Automatic-Recirculation-Check Valve
INQUIRY SHEET

Please send via email to: sales@tecmara.de

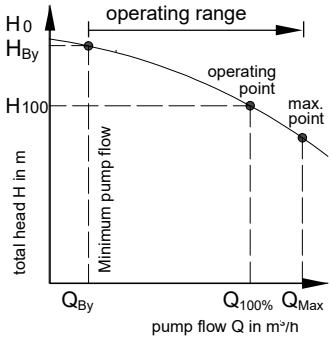
Contact Data

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

Requested Design Data

*** = Required design data**

Non Return Valve in the Bypass Branch *	☐ yes ☐ no	
Variable Pump Speed *	☐ yes ☐ no	
Installation *	☐ vertical ☐ horizontal	
Medium *	Name _____ Density * _____ [kg/m³]	
	Concentration _____ Temperature * _____ [°C]	
	Viscosity _____ [cSt] Vapor Pressure _____ [barabs]	
Casing Material	**(pressure parts)** _____ **(1.0460 / A105 is default)**	
Standards *	☐ DIN ☐ ASME other: _____	
Max. Capacity Q_{Max}	_____ [m³/h]	
Design Capacity $Q_{100\%}$ *	_____ [m³/h]	
Total Head at $Q_{100\%}$	_____ [m]	
Bypass Flow Q_{By} *	_____ [m³/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 Degasing Branch *	_____ [bar] **Pump Curve attached** ☐ yes ☐ no	
Quantity	_____ [pcs.]	



Remarks / Specifications / Documentation / Inspections etc.