

1. APPLICATION _____

2. OPERATING CONDITIONS AT POINT OF INSTALLATION:

- A. PRODUCT: _____ B. SPECIFIC GRAVITY: _____ @ _____ °F
 G. FLOW RATE: _____ GPM D. TEMPERATURE: _____ °F E. PRESSURE: _____ PSIG
 F. VISCOSITY: _____ SSU CS CP @ _____ °F and _____ SSU CS CP @ _____ °F
 G. CONTAMINANTS: SOLIDS: _____ (% WT.) (% VOL.) LIQUID: _____ % VOLUME
 H. DESCRIPTION OF SOLIDS: _____
 I. PREVAILING PARTICLE SIZE RANGE: _____
 J. DESCRIPTION OF LIQUID: _____
 K. pH OF LIQUID OR PRODUCT: _____ TYPE AND % OF CONCENTRATION: _____

3. REQUIRED PERFORMANCE EFFICIENCY:

- A. DESIRED PARTICLE RETENTION (MICRON): _____ B. MAXIMUM ALLOWABLE INITIAL PRESSURE DROP: _____ PSID

4. MECHANICAL DESIGN CONDITIONS:

- A. DESIGN PRESSURE: _____ PSIG B. DESIGN TEMPERATURE: _____ °F C. CORROSION ALLOWANCE: _____
 D. CODE OR SPECIFICATION: ASME? _____ ASME STAMP? _____ COMM. STD.? _____ OTHER? _____
 E. FLOW RATE: _____ GPM F. MATERIALS OF CONSTRUCTION: _____
 G. INLET AND OUTLET CONNECTIONS: SIZE: _____ FLANGED MALE NPT FEMALE NPT GROOVED OTHER
 H. OTHER CONNECTIONS ON VESSEL:
- | CONNECTION FOR | SIZE | FLANGED | THREADED | CONNECTION FOR | SIZE | FLANGED | THREADED |
|----------------|-------|--------------------------|--------------------------|----------------|-------|--------------------------|--------------------------|
| PRESSURE GAUGE | _____ | <input type="checkbox"/> | <input type="checkbox"/> | RELIEF | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| VENT | _____ | <input type="checkbox"/> | <input type="checkbox"/> | DRAIN | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
- I. SPECIAL DESIGN FEATURES _____

5. ACCESSORY ITEMS:

- A. DIFFERENTIAL PRESSURE GAUGE? _____ DIRECT READING? _____ WITH DEAD HAND? _____ NON-DIRECT READING? _____
 B. MANUAL VENT VALVE? _____ C. PRESSURE RELIEF VALVE? _____
 D. MANUAL DRAIN VALVE? _____ E. INTERNAL EPOXY COATING? _____
 F. AIR ELIMINATOR? _____ G. HEAD OPENING DEVICE? _____

6. BECAUSE OF COMPATIBILITY OR OTHER REASONS, DO YOU HAVE ANY PREFERENCE FOR THE FOLLOWING:

HOUSING:

- CARBON STEEL
- ALUMINUM
- STAINLESS
- OTHER _____

GASKET:

- BUNA-N
- VITON A
- TEFLON®
- OTHER _____

CARTRIDGE:

- PAPER
- SCREEN
- GLASS FIBER
- OTHER _____

7. REMARKS: _____

8. INSTRUCTIONS: **SUBMIT QUOTATION TO:** CUSTOMER DISTRIBUTOR REGIONAL OFFICE
ORIGINAL & _____ COPIES REQUIRED

CUSTOMER

DISTRIBUTOR

_____	_____
_____	_____
_____	_____
_____	_____

9. QUOTATION INFORMATION:

NEED QUOTATION—HAVE ORDER FOR PROJECT? YES NO
WILL ORDER IN: 0-6 MONTHS LATER
NUMBER OF COMPETITORS QUOTING? _____

In cases where any data is unknown or not available, indicate accordingly.

Facet will contact you if further details are needed.

SUBMITTED BY:

FOR:

_____	_____
_____	_____
_____	_____
_____	_____

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