

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

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 Phase: _____ Cycles: _____ Volts: _____
 DC Drive
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