

REQUEST FOR QUOTE DATA SHEET

MIN FLOW VALVE

Company:

Contact:

e-mail:

Phone:

Date:

Project/ref:

1) BRAND NEW VALVE

VALVE MODEL:

Quantity:

Inlet DN:

Outlet DN:

Bypass DN:

Rating:

Installation: Horizontal Vertical

Standard:

Non-return valve in Bypass: Yes No

Additional branch: Yes, on: No

* Variable pump speed: Yes No

PLEASE, FULFILL ALL OPERATION DATA.

* Please, attach the pump curve

2) SPARE VALVE

VALVE MODEL:

Quantity:

Manufacturer:

Type:

Reference:

Serial No.:

DN / Rating:

PLEASE, ATTACH VALVE DATA SHEET OR FULFILL DATA SHEET.

3) SPARE PARTS

VALVE MODEL:

Quantity:

Manufacturer:

Type:

Reference:

Serial No.:

Insert / Assembly required:

Components position required:

PLEASE, ATTACH VALVE DATA SHEET OR FULFILL DATA SHEET.

OPERATION DATA

Medium:

Temperature (°C):

Density (kg/m³):

Pump suction pressure:

Back pressure on by-pass:

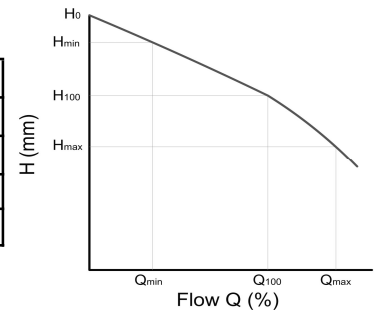
Q_{max} (m³/h):

Q_{100} (m³/h):

Q_{min} (m³/h):

H_{100} (m):

H_{min} (m):



NOTES