

# A7 Pump Data Sheet

ARW ORDER NO.:

CUSTOMER'S NAME \_\_\_\_\_ LOCATION \_\_\_\_\_

AGENT: \_\_\_\_\_

END USER \_\_\_\_\_ LOCATION \_\_\_\_\_

DATE: \_\_\_\_\_

ORDER NO. \_\_\_\_\_ ITEM NO. \_\_\_\_\_

QUOTE NO.: \_\_\_\_\_

PUMP SIZE: \_\_\_\_\_ NO. OF PUMPS \_\_\_\_\_ TAG NO. \_\_\_\_\_

SHIP DATE REQUIRED: \_\_\_\_\_

PUMP SERIAL NO. \_\_\_\_\_ NO. OF MOTORS \_\_\_\_\_

SHIP DATE QUOTED: \_\_\_\_\_

PERFORMANCE / OPERATING CONDITIONS	
GPM	
Total Head	
Suct. Hd. <sup>max./min.</sup>	
NPSH <sub>a</sub> <sup>rated/min.</sup>	
NPSH <sub>r</sub>	
Min. continuous flow	
Impeller Dia.	
Expeller Dia.	
Pump RPM	

LIQUID / SOLUTION	
Liquid Type: _____	Concentration: _____%
pH: _____	Temp.: _____
Viscosity: _____	
Specific Gravity: _____	Vapor Pressure: _____
Solids in Suspension: _____	Solids Size Max: _____

DIRECT/BELT DRIVE DATA			
Motor Sheave Dia.		Pump Sheave Dia.	
No. Belts & Size		Sub-Base No. Mtl.	
Coupling: Make _____ Type _____ Size _____			

MOTOR: SUPPLIED  
 BY WILFLEY  BY CUSTOMER

HP \_\_\_\_\_ Speed \_\_\_\_\_ NEMA Frame \_\_\_\_\_  
 Type \_\_\_\_\_ Serv. Factor \_\_\_\_\_  
 Volts/Phase/Hertz \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Class Insulation \_\_\_\_\_

DOCUMENTS / ACCESSORIES	
<input type="checkbox"/> Main. / Inst. Manual	<input type="checkbox"/> Hydrostatic
<input type="checkbox"/> Sectional Drwg.	<input type="checkbox"/> NPSH
<input type="checkbox"/> Dimension Drwg.	<input type="checkbox"/> Sound
<input type="checkbox"/> Performance Test	<input type="checkbox"/> Vibration
<input type="checkbox"/> Witnessed	
<input type="checkbox"/> Non-Witnessed	

WETTED END	
Construction:	<input type="checkbox"/> A20 <input type="checkbox"/> CD4 <input type="checkbox"/> Other _____
Mat'l substitution:	Case _____ Impeller _____ Case Plate _____ Expeller _____ SSRH _____
Options:	<input type="checkbox"/> Case Drain <input type="checkbox"/> Expeller Drain <input type="checkbox"/> Suction Tap <input type="checkbox"/> Disc. Tap <input type="checkbox"/> R.F. Flange <input type="checkbox"/> Flange Rate
Gasket / O-Ring Mat'l:	<input type="checkbox"/> Viton <input type="checkbox"/> Teflon Encsp. Vt. <input type="checkbox"/> Other _____

FRAME		
Lubrication	Brg. Lube Seals	Options
<input type="checkbox"/> Oil (Std)	<input type="checkbox"/> Labyrinth (Std.)	<input type="checkbox"/> Sight Glass - Both Sides
<input type="checkbox"/> Grease	<input type="checkbox"/> Magnetic	<input type="checkbox"/> Oil Cooling/Htg
<input type="checkbox"/> Other	<input type="checkbox"/> Filter	

SHAFT SEALS			
<input type="checkbox"/> Wilfley Seal	<input type="checkbox"/> Std	<input type="checkbox"/> Flush	<input type="checkbox"/> Slurry
Type	Vapor Seal	Volts / 0 /Hz	
<input type="checkbox"/> DryLock®	<input type="checkbox"/> Grease Seal		
	<input type="checkbox"/> Labyrinth Seal		
	<input type="checkbox"/> None		
<input type="checkbox"/> E-Mag®	<input type="checkbox"/> Grease Vapor	<input type="checkbox"/> 440/3/60 (Std.)	
	<input type="checkbox"/> Mech. Vapor	<input type="checkbox"/> 380/3/50 v	
	Mfg. _____	<input type="checkbox"/> 575/3/60 v	
	<input type="checkbox"/> None	<input type="checkbox"/> Other _____	

Mechanical	
Mfg. _____	Model _____
<input type="checkbox"/> Single Cartridge	
<input type="checkbox"/> Double Cartridge	
<input type="checkbox"/> Other _____	
Mat'l: Faces _____	Metal _____
Aux Piping" Plan _____	
Ext Flush: Fluid _____	GPM _____ PSIG _____

Packing: Type: \_\_\_\_\_  
 Flush:  Yes  No

FOR INTERNAL USE ONLY	
Date Received: _____	Date Entered: _____
	BY: _____
Date Acknowledged: _____	Date Shipped: _____