



buckeye pumps inc.

DIVISION OF OHIO TRANSMISSION CORPORATION

# APPLICATION DATA SHEET

1311 Freese Works Place, Galion Ohio

419-468-7866

## COMPANY INFORMATION

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Date Quote Req'd: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Date Pump Req'd: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Estimated Budget: \_\_\_\_\_  
 Email: \_\_\_\_\_

## APPLICATION INFORMATION

Pump Location: \_\_\_\_\_  
 Brief Description of Job: \_\_\_\_\_  
 \_\_\_\_\_

New Application: \_\_\_\_\_ Exact Replacement: \_\_\_\_\_  
 Similar Replacement: \_\_\_\_\_ Solve a Particular Problem: \_\_\_\_\_

SUCTION CONDITIONS	DISCHARGE CONDITIONS
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Flooded: _____	GPM: _____
Lift: _____	TDH/Pressure: _____
Under Pressure/Vaccum: _____	Other: _____

MOTOR	SEALING
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Volt: _____	Phase: _____	Mechanical Seal: _____	
RPM: _____	Hertz: _____	Packing: _____	
Enclosure: _____	Air: _____	Other _____	Sealless: _____

## ANY SPECIAL CONCERNS

Liquid Name: \_\_\_\_\_ Temp: \_\_\_\_\_  
 SG: \_\_\_\_\_ Viscosity: \_\_\_\_\_  
 Abrasives: \_\_\_\_\_ Vapor Pressure: \_\_\_\_\_  
 Solid Size & Concentration: \_\_\_\_\_

## ANY SPECIAL OPTIONS / ACCESSORIES NEEDED

\_\_\_\_\_  
 \_\_\_\_\_

## ACCESSORIES

<input type="checkbox"/> Basic Repair Kit	<input type="checkbox"/> Upper Bracket	<input type="checkbox"/> Intermediate Bracket
<input type="checkbox"/> Discharge Connection	<input type="checkbox"/> Check Valve	<input type="checkbox"/> Tanks
<input type="checkbox"/> Access Hatch	<input type="checkbox"/> Valves,Other	<input type="checkbox"/> Cable Length
<input type="checkbox"/> Control Panel	<input type="checkbox"/> Crane	
<input type="checkbox"/> Level Control		
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Other _____		