



POWER UNIT QUOTATION REQUEST

*= required



*What is the intended application for the power unit?

SYSTEM SPECIFICATIONS

Flow GPM / LPM (Circle One)
Min _____ Max _____

***Discharge Pressure** PSI / BAR (Circle One)
Min _____ Max _____ Working _____

***Duty Cycle** Intermittent Continuous Hrs/Days _____

PUMPING CONDITIONS

***Liquid To Be Pumped**
Fresh Water Sea Water Other (Please Specify) _____

***Chemicals** (Please Describe) _____
PH _____

***Liquid Temperature** _____ °F _____ °C

Inlet Pressure Condition
Gravity _____ PSI
City _____ PSI
Boost/Feed Pump _____ PSI
Feed Tank _____ Gallons (Size)

Environment Temp
_____ Max °F _____ Max °C
_____ Min °F _____ Min °C

Elevation _____

PUMP POWER SPECIFICATIONS

***Electric Motor Driven** Voltage _____ Phase (Circle One) Single Three
RPM _____ Amps _____
HP _____ Cycle (Circle One) 50 Hz 60 Hz
Isol Class _____

***Motor Style (Circle One)** TEFC Sanitary Washdown (Max 15 Amp)
Explosion Proof Hazardous Premium Efficiency IEEC Open Drip Hostile Duty

***Engine Driven** Gas Hp _____ Diesel _____ Other _____

***Pump Drive Mechanism** V-Belt Drive Variable Speed Drive
Direct Coupled Hydraulic Drive
Synchronized Gear Belt Drive
Gear Box

FRAME / SKID MATERIAL (INCLUDES GUARDS AND VIBRATION FEET)

Standard Base Made From Mild Steel (Powder Coated Black)

Stainless Steel

***Finish (Select One)** Powder Coat
Color (If Not Standard)
Polished (Stainless Steel Only)

***Wheels** Swivel
Locking
Fixed

ACCESSORIES

Inlet Section (Circle) Inlet Filter Feed Pump
Inlet Pressure Regulator Chemical Injector
Flexible Inlet Hose (Length) _____

Discharge Section (Circle) **Pressure Regulator/Unloader **Safety Relief Valve
Pump Thermal Relief Valve
Pulsation Dampner High Pressure Hose (Length) _____

****Must Include** **Pressure Gauge Lance

Primary relief, Spray Gun
Secondary relief Nozzles
And pressure gauge Chemical Injector
On each unit. Other _____

CALL 888-474-5487 x 143 or 651-686-2143
OR FAX THIS FORM TO:
GENERAL PUMP AT 800-535-1745
OR SEND VIA EMAIL TO:
markh@gpcompanies.com

REQUESTING COMPANY

Contact Name _____ Company _____
Address _____ City, State, Zip Code _____
Telephone _____ Fax _____
Email _____ Quantity of Units Needed _____
Additional Info _____