# CUSTOM SYSTEM REQUIREMENTS

## SECTION 1: General Quote Information

1.1 Sales Person _______________________________

1.2 Company / Contact Name _______________________________

1.3 Project Name _______________________________

1.4 Date Quote Required _______________________________

1.5 Drawing for Approval Required

- Yes
- No

## SECTION 2: Chemical

2.1 Process Fluid / Chemical _______________________________

2.2 Working Temperature (min./max.) _______________________________

2.3 Concentration (%) _______________________________

2.4 Solids Content (%) _______________________________

2.5 Viscosity (cP) _______________________________

2.6 Class Designation (Class, Division, Group) _______________________________

## SECTION 3: Metering Pump

3.1 Desired Capacity (min./max.) ___________ gph ___________ l/h

3.2 Backpressure (min./max.) ___________ psig ___________ bar

3.3 Suction Lift ___________ ft. ___________ m

3.4 Length of Suction Line ___________ ft. ___________ m

3.5 Discharge Head ___________ ft. ___________ m

3.6 Length of Discharge Line ___________ ft. ___________ m

3.7 Suggested Liquid End Material

- PVC
- PP
- NP
- PTFE
- 316 SS
- PVDF

3.71 Suggested Liquid End Seal

- EPDM
- VITON®
- PTFE

3.72 Auto-degassing Liquid End Required (Y/N)

- Yes
- No

3.8 Backup Pump Required (Y/N)

- Yes
- No

3.9 Pump Control

- Pulse
- 4-20 mA
- Manual

## SECTION 4: Skid / Chemical Tanks

4.1 Skid Material

- 304 SS
- PP/PE
- Other

4.2 Skid Size (max.)

Width: _____ Length: _____ Height: _____

4.3 Required Skid Inlet / Outlet Connection

- NPT
- Hose Barb
- Flange

4.4 Suggested Pipeline Material

- PVC
- CPVC
- 316 SS
- PVDF
- Other

4.5 Required Tank Capacity _______________________________

4.6 Tank Size (max. dia., max. height) _______________________________

4.7 Suggested Tank Material

- PE
- PP
- FRP
- 316 SS
- Other

4.8 Tank Mounted on Skid

- Yes
- No

NOTE: 1. Please indicate required Tank Fittings on attached process sketch.
2. Please provide simple sketch of process

## SECTION 5: Electrical

5.1 Available Power Supply ________ VAC _______ Hz _______ Phase

5.2 Duplex Receptacle

- Yes
- No

5.3 Junction Box / Control Panel Mounted on Skid

- Yes
- No

NOTE: Please attach detail description of Control Panel if required.

## SECTION 6: Other comments:

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________