

Liquid Application Solution Request

First Name _____ Last Name _____
Company Name _____ Email _____
Address 1 _____ Address 2 _____
State _____ Zip _____
Phone _____

Quote needed by: Date _____ Time _____ am _____ pm _____
Please include spec sheet or other documentation in your fax.
Already a Waco customer? Yes _____ No _____

Application Data

Fluid _____ Specific Gravity _____ Density: lb/ft³ _____ kg/m³ _____
Process Operation: Hrs/Day _____ Days/Week _____
Flow Rate: GPM _____ Lbs/Hr _____ M³/Hr _____
Operating Pressure (PSIG) _____ Operating Temperature: °F _____ °C _____
Design Pressure (PSIG) _____ Design Temperature °F _____ °C _____
Max Differential Pressure Clean (PSIG) _____ Max differential pressure dirty (PSIG) _____
Nature of Contaminant: Rigid _____ Gel _____ Other _____
Micron Retention Required _____ µm Removal efficiency required % _____
Particle Size Distribution _____ Total Solids (ppm) _____

System Requirements

Pipe Size _____ Connection Type _____ NPT _____ Flange Pipe Material _____
Continuous Operation Duplex System Required: Yes _____ No _____
ASME Code Required Yes _____ No _____ U Stamp _____ UM Stamp _____
Special requirements (ex corrosion allowance, x-ray, special paint, linings etc.)

Thank you for your quotation request. Please fax this form Attn: Randy Moore 813-360-4020 or call 800-326-9226 ext. 105 if you have any questions. We will respond to you within 24 hours of when this request was submitted.