

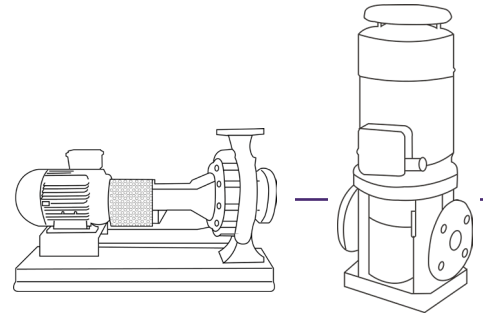


CASTLE PUMPS LTD

Your process delivered.

PUMP SPECIFICATION FORM

Please complete and return to: sales@castlepumps.com



1. Application Details -

Please fill in the table to the best of your knowledge.

Application:	
Pump Type (if known):	
Liquid:	
Temperature:	
Flow Rate:	
Head/Pressure:	
Viscosity:	
Voltage:	
Frequency:	
Pump Orientation:	Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Immersed <input type="checkbox"/>
Suction Conditions:	Self-priming <input type="checkbox"/> Non Self-priming <input type="checkbox"/>

Please provide any additional information/requirements that may influence the pump we specify:

Pump due by date:

2. Your Details -

This information will allow us to provide you with a quotation.

Company Name:	
Contact Name:	
Telephone:	
Address:	
Postcode:	
Business Industry:	

Castle Pumps Ltd A division of the CTS Group, Part of FlowMax Ltd

Birmingham Head Office & Warehouse.
Unit 40/41 Minworth Industrial Park
Forge Lane, Sutton Coldfield, B76 1AH

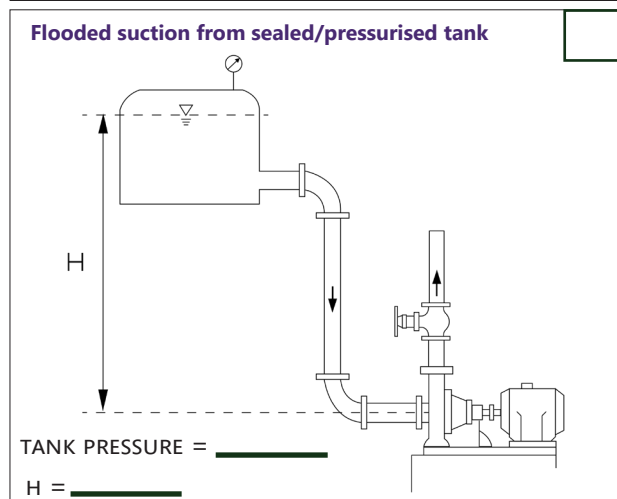
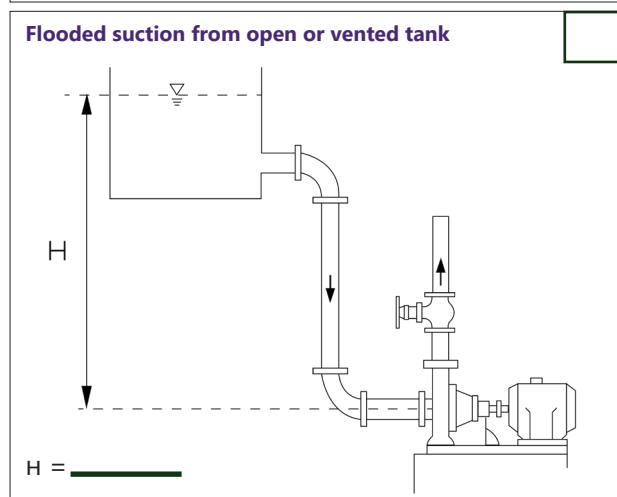
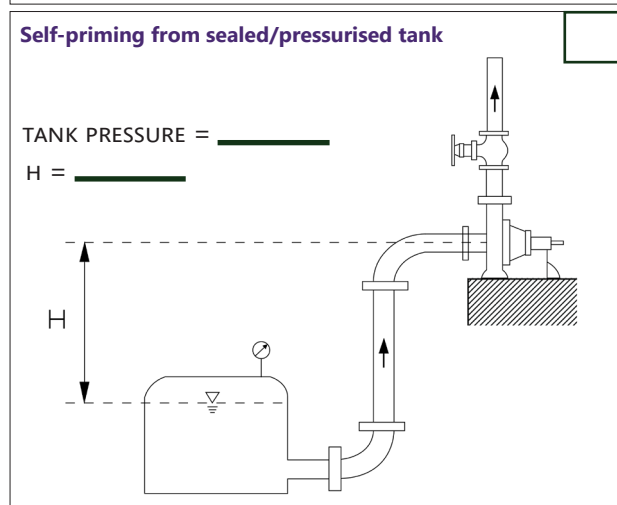
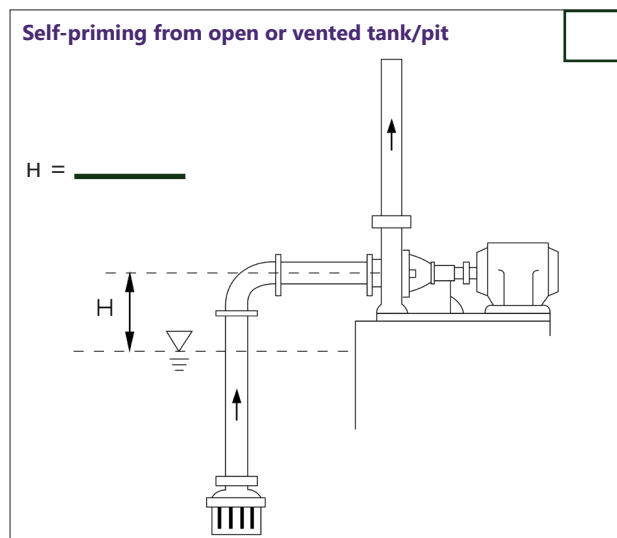
Global Sales Office.
Office 1, Denby House
Taylor Lane, Loscoe, DE75 7AB

