



\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Date

**YAMADA DIAPHRAGM PUMP APPLICATION SPECIFICATIONS**

**\*Required Field**

\*END USER NAME \_\_\_\_\_ DATE \_\_\_\_\_

PERSON \_\_\_\_\_ TITLE \_\_\_\_\_

\*EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE/PROVIDENCE \_\_\_\_\_ ZIP/POSTAL \_\_\_\_\_

COUNTRY \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

\*DISTRIBUTOR \_\_\_\_\_

To help us recommend the proper pump for your use, please furnish as many details as possible ...

1) Liquid Pumped

a) \*Material Name \_\_\_\_\_

b) \*Pumping Temperature \_\_\_\_\_ °F or °C

c) Viscosity at 70°F \_\_\_\_\_ CP or SSU (Choose One)

d) Gravity \_\_\_\_\_ or Weight per Gallon \_\_\_\_\_

e) Abrasive? Yes / No If Yes, please explain \_\_\_\_\_

\_\_\_\_\_

Solid Size, Wt % \_\_\_\_\_

f) Corrosive Yes / No pH \_\_\_\_\_

2) Capacity and Operating Condition

a) \*Capacity Required \_\_\_\_\_ GPM

b) \*Operation is \_\_\_\_\_ Hours per day (Continuous / Intermittent)

3) Discharge Pressure

a) \_\_\_\_\_ PSI or TDH (Choose One)

When calculating TDH, please remember to include vertical elevation, friction loss, specific gravity, suction lift, suction pressure, etc.

If giving PSI, please proceed to Question #4.

If giving TDH, please proceed to Question #5.

4) Suction Line

a) \*Vertical Distance from Center of Pump to Surface of Liquid Supply \_\_\_\_\_ Feet  
(Flooded Suction or Suction Lift)

b) \*Pipe Line \_\_\_\_\_ I.D.

c) \*Total Length of Suction Line \_\_\_\_\_ Feet

d) Type of connections \_\_\_\_\_

5) Available Air Supply

\_\_\_\_\_ PSI \_\_\_\_\_ CFM \_\_\_\_\_ HP

a) Is the air filtered? Yes / No

b) Air line dryer installed? Yes / No

6) Your Request (if any) \_\_\_\_\_

\_\_\_\_\_

7) Is this a New Project? \_\_\_\_\_

\_\_\_\_\_

8) Whose pump are you currently using in this application? \_\_\_\_\_

Model Number \_\_\_\_\_

a) How long has this pump been in service?

9) How will this trial get you an order? \_\_\_\_\_

\_\_\_\_\_

**YAMADA USE**

YAMADA's Recommended Model \_\_\_\_\_

Our Request \_\_\_\_\_

\_\_\_\_\_

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_