

Tel: 0870 421 4206 Fax: 0870 421 4207

**Your Details:**

Date .....

Name

Reference

Company

Phone

Address

Fax

City .....

Postal Code

E-Mail

.....

**Filter Specifications:****INSTALLATION** - Particulars of plant

.....

**FUNCTION** - Equipment to be protected

- Or other purpose

**LOCATION** - Discharge or suction line?

- Type of pump

- Or gravity head (m)

**FLUID** - Type & Grade .....

- Chemical Properties .....

**VISCOSITY** - Standard ..... at ..... °

- Working: maximum at filter

**TEMPERATURE** - Fluid at filter: maximum ° - minimum °**FLOW** - Maximum continuous flow ..... litres per hour

- or if intermittent litres in

**PRESSURE** - Working: maximum at filter minimum**CONTAMINATION** - Precise nature of impurities to be removed

- Amount of impurities %

**CONNECTIONS** - Pipe Bore - Flange Table - or Thead Type**FILTRATION** - Please indicate degree of filtration required:

Auto-Klean Mesh:

Gauze Mesh:

**Filter Specifications cont:****OPERATION** - Manual: how often will the handle be turned?

- Motor-drive: power supply is volts phase cycles

- How often can the sump be emptied?

**SAMPLE** - Is a sample of fluid available?**EXISTING FILTER** - Please give precise details of the make, type and filtering mesh of your existing filter, if any:**EXPORT** - If applicable state destination**TECHNICAL SERVICE** - Would you like an Engineer to call without obligation to discuss your requirements?**OTHER DETAILS** - Please state any requirements or special features not covered by the information already given:

Please use the above box if you wish to provide a simple diagram of the existing pipe layout or proposed installation - FAX ONLY