

Precision Filtration Products Mobile/Portable Filter Equipment Questionnaire

Company Name: _____

Contact Name: _____ Email: _____

Phone #: _____ Fax: _____

Fluid Type: _____ Capacity: _____

Viscosity: _____ Operating Temperature: _____

Current ISO Code: _____ Target ISO Code: _____

Flow Rate: _____ Discharge Pressure: _____

Suction Lift: Yes No

Flooded Suction: Yes No

Contaminants: Water Particulate Other:
% *If Other:* _____

Free

Emulsified

Application Details:

Electrical Requirements: Single Phase Three Phase
 60 Hz 50 Hz
 110/115 Volts 220/230 Volts 460 Volts
 Other *If Other:* _____

Connection Size: 1/2" 3/4" 1" 1-1/2" 2"
 Other *If Other:* _____

Connection Type: NPT JIC SAE Cam & Groove
 Other *If Other:* _____

Do you require Hoses: Yes No

Do you require Suction Wands: Yes No