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E. sales@castlepumps.com
W. castlepumps.com



3. Suction Conditions -

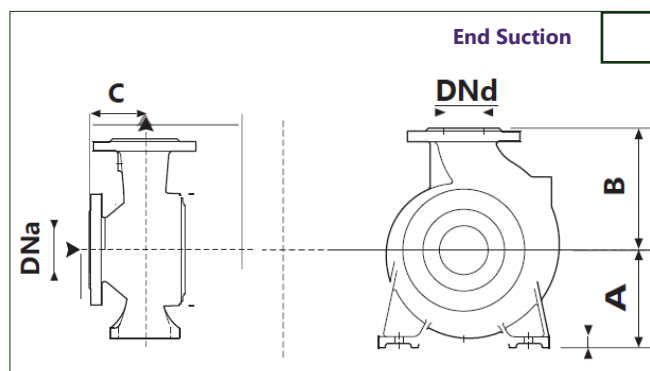
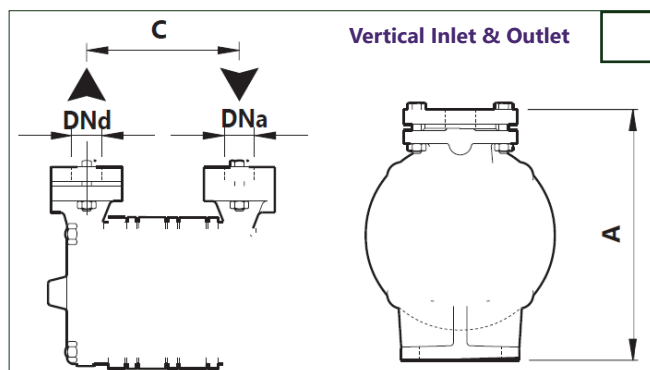
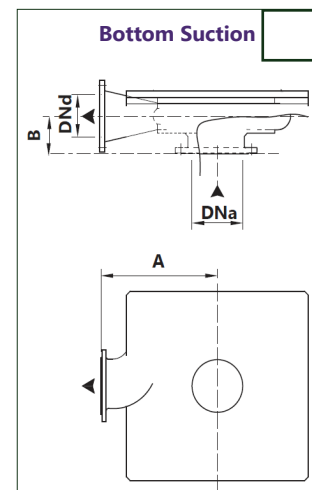
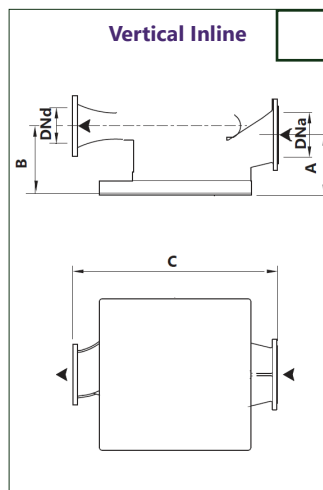
Mark box with an **X** to indicate type of application, and please specify **dimension H** & **tank pressure** (where applicable) on the lines provided.



4. Installation Type -

Mark box with an **X** to indicate installation type, and please fill in the table referring to the diagrams where necessary.

Dimension A:	
Dimension B:	
Dimension C:	
DNa Suction Diameter:	
DNd Discharge Diameter:	
Flange Type:	
Flange Rating:	



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