

APPLICATION DATE PULSATION DAMPENERS

Please fill out, save, and email back to datasheets@precisionfiltration.com or print and fax to 215-679-6648

To help us serve you, please provide the following information:

Name: _____ Title: _____

Company Name: _____

Address: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

1. Pump Manufacturer: _____ Model: _____

2. No. of Pumps: _____

3. Pump Type: Simple _____ Duplex _____ Triplex _____ Quadplex _____

4. Action: Single Double # of Cylinders: _____

5. Stroke: _____ Bore: _____

6. Fluid Pumped: _____ Temperature: _____

7. Specific Gravity: _____ Viscosity: _____

8. System Operating Pressure: _____

9. Flow Rate: _____

10. Discharge Pipe Diameter: I.D.: _____ inches

11. Pump Suction: _____

12. Lift: _____ Head: _____

13. Inlet Port: NPT _____ BSP _____ Flange _____

14. Wetted Material: _____ Bladder: _____

15. Air Control: Adjustable Automatic Chargeable

16. Manufacturing Standard: ASME Coded UL FM Other

17. Describe pulsation problems: _____

