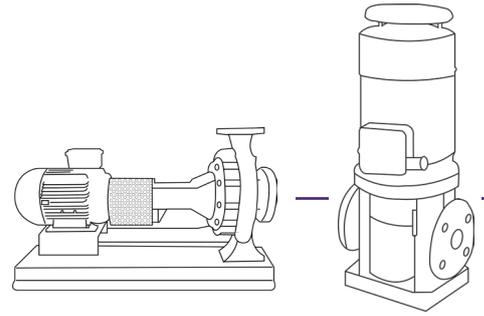# CASTLE PUMPS LTD

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 ☐ Vertical ☐ Immersed ☐
Suction Conditions:	Self-priming ☐ Non Self-priming ☐

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.

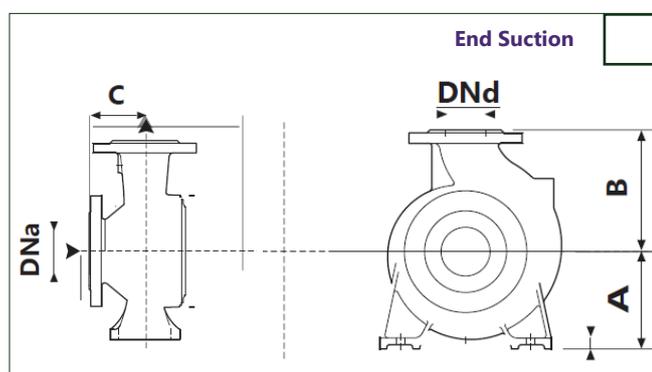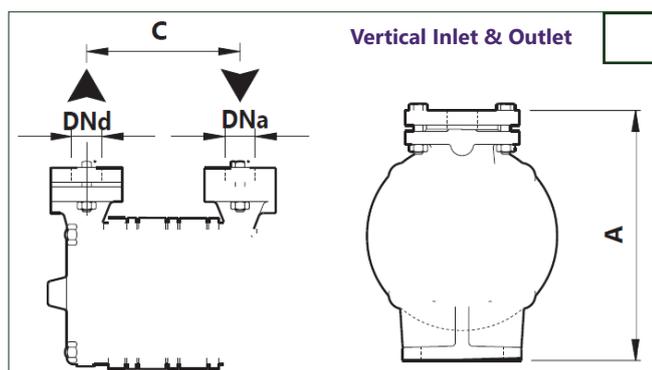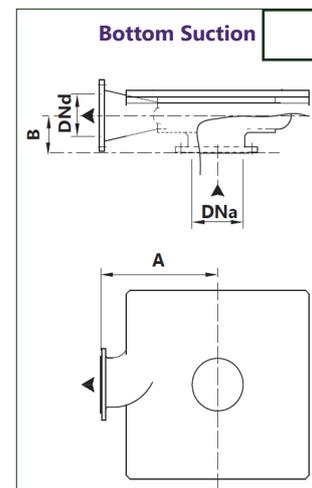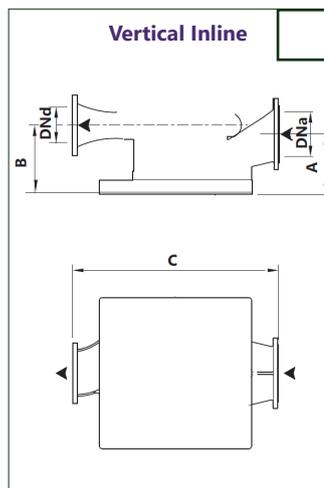|	
Company Name:	
Contact Name:	
Telephone:	
Address:	
Postcode:	
Business Industry:	

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.

