psi, etc.)				

#### **POWER AVAILABLE**

Voltage \_\_\_\_\_ Phase \_\_\_\_\_ Hz \_\_\_\_\_

## COMMENTS:

## MOTOR REQUIREMENTS

Enclosure	:		
Speed:	Constant? or	Variable	e?
If Variable	Speed,		
AC Va	ariable Frequency?	? or	DC SCR Type?
Installatior	n Altitude:	ft. Ab	ove Sea Level
Ambient T	emperatures: Min	I	Max

**NEC** 

## INSTALLATION DETAILS

#### **Discharge Line:**

Length	Diameter
Pipe Schedule	Material

#### Suction Line:

Length	Diameter
Pipe Schedule	Material
# of Elbows	Valves
Strainer	

What is the difference in height between the pump suction connection and the lowest level in the tank?

Which is higher? the Pump or the Tank

**NOTE:** If available, provide a system sketch to help in the proper pump selection.