

LIFT EQUIPMENT, LLC



Date: _____

Pumping Systems Work Sheet

Customer: _____ Phone: _____

Contact: _____ Job: _____

Type of Liquid: _____ Temp. of Liquid: _____

Pump Type: Submersible: ____ Turbine: ____ Diaphragm: ____ Centrifugal: ____

Drive Type: Diesel: ____ Gas: ____ Air: ____ Hydraulic: ____

Electric Motor: TEFC: ____ OR O.D.P. ____ Required GPM _____

Suction Side

Suction Lift: _____ Ft Total Feet of Suction Pipe: _____ Pipe Type: _____

90 deg: ____ 45 deg: ____ Check Valves: ____ Strainer: ____ Foot Valve: ____

Discharge Side

Discharge Elevation: _____ Ft Total Feet of Discharge Pipe: _____ Pipe Type: _____

Discharge Pressure: _____ psi 90 deg. ____ 45 deg. ____ Check Valves: ____

Tees: ____ Gate Valves: ____ Angle Valves: ____ Globe Valves: ____

Notes
