

Pump Application Data Sheet



FLUID HANDLING INC.

Phone: 1-800-500-9311,
or 1-864-573-9200

Print or Save completed form
and then Submit using either:
Email: sales@oecfh.com
or Fax: 1-864-573-9299

Your Equipment No.: _____
NAME _____
COMPANY _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

Date: _____
TITLE _____
PHONE _____
FAX _____
EMAIL _____

LIQUID PROPERTIES

Pump #: _____
Liquid: _____
Pump Temp °F: _____
SP. Gravity @ P.T.: _____
Viscosity: _____ SSU CPS Other: _____
PH: _____ % Solids: _____
Safety/Environmental:
Flammable Explosive Carcinogenic Toxic
Noxious Regulated FDA EHEDG
Comments: _____

SYSTEM

Discharge Pressure Required (PSIG): _____
Capacity (US GPM) Max: _____ Min: _____
Suction Lift: _____
Suction Conditions: _____
Duty Cycle: 24/7 8-10 hrs Intermittent
Comments: _____

MOTOR/DRIVER REQUIREMENTS

Electric Motor Engine Air Other: _____
Enclosure: Voltages:
ODP 3-60-230/460 3-50-200/400
TEFC 3-60-208 3-50-220/380
TENV 3-50/60-208-220/440 3-50-115/230
EX. Proof 3-60-575 3-50-220/440
Encap 1-60-115/230 3-50-550
Inverter Duty Specify Voltages not listed above:
Mag Drive
DC Drive Phase: _____ Cycles: _____ Volts: _____

Additional Data: UL Label, fugitive emissions; tropical windings, motor heaters, special enclosures, etc.
(Specify): _____

Special Drives: V-Belt Inverter Air Motor
Special (Specify): _____
Comments: _____

MATERIALS OF CONSTRUCTION

Cast Iron CPVC
Ductile Iron Hastalloy
316 Stainless Steel Alloy 20
PVDF Other: _____

Casing Connections: NPT Flanged Other: _____

Jacketing for cooling/heating: Yes No

O-ring Material: Buna TFE Viton Other: _____

STUFFING BOX

Mechanical Seal Packing
Preferred Seal Mfg.: Graphite
Cartridge Double Other: _____
Single Lip
Other: _____
Make: _____ Type: _____
Material: _____ Gland Type: _____
Comments: _____

BASE PLATE/MOUNTING

Pump Mounted: Horizontally Vertically
Base Plate: Fab Steel Chan Steel Cast Iron
Coupling: Jaw Spacer Other _____
Alignment Lugs: Yes No
Comments: _____
Painting: None Mfg. Std. Primed Only
Special Painting (Specify): _____

CUSTOMER REQUIREMENTS

Drawings: _____
Approval Dimensional Drawings: Yes No
Testing: _____
Hydro: None Witness Non-Witness
Performance: None Witness Non-Witness
Field: None Witness Non-Witness
Inspection prior to shipping: Yes No
Start-up Assistance: Yes No
Operator Training: Yes No
Maintenance Training: Yes No