

Metering Pump Application Data Sheet



Equipment No.: _____ **Date:** _____
NAME _____ TITLE _____
COMPANY _____ PHONE _____
ADDRESS _____ FAX _____
CITY _____ STATE _____ ZIP _____ EMAIL _____

Send completed worksheets to:
OEC Fluid Handling Inc.
P. O. Box 2807
Spartanburg, SC 29304
Fax: 1-864-573-9299
Email: sales@oecfh.com

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

Treatment Plant Flow Rate: 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 discharge line? Yes No
If yes, specify _____

PUMP CAPACITY CONTROL

Local and/or Remote? Local or Remote
Automatic and/or Manual? Automatic 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?
If Variable Speed,
 AC Variable Frequency? or DC SCR Type?
Installation altitude indoors or outdoors _____
Ambient Temperatures: Min _____ Max _____

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.