

REQUEST FOR QUOTATION (ORDER FORM)

The order form shall be completed in full to be accepted for consideration by the HMS Group

1. Customer: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Pump type: _____ Quantity: _____ Estimated annual q-ty required: _____

Similar to model: _____ by (manufacturer): _____

Filled in by (Name): _____ Position: _____ Date: _____

2. Pump installation data

Installed in a new well Installed into a well in operation

Well #: _____ Well diameter: _____ m Well depth: _____ m Pump installation dept: _____ m

Static level: _____ m Dynamic level: _____ m Lowering: _____ m Output: _____ m³/h

Relative output: _____ m³/h

3. Pumped liquid parameters

Temperature: _____ °C Turbidity: _____ mg/L Total dissolved solids: _____ mg/L pH: _____

Alkalinity: _____ mg/L Hardness (total): _____ mg/L Iron (total): _____ mg/L

4. Operation

Water supplies to (select one of two values): Tank Water supply system

Pump switch-on pressure: _____ kgf/cm² Pump switch-off pressure: _____ kgf/cm²

Capacity: _____ m³ Well head pressure: _____ kgf/cm²

5. Power and control panel

Control panel required Control type: By pressure By water level

Motor protection options: By min/max voltage By number of starts limit By current
 Phase rotation Phase failure Phase imbalance
 Level sensor
 Soft start required Variable frequency drive required

Other requirements (point if any): _____
