

Name: _____ Date: _____
 Company: _____ Phone: _____
 Address: _____ Email: _____
 Project Name: _____ Project Location: _____

| Cartridge Filtration Inquiry Form | | | | | |
|--|-------|--|-----------------|------|------|
| Design Parameter | | | Client Response | | |
| Operating Conditions | Units | | | | |
| Process Fluid | | | | | |
| Fluid Dynamic Viscosity | cP | | | | |
| Flow Rate | | | | | |
| Inlet Pressure | | | | | |
| Ambient Temperature | | | | | |
| Inlet Fluid Quality | | | | | |
| Fluid Temperature | | | norm: | max: | min: |
| Total Suspended Solids (TSS) | mg/L | | norm: | max: | min: |
| Total Dissolved Solids (TDS) | mg/L | | norm: | max: | min: |
| Suspended Oil | mg/L | | norm: | max: | min: |
| Particle Distribution Analysis Available | | | | | |
| Outlet Water Quality | | | | | |
| Particle Size | µm | | norm: | max: | |
| Desired Filtration Efficiency | % | | | | |
| Minimum Pressure | | | | | |
| Design Specifications | | | | | |
| Availability | % | | | | |
| Sparing Philosophy | | | | | |
| Desired Cartridge Change-out Frequency | | | | | |
| ASME Code Stamp Required | | | | | |
| Installation Location | | | | | |
| Hazardous Area Classification | | | | | |
| Automation/Utilities/Miscellaneous | | | | | |
| Remote Monitoring Desired | | | | | |
| Automation Desired | | | | | |
| Available Utilities | | | | | |
| Drivers (CAPEX / OPEX) | | | | | |
| Comments | | | | | |
| | | | | | |