

CONDITIONING PUMP INQUIRY FORM

Name: _____ Company: _____ Address: _____ City: _____ State/Country: _____ Zip/Code: _____	Phone: _____ Fax: _____ e-mail: _____ Project Name: _____ Project Location: _____								
Application: Lift Station Conditioning Influent Station/Channel Conditioning Basic Conditioning Holding Tank Conditioning Digester CleanOut/Homogenization Other: _____	Type of Pump: Submersible: Vertical Recirculator Self Primer w/ 3 Way Valve Nozzle								
Facility: <table style="width:100%; border: none;"> <tr> <td style="width:50%;">Prison</td> <td style="width:50%;">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 _____	What is the current issue with the sump? Floating Mat Settling Solids Clogging Duty Pump All of the above
Prison	Shopping Center								
Jail	Residential								
Nursing Home	Industrial								
Casino	Other _____								
Property of Liquids: Temperature: _____ °F _____ °C PH: _____ % SOLIDS: _____ Specific Gravity: _____ Viscosity (cps): _____ (ssu): _____ Type of Solids: Scum Screenings Lift Station Other _____	Sump Geometry: 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 Sump floor: Flat and level Sloped or tiered								
Horsepower Limitations: _____ Electric Motor Requirements: _____ 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.								