Self-priming from open or vented tank/pit

H = _____

Self-priming from sealed/pressurised tank

TANK PRESSURE = _____

H = _____

Flooded suction from open or vented tank

H = _____

Flooded suction from sealed/pressurised tank

TANK PRESSURE = _____

H = _____
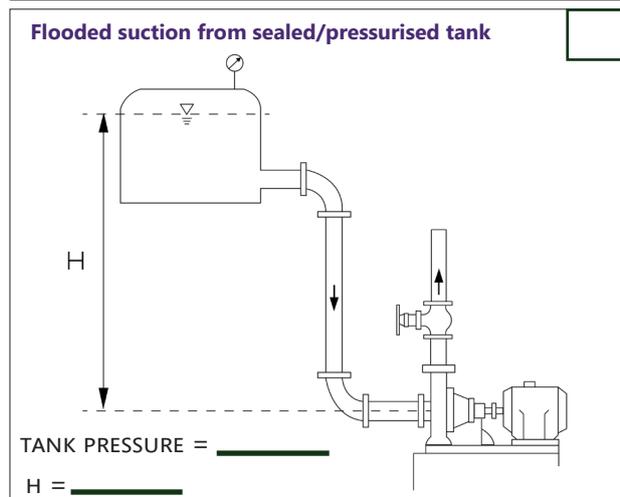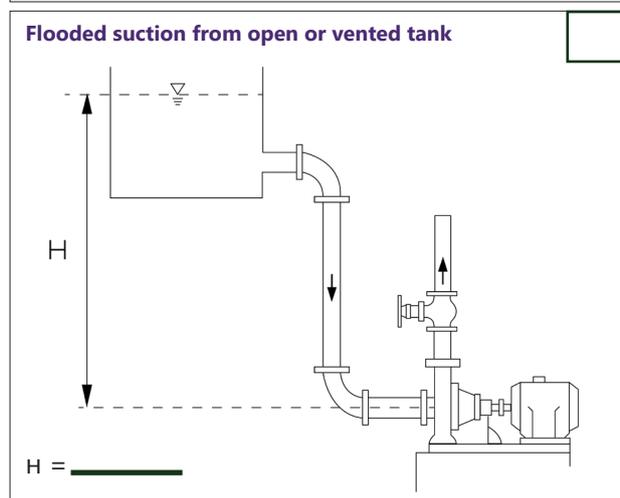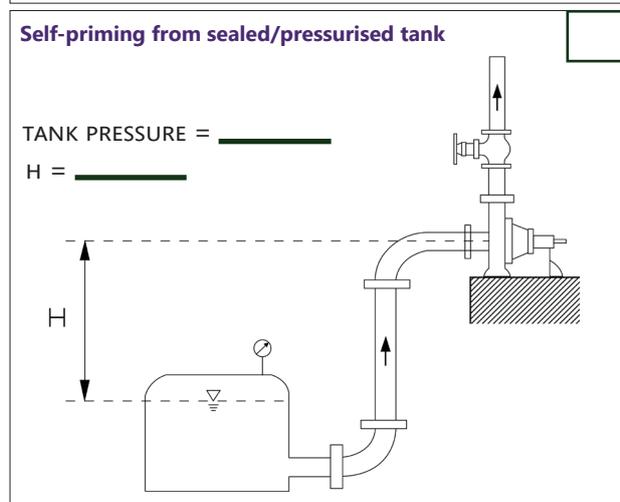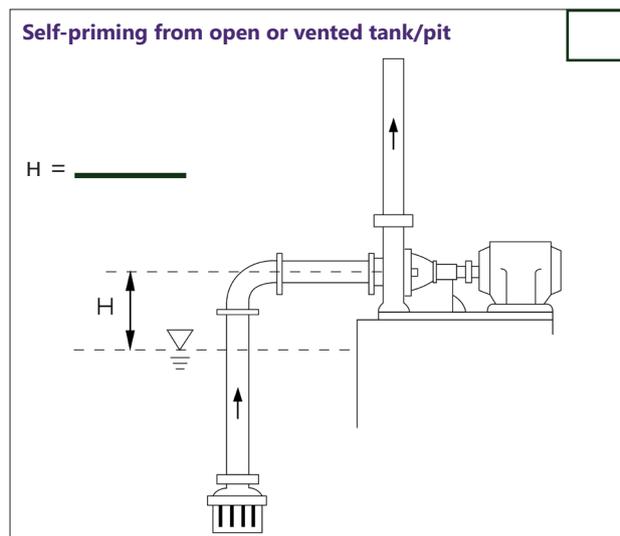
4. Installation Type -

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:	

Vertical Inline

Bottom Suction

Vertical Inlet & Outlet

End Suction