Metering Pump Application Data Sheet

Your Equipment No.: _____ **Date:** _____

NAME _____ TITLE _____

COMPANY _____ PHONE _____

ADDRESS _____ FAX _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

OEC 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

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 _____

MOTOR REQUIREMENTS

Enclosure: _____

Speed: ◯ Constant? or ◯ Variable?

If Variable Speed,

◯ AC Variable Frequency? or ◯ DC SCR Type?

Installation Altitude: _____ ft. Above Sea Level

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.

COMMENTS:

_____

_____