

PERIFLO

APPLICATION DATA SHEET

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE

COMPANY: _____ DATE: _____

CONTACT: _____

ADDRESS: _____

CITY, ST, ZIP: _____

PHONE/FAX: _____ / _____

1. FLUID NAME OR TYPE: _____
 2. CAPACITY REQUIRED: _____ GPM
 3. VISCOSITY: _____ CPS
 4. TEMPERATURE: _____ °F
 5. PRESSURE, SUCTION: _____ PSIA
 6. PRESSURE, DISCHARGE: _____ PSI
 7. SOLIDS %/MAX SIZE: _____ / _____
 8. SOLIDS TYPE (soft, hard, abrasive, sticky) _____
 9. SUCTION DIA./LENGTH: _____ / _____
 10. DISCHARGE DIA./LENGTH: _____ / _____
 11. OPERATION: _____ HRS/DAY
 12. INTERMITTANT/CONTINUOUS? _____
 13. METERING?/BATCHING? _____
 14. FIXED/VARIABLE SPEED? _____
MAX FLOW _____ GPM MIN FLOW _____ GPM
 15. SPEED CONTROLLER REQ'D? _____
 16. TEFC/EXPLOSION PROOF: _____
 17. VOLTS/PH/HZ: _____
- ANY OTHER APPLICATION NOTES:

FAX COMPLETED FORM TO: 513-583-4819