



Application for a Neoflux Trial Pump

* Required Fields	
* Company	
* Industry	
* Contact Person	
* Email	
* Contact Number	
Liquid Properties:	
<i>Please provide as many details as possible.</i>	
* Material Name	
Pumping Temperature	
Viscosity at 70°F (21°C)	Centipoises (Cp)
Specific Gravity	
If Specific Gravity Unknown	(Please enter weight per Kg.)
Is liquid abrasive?	YES or NO
Solid Particle Size (If Any)	
Corrosive?	YES or NO (pH Level : _____)
Capacity & Operating Conditions:	
Capacity Required	_____ LPM
Operation Is	Continuous or Intermittent
Hours of operation per day	Hrs.
Discharge pressure	_____ PSI
Suction Line:	
Vertical Distance from Center of Pump to Surface of Liquid Supply	_____ Feet
Available air supply	_____ PSI _____ CFM _____ HP
Is air filtered?	YES or NO
Is a dryer installed?	YES or NO
Current type of pump in use	
Manufacturer	
How long has this pump been in service?	
Have you had any experience with AODD pump in the past?	YES or NO
Optional comments/Request if any.	

NEOFLUX TECHNIC PRIVATE LIMITED

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