



# TECHNICAL DATA SHEET

END USER/PROJECT NAME			FLUID / GAS	FLOW RATE (GPM)	SPECIFIC GRAVITY
LOCATION			SLURRY	VELOCITY (FT/SEC)	% SOLIDS
SERVICE DESCRIPTION			VACUUM REQUIRED?	BURIAL?	
INDUSTRY SERVED			OTHER		
CHEMICAL EXPOSURE(TYPE AND CONCENTRATION)			ENGINEERING COMPANY (DESIGN GROUP)		
OPERATING PRESSURE	TEST PRESSURE	1.5 X STD	LOCATION		
OPERATING TEMPERATURE			PROJECT ENGINEER		
RESIN TYPE			PHONE	EMAIL	
SERIES					
SIZES			CONTRACTOR / FABRICATORS		
VALVE TYPE			LOCATION		
ELASTOMER TYPE			CONTACT		
STRAINER TYPE			PHONE	EMAIL	
ELASTOMER					
BASKET MATERIAL			DATE OF INQUIRY		
BASKET PERFORATION			QUOTE #		
DISTRIBUTOR			ORDER DATE		
LOCATION			PO#		
CONTACT			SHIP DATE		
PHONE			INSTALLATION DATE		
EMAIL			ADDITIONAL NOTES		
FAX					
FAB CERTIFICATION REQUIRED?					
FAB CERTIFICATION QUOTATION NEEDED?					
FAB CERTIFICATION COMPLETE?					
DATE COMPLETED					

CUSTOMER APPROVAL:		DATE:	
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CONLEY ENGINEERING APPROVAL:		DATE:	
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