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Data Sheet for Screw Type Pump Packages by KUPER

Client name:	
Equipment installation place:	

No.	Parameters	Values	
1	Required delivery date		
2	Climatic design		
	(indoor/outdoor)		
3	Main pump:		
	- quantity of pumps, ea. (operating/standby)	/	
	- capacity, m³/day (min./max.)	/	
	- pump suction pressure, atm (min./max.)	/	
	- pump discharge pressure, atm (min./max.)	/	
4	Pumped fluid characteristics (please attach the fluid analysis		
	report if available):		
	- fluid (name of the substance)		
	- water cut, %		
	- gas/oil ratio, m³/m³		
	- viscosity (MPa·s)		
	- temperature of the substance (°C)		
	- density of the substance, kg/m³		
	- mechanical impurities (%)		
	- maximum size of solids, mm		
	- hydrogen sulfide content (H_2S)		
	- carbon dioxide content (CO ₂)		
	- aromatics		
	- iron sulfide		
	- paraffin		
	- PH of the fluid		
	- chlorides		
	- asphaltenes		
5	Shaft seal – mechanical or double mechanical seal		
6	Use of shut-off and control valves:		
		electric drive	
	- on the suction line	manual drive	
		not required	
		electric drive	
	- on the discharge line	manual drive	
		not required	
	- type, if required		

7	Other electrical equipment:					
	Switch gear		Yes			
	Switch gear		No			
	Package transformer substation		Yes			
			No			
	Cable products, m (distance from the	e control station to the HPP)	Yes No			
8	Control systems		NO			
0	Control system: - type and model of the controller					
	- other (specify)					
9	Additional equipment:					
	- frequency converter, model (if nece	essary)				
	- soft starter, model (if necessary)					
	- other (specify)					
11	Requirements for painting					
	- painting in the Customer's corpo	rate colors				
	- shop painting by Kuper Ltd.					
	- other					
12	Any additional services required	Site supervision				
		Commissioning				
		Transportation				
		(destination point)				
		Service				
13	Additional information					
	- necessity for process piping	_	Yes			
			No			
	- necessity for strainers	-	Yes			
	- requirements for heat insulation		No			
	of units					
	of units					
	- necessity for a check valve		Yes			
	,		No			
			<u>.</u>			
Pr	epared by:					
	ll name:					
Jol	b title:					
Co	mpany name:					
Mo	uil address:					
Te	lephone:			_		
E-i	mail:					
L.S		Signature of the Company (L	Department) Manag	ger		
	Printed name					