



# Conditioning Pump Inquiry Form

Name: _____ Company: _____ Address: _____ City: _____ State/Country: _____ Zip/Code: _____	Phone: _____ Fax: _____ e-mail: _____ Project Name: _____ Project Location: _____
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<b>Application:</b> Lift Station Conditioning Influent Station/Channel Conditioning Basic Conditioning Holding Tank Conditioning Digester CleanOut/Homogenization Other: _____	<b>Type of Pump:</b> Submersible: Vertical Recirculator Self Primer w/ 3 Way Valve Nozzle
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<b>Facility:</b> <table style="width:100%;"> <tr> <td>Prison</td> <td>Shopping Center</td> </tr> <tr> <td>Jail</td> <td>Residential</td> </tr> <tr> <td>Nursing Home</td> <td>Industrial</td> </tr> <tr> <td>Casino</td> <td>Other _____</td> </tr> </table>	Prison	Shopping Center	Jail	Residential	Nursing Home	Industrial	Casino	Other _____	<b>What is the current issue with the sump?</b> Floating Mat Settling Solids Clogging Duty Pump All of the above
Prison	Shopping Center								
Jail	Residential								
Nursing Home	Industrial								
Casino	Other _____								

<b>Property of Liquids:</b> Temperature: _____ °F _____ °C PH: _____ % SOLIDS: _____ Specific Gravity: _____ Viscosity (cps): _____ (ssu): _____ Type of Solids: Scum Screenings Lift Station Other _____	<b>Sump Geometry:</b> Square or Rectangular ___ ft deep x ___ ft wide x ___ ft long ___ M deep x ___ M wide x ___ M long Circular ___ ft, ___ meters diameter x ___ deep Minimum Liquid Level: _____ Maximum Liquid Level: _____ Maximum Inflow Rate: _____ Retention Time: ___ Hours ___ Days <b>Sump floor:</b> Flat and level Sloped or tiered
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<b>Horsepower Limitations:</b> _____ <b>Electric Motor Requirements:</b> ___ HP, ___ RPM, ___ Volts, ___ Ph, ___ Hz ___ KW, ___ RPM, ___ Volts, ___ Ph, ___ Hz Enclosure Type: _____	Please provide geometry of floor if floor is not a flat level surface. If sump is covered please provide detailed locations and sizes of access hatches.
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