

Please fax to: +49 (0) 3841 / 32 750 79 or send via email to: sales@tecmara.de

### Contact Data

Company _____	Project _____
Name _____	Inquiry No. _____
Phone _____	Date _____
Fax _____	Email _____

### Requested Design Data

Non Return Valve in the Bypass Branch *	<input type="checkbox"/> yes	<input type="checkbox"/> no		
Variable Pump Speed *	<input type="checkbox"/> yes	<input type="checkbox"/> no		
Installation *	<input type="checkbox"/> vertical	<input type="checkbox"/> horizontal		
Medium *	Name _____	Density * _____	[kg/m <sup>3</sup> ]	
	Concentration _____	Temperature * _____	[°C]	
	Viscosity _____	Vapor Pressure _____	[barabs]	

\* = Required design data

Casing Material (pressure parts) \_\_\_\_\_ (1.0460 / A105 is default)

Standards \*  DIN  ANSI other: \_\_\_\_\_

Max. Capacity  $Q_{Max}$  \_\_\_\_\_ [m<sup>3</sup>/h]

Design Capacity  $Q_{100\%}$  \* \_\_\_\_\_ [m<sup>3</sup>/h]

Total Head at  $Q_{100\%}$  \_\_\_\_\_ [m]

Bypass Flow  $Q_{By}$  \* \_\_\_\_\_ [m<sup>3</sup>/h]

Total Head at  $Q_{By}$  \* \_\_\_\_\_ [m]

Pump Inlet Pressure  $p_s$  \* \_\_\_\_\_ [bar]

Back Pressure on Bypass Branch  $p_{By}$  \* \_\_\_\_\_ [bar]

Pump Discharge Size \_\_\_\_\_ [ ] unit

Valve Pressure Rating \_\_\_\_\_ [ ] unit

Valve Flange Sealing \* \_\_\_\_\_ [ ] unit

Valve Flange Size / Rating Inlet \_\_\_\_\_ Outlet \_\_\_\_\_ Bypass \_\_\_\_\_

Additional Valve Branch \*  yes Application \_\_\_\_\_ (please use space below for remarks)

Backpressure on Degassing Branch \* \_\_\_\_\_ [bar] Pump Curve attached  yes  no

Quantity \_\_\_\_\_ [pcs.]

Remarks / Specifications / Documentation / Inspections etc